

STATE OF NEBRASKA
Office of Public Counsel/Ombudsman

ANNUAL REPORT

Neb. Rev. Stat. § 83-104
Review of Nebraska State Institutions

December 15, 2022

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TABLE OF CONTENTS

INTRODUCTION.....4

BEHAVIORAL HEALTH FACILITIES

 Beatrice State Development Center.....7

 Lincoln Regional Center.....10

 Norfolk Regional Center.....15

 Whitehall.....18

OFFICE OF JUVENILE SERVICES

 YRTC-Hastings.....22

 YRTC-Lincoln.....25

 YRTC-Kearney.....28

ATTACHMENTS.....31

ABBREVIATIONS

American Correctional Association	ACA
Beatrice State Development Center	BSDC
Center for Medicare and Medicaid Services	CMS
Hastings Regional Center	HRC
Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities	ICF-IDD
Lancaster County Youth Services Center	LCYS
Lincoln Regional Center	LRC
Mental Health Substance Use	MHSU
Missouri Youth Services Institute	MYSI
Nebraska Department of Health and Human Services	DHHS
Norfolk Regional Center	NRC
Office of Public Counsel/Ombudsman	OPC
Performance-Based Standards Project	PbS Project
Personal Protective Equipment	PPE
Psychiatric Residential Treatment Facility	PRTF
Youth Rehabilitation and Treatment Center	YRTC

INTRODUCTION

Background

Neb. Rev. Stat. § 83-104, passed by the Nebraska Legislature in July 2020, requires the Office of Public Counsel/Ombudsman (OPC) to conduct an annual physical review of the following state institutions within the Nebraska Department of Health and Human Services (DHHS):

1. The Youth Rehabilitation and Treatment Center – Geneva;
2. The Youth Rehabilitation and Treatment Center – Kearney;
3. Any other facility operated and utilized as Youth Rehabilitation and Treatment Center under state law;
4. The Hastings Regional Center;
5. The Lincoln Regional Center;
6. The Norfolk Regional Center; and
7. The Beatrice State Development Center.

Neb. Rev. Stat. § 83-104(2) further requires the OPC to report to the Legislature on the conditions of the facilities on or before December 15 each year beginning in 2021, for the period beginning with December 1 of the prior year through November 30 of the current year. Neb. Rev. Stat. § 83-104(2) continues by requiring that each report shall, for each institution, include findings and observations from the annual physical review; recent inspection reports regarding the facility; staffing information; reports received by the OPC; and any systemic issues identified.

Prior to the initiation of Neb. Rev. Stat. § 83-104's requirements, OPC staff generally visited state institutions as a result of individual complaints or reports to the OPC or identification of specific systems issues. The statutory reporting requirement was part of the Legislature's response to the crisis at Youth Rehabilitation and Treatment Center (YRTC) at Geneva in August 2019, in which the female youth there suddenly needed to be relocated to YRTC-Kearney, due to the unsafe conditions at YRTC-Geneva.¹ In the year leading up to the crisis, the OPC received a total of three complaints regarding YRTC-Geneva, and none were about the facility's conditions.

In January 2020, the Legislature's Health and Human Services Committee issued a report with several recommendations, including requiring an annual facilities review and subsequent report to the Legislature by the OPC.² Legislative Bill 1144 was introduced with such requirements in January 2020, passed by the Legislature on July 31, 2020, and signed by Governor Pete Ricketts

¹ State of Nebraska, Office of Public Counsel/Ombudsman and Office of Inspector General of Nebraska Child Welfare, "The Deterioration and Closure of Geneva Youth Rehabilitation and Treatment Center, Special Report of Investigation," January 5, 2021,

https://nebraskalegislature.gov/pdf/reports/public_counsel/Geneva_Special_Report_2021.pdf

² Nebraska Legislature Health and Human Services Committee, "Report to the Nebraska Legislature on the Youth Rehabilitation and Treatment Centers," Jan. 22, 2020, p. 47,

https://nebraskalegislature.gov/pdf/reports/committee/health/yrtc_2020.pdf.

on August 11, 2020. Through this report, the OPC is able to assist the Legislature with its role in improving state institutions, including YRTCs, through highlighting current conditions, efforts towards improvement, and opportunities for improvement.

This report is organized by grouping institutions under the headings “Behavioral Health,” which includes hospitals or other licensed facilities, and “Office of Juvenile Services,” which includes all of the YRTCs. Behavioral Health facilities statutorily³ fall within the DHHS Division of Developmental Disabilities and DHHS Division of Behavioral Health. Beatrice State Development Center (BSDC) falls under the DHHS Division of Developmental Disabilities, and Lincoln Regional Center (LRC) and Norfolk Regional Center (NRC) are under the DHHS Division of Behavioral Health. Within LRC’s organization is the adolescent psychiatric residential treatment facility (PRTF) at Whitehall. The Office of Juvenile Services is statutorily within the DHHS Division of Children and Family Services.

This report provides summaries of observations and documentation review related to the internal and external conditions of each of the state institutions. The attachments include inspection reports and compliance and licensing documentation for each institution as required by Neb. Rev. Stat. § 83-104.

Annual Physical Review & Report Process

OPC staff visited each required state institution and requested and reviewed information, including capacity and staffing data, information related to major projects and improvements, and facility inspections reports. Because COVID created tremendous obstacles in recent years, the OPC requested each institution describe any ongoing challenges COVID poses for operations and the status of any current COVID protocols. The OPC also reviewed reports/complaints received by its office for each institution for the reporting period. Residents of the facilities, their loved ones, staff, and members of the public may file complaints with the OPC throughout the year.

Complaints Involving Facilities to OPC

For the period of December 1, 2021 through November 30, 2022, the OPC received 104 complaints regarding DHHS institutions. The following table demonstrates the number of complaints received for each facility for this period.

³ Neb. Rev. Stat. § 81-3116.

Complaints to OPC regarding Facilities in Neb. Rev. Stat. § 83-104	
Facility	Number of Complaints
LRC	55
NRC	39
YRTC-Kearney	5
YRTC-Lincoln	3
YRTC-Hastings	1
BSDC	1
Whitehall	0
Total Complaints	104

Highlights of Facility Operations over Past Year

Creation of Regional Hospital Administrator Position: One highlight of this past year was the creation and staffing of the Regional Hospital Administrator position within the DHHS Division of Behavioral Health. This position provides a level of increased administration and oversight for the adult facilities – BSDC, NRC, and LRC –and parallels the Office of Juvenile Services Administrator position for the youth facilities.

COVID: During the last two years, COVID has posed significant challenges to the operation of Nebraska’s institutions. As COVID cases decrease, and the state transitions out of the more acute phases of the pandemic, the institutions each continue to have appropriate and effective protocols in place for responding to potential outbreaks.

Issues Identified

Through its site inspections, information reviews, and review of complaints to its office, the OPC has identified a number of issues facing the facilities in this report.

As discussed in each facility’s respective section below, staffing remains a challenge for facilities across Nebraska. Vacancies remain at each facility, and according to the numbers, it appears that turnover is an issue as well.

At LRC, in addition to overall staffing challenges, vacancies exist in key positions. Patient-on-staff assaults remain a concerning trend for this reporting period, as this year’s numbers were nearly double those of last year. Furthermore, the capacity of LRC to meet the demand for services continues to be a concern.

At both LRC and NRC, OPC staff were concerned about potential safety risks with incomplete camera coverage, camera footage only being reviewed after an incident, and which staff has access to which room and how those rooms are accessed. The OPC would suggest a review for both facilities of which staff members have access to which area, how these areas are accessed

(e.g., key card, badge, physical key, etc.), where camera coverage deficiencies exist, and how to alleviate those deficiencies.

At BSDC, OPC staff were interested in the possibility of repurposing and remodeling Building L, which was discussed on the site visit, to a skilled nursing facility.

For three of the facilities serving youth – YRTC-Kearney, YRTC-Lincoln, and Whitehall—OPC staff were concerned about the conditions of the living units. In order to support the youth living at these facilities in their treatment, they must have appropriate living spaces. At YRTC-Kearney and Whitehall, the living units and bathrooms were dated and in serious need of updates. At Whitehall, OPC staff observed potential ligature risks in both the living areas and bathrooms. It is also worth considering the long-term goals of YRTC-Lincoln and whether those are best served by youth living in a detention center/jail-like setting.

YRTC-Hastings, an open campus, has a number of seemingly extreme practices in place to deter elopement. The OPC would suggest evaluating whether those are trauma-informed best practices and make changes to those practices that balance deterring elopement with providing the best opportunities for the girls to be successful. Additionally, the OPC would suggest an examination of room confinement practices and whether, when room confinement is necessary, there are therapeutic and positive ways to engage youth while in room confinement.

BEHAVIORAL HEALTH FACILITIES

BEATRICE STATE DEVELOPMENT CENTER (BSDC)

BSDC is an intermediate care facility for individuals with intellectual or developmental disabilities (ICF-IDD). It is a 24-hour state and federally-funded residential treatment institution divided into individually-licensed ICF-IDD within a larger, 130-year old campus. BSDC falls under the DHHS Division of Developmental Disabilities.

BSDC provides comprehensive, specialized medical, psychological, and developmental services to adults. The campus is comprised of many buildings, including structures to meet individuals' housing, medical, dining, religious, and recreation needs, as well as administrative services. Individuals residing at BSDC generally live in one of the ten cottages, which have a home-like feel. Most units have separate bedrooms, bathrooms, a kitchen, a common area, and a laundry room. BSDC also has a Crisis Stabilization and Community Reintegration Program, in which individuals stay in one of four designated apartments for a temporary period between 30 and 180 days. This program aims to intake individuals from the community, provide them with treatment, habilitation, and stabilization, and then prepare them for transitioning back to the community stabilized.

The licensed capacity total for BSDC is 169. For the reporting period, the average monthly census was 83.5, and the average monthly patient days was 2319.7.⁴

Complaints to OPC regarding BSDC

For the period of December 1, 2021 through November 30, 2022, the OPC received one complaint regarding BSDC. No systemic issues involving BSDC were identified through complaints to the OPC.

Site Visit Information

When OPC staff visited BSDC, the outside grounds of the campus were generally well kept. The cottages were in good condition inside and out. BSDC does not use state-issued furniture in the cottages, and individuals are allowed to personalize their living spaces, contributing to a more home-like feel. However, the State Building, which houses the Crisis Stabilization and Community Stabilization Program, is dated and obviously has not been updated in quite some time. It was discussed that the deck of the State Building is scheduled for a complete remodel.

A number of buildings on the BSDC campus are empty. As detailed in this report last year, the Lake Street apartments are not ADA compliant nor in the best of shape. DHHS had made the decision to close Lake Street and ultimately disperse individuals living at Lake Street to other buildings throughout campus. This plan also ensures people live in places where resources are close by to provide a high level of quality care. The Lake Street apartments are currently empty, and it is unknown whether they will be remodeled or demolished. The B, C, and T buildings are empty and will be demolished. There is potential for repurposing or remodeling the L Building, which currently sits empty, into a skilled nursing facility.

Major Projects/Improvements

For the statutory reporting period, BSDC reported a number of projects and improvements. In 2018, the project to replace the water main on campus began, and this project was completed in February 2022. The D Building stair tower project, which began in June 2021, was completed as of November 1, 2022. Additionally, two cottages were improved. Specifically, Cottage 412 was remodeled, including paint, flooring, ceiling, and walls, and final touches on this cottage are in progress. Cottage 422's bathroom was remodeled.

BSDC Staffing

The following tables show staffing trends for BSDC for the period of December 1, 2021 through October 31, 2022.

⁴ Patient days is the total number of individuals at the facility each day all month. If an individual was out on a home visit or in the hospital, they are not included in the count. All individuals' patient days are combined for the total patient days.

BSDC Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	410
Number of Positions Filled (as of 10/31/22)	235
Number of Positions Vacant (as of 10/31/22)	175
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.2%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	13.5%

BSDC Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	382
Number of Positions Filled (as of 10/31/22)	225
Number of Positions Vacant (as of 10/31/22)	157
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.1%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	12.1%

For the period of December 1, 2021 through November 3, 2022, BSDC has documentation of 22 reported staff injuries due to individual aggression/behavior.

COVID Update

From each facility described in this report, the OPC requested information about any ongoing challenges posed by COVID and ongoing COVID protocols. BSDC responded that, as a long-term care facility, its residents are at heightened risk, and every effort has been made to mitigate the risks posed by COVID. Fortunately, the rates of infection for both BSDC and Gage County (where BSDC is located) remain low, and cases occurring at BSDC have been mild. BSDC management and nursing leadership also continue to stay informed on current trends/information, CDC guidance, and the newly developed bi-valent booster. Of the individuals at BSDC, 95% are full vaccinated and boosted. BSDC’s Monthly Newsletter includes information regarding locations to receive vaccinations and other up-to-date COVID information.

Effective August 18, 2022, BSDC Senior Leadership ended the BSDC mask mandate, returning BSDC to standard infection control protocols. Masks will only be required when a home experiences a COVID outbreak. Depending on the severity of the outbreak, a facility-wide mask mandate could be re-implemented. Should a home or an individual become COVID positive, the home is placed into quarantine following BSDC's Pandemic Plan and CDC guidance. All employees who work with or who have sustained contact with individuals are required to utilize CDC-recommended masks and personal protective equipment (PPE). Nursing staff monitors symptoms and provides care to those showing symptoms to prevent further spread.

Recent Licensure and Inspection Reports

The following BSDC inspection reports are attached to this report: Backflow Testing (Attachment 1), Boiler Inspection (Attachment 2), Elevator Testing (Attachment 3), Fire Extinguisher Inspections (Attachment 4), Generator and Load Bank Testing (Attachment 5), Fire Alarm Testing (Attachment 6), and Sprinkler Testing (Attachment 7).

The following BSDC licensure and accreditation documents are attached to this report: ICF-DD Renewal Application for the State Building ICF and Solar Cottage ICF (including Nebraska State Fire Marshal Occupancy Permits for the ICF) (Attachment 8), Solar Cottage ICF Public Health and Fire Marshal Surveys (Attachment 9), and State Building Public Health and Fire Marshal Surveys (Attachment 10).

Issues Identified

It is possible that Building L could be repurposed and remodeled into a skilled nursing facility to serve the needs of BSDC's population. The OPC will monitor any progress on such a project.

LINCOLN REGIONAL CENTER (LRC)

LRC is a 250-bed hospital licensed as a Mental Health Substance Use (MHSU) Treatment Center and Psychiatric Hospital and accredited by the Joint Commission, the accreditation body for the Center for Medicare and Medicaid Services (CMS). LRC provides general and forensic psychiatric services and sex offender treatment for individuals in need of specialized psychiatric services in a highly structured setting. Psychiatric services are conducted with the goal of helping individuals achieve stability and transition back to the community. Patients at LRC must meet involuntary admission criteria and are referred by the Mental Health Boards or courts. LRC provides treatment for convicted sex offenders and those committed under an inpatient mental health board order for sex offender treatment. A transition program works towards successful reentry to the community with appropriate safeguards

LRC, which originally opened in 1870, sits on a 107-acre campus. The campus is comprised of several different buildings to meet individuals' housing, dining, medical services, administrative

services, religious functions, and recreation needs. Buildings 3, 5, 10, and 14 serve as the main buildings where patients reside and receive treatment.

Building 3 currently houses female patients in need of acute care or forensic services and competency restoration.

Building 5 is a forensic unit for male patients suspected of having mental illness that affects their competency and who have pending criminal court cases. Most of Building 5's patients have been deemed by the courts as not competent to stand trial and have been admitted to LRC for competency restoration treatment. Building 5 also houses some patients who have been referred by the State Mental Health Boards and newly admitted male patients being evaluated for placement.

Last year's report noted that, due to the anti-ligature remodel project discussed below, Building 10 was unoccupied. However, because of progress on that project, Building 10 now houses males receiving acute psychological care, the on-site dental office, the main library, and cafeteria.

Building 14 is divided into four units, each with a different programming focus: one program for patients who have sexually offended, one designed for individuals transitioning from general psychological care, one for patients who have completed treatment in Building 5, and one for acute individuals who need extra assistance in making connections in the community. Building 14 also contains a small special care COVID unit that is currently unoccupied.

For the period of November 2021 through October 2022, LRC's average patient population was 179.8 individuals, and the average facility capacity was 242.2 patients.

Complaints to OPC regarding LRC

For the period of December 1, 2021 through November 30, 2022, the OPC received 55 complaints regarding LRC. Complaints involved concerns about medical treatment, programming and treatment plans, issues with staff, property, and placement at LRC off of the waiting list.

Site Inspection

When OPC staff visited LRC, the outside grounds of the campus were expansive and generally well kept. Some of the buildings have new furniture in the common areas, while others have very dated furniture. The common areas had new TVs. While inspecting the facility, it was conveyed to OPC staff that LRC staff anticipated a more complete remodel of a number of areas in the facility as part of the anti-ligature project but that this did not occur.

In Building 3, the first and second floor have been remodeled. However, exposed pipes in the basement had rust on them, and all vents need to be replaced.

OPC staff found that light fixtures in Building 5 need to be updated, and the first floor needs some remodeling. The second floor was being remodeled, including updates to the bathrooms and showers. New furniture has been ordered for Building 5.

In Building 10, it appears that a remodel was started at some point on the second floor, as there is new ceiling and flooring in the main area. However, the remodel did not expand to other floors, and there are no plans to further remodel the building at this time. The building's basement is in poor condition. The carpet in the TV room and the special COVID unit smelled badly which could be alleviated by replacing the carpet with other types of flooring.

Building 14 was last remodeled in 2007. It is dated and could use general updating. In terms of security, staff use two-way radios to communicate with one another. Cameras are installed in common areas, hallways, stairwells, and yards, but camera coverage is not complete, including in stairwells. A few bedrooms in each unit are equipped with cameras used to monitor patients who self-harm. It was indicated that both staff and patients can identify where blind spots in camera coverage exist and that staff only reviews camera footage after an incident occurs. Additionally, staff were observed carrying and using several different physical keys on one key ring and fumbling with keys to find the right one. The carrying and use of several keys raises a number of safety concerns; namely, OPC staff is concerned about the ability of staff to quickly respond to an incident and the safety risk to staff and patients if the one staff member who is holding numerous keys were to be overtaken.

Major Projects/Improvements

LRC currently is engaging in a number of major construction projects. As discussed in last year's report, in September 2019, the Joint Commission surveyed LRC and found deficiencies in the physical structures of Buildings 3, 5, and 10 that posed ligature risks (i.e. where something may be tied or bound). An anti-ligature project was created to address these deficiencies. Specifically, the project plan called for replacing doors, door hardware, plumbing fixtures, TV cabinets, and ceilings in Building 10, remodeling the tech stations in Buildings 3 and 10, and remodeling showers to provide updates and ADA access. While last year's report listed March 2022 as the scheduled completion date for the anti-ligature project, and significant progress has been made, the project is now expected to be completed in May of 2023.

The fire alarms on the LRC campus are also being upgraded to coincide with the anti-ligature remodel. The entire fire system on campus will be replaced, including new panels, devices, and a campus-wide or building-wide alert/mass communication system. Additional ongoing projects include encapsulating of the crawl space for Building 9.

Moreover, in the reporting period, LRC completed several major construction projects. In Buildings 10 and 3, the old generators, which only served the life and safety features of the buildings, were replaced with generators that carry the entire building and HVAC system. This means that Buildings 3 and 10 are now fully backed up by generators. As part of the anti-ligature remodel, Building 10's HVAC system was upgraded, piping and fan coils were replaced to eliminate the ligature risk, and a new heating water pump and chilled water pump were installed. Building 14 received a chiller upgrade as well, leaving the building with a new chiller for normal use and a good functioning older operation if needed.

LRC Staffing

The following tables show staffing trends for LRC for the period of December 1, 2021 through October 31, 2022.

LRC Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	624
Number of Positions Filled (as of 10/31/22)	533
Number of Positions Vacant (as of 10/31/22)	91
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.6%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	17.6%

LRC Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	565
Number of Positions Filled (as of 10/31/22)	488
Number of Positions Vacant (as of 10/31/22)	77
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.5%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	17.0%

Staff Assaults

From November 1, 2021 through October 31, 2022, there were 93 assaults on staff. Staff injury incidents occurring during the application of patient seclusion or restraints are not considered assaults and are referred to as “seclusion or restraint-related injury incidents” by LRC. During this reporting period, 143 such incidents occurred.

COVID Update

In response to the OPC’s request for information about any current challenges related to COVID and ongoing COVID protocols LRC responded that prior challenges presented by COVID have been mitigated through its pandemic plan and protocols. LRC had no specific issues to report related to COVID, and it continues to follow recommendations by infectious disease experts and the CDC to reduce the risk of COVID to staff and patients.

Recent Inspection Reports

The following LRC inspection reports are attached to this report: Backflow Testing (Attachment 11), Elevator Testing (Attachment 12), Fire Alarm Reports (Attachment 13), Fire Alarm Testing (Attachment 14), Fire Sprinkler Testing (Attachment 15), and Generator Testing (Attachment 16).

The following LRC licensure and accreditation documents are attached to this report: 2019 Joint Commission Accreditation Award Letter for Behavioral Health Care and Human Services Program (Attachment 17), 2019 Joint Commission Award Letter Hospital Accreditation (Attachment 18), 2022 Joint Commission Accreditation Award Letter for Behavioral Health Care and Human Services Program (Attachment 19), 2022 Joint Commission Award Letter Hospital Accreditation (Attachment 20), 2019 Joint Commission/CMS Psychiatric Hospital Award Letter (Attachment 21), 2022 Hospital License (Attachment 22), Public Health/Licensure Review Documents (Attachment 23), and MHSU Treatment Center License (Attachment 24).

Issues Identified

Assaults on Staff: Patient on staff assaults continue to be a concerning trend at LRC. During the last reporting period, 51 assaults occurred. This year 93 assaults—almost double last year—occurred. The OPC will continue to monitor this trend and engage in conversations with stakeholders about how best to reduce numbers of patient on staff assaults to ensure patient and staff safety and encourage staff retention.

Capacity of LRC: The need for bed space at LRC cannot keep up with demand, especially for individuals waiting for competency evaluations and restoration treatment. The OPC has a unique perspective into this demand, as it receives complaints from individuals served by both LRC and the county jail system. The OPC will continue to monitor this trend, as well as any policy

developments aimed at alleviating the waitlist for LRC, especially for competency evaluations and restoration treatment.

Critical Staff Vacancies: While all institutions in this report are experiencing challenges with staffing and retention, LRC currently has vacancies in key staff positions, including Hospital Administrator, Psychology Supervisor/Program Director, Psychologist, Psychiatrist, Director of Nursing, Nursing staff, and Licensed Mental Health Practitioners (LMHP).

Safety: The OPC became aware of safety and security concerns while visiting LRC, specifically in regards to camera coverage and access/keys. Camera coverage is not complete. Staff carry a number of physical keys, which poses challenges for security of patients and staff if an incident arises but also could create difficulties in quickly responding to an emergency. The OPC would recommend reviewing the safety and security of each building, including how the buildings, bedrooms, offices, and other spaces are accessed and who has access to each, where camera coverage deficiencies exist, and how to alleviate those deficiencies.

NORFOLK REGIONAL CENTER (NRC)

NRC is a 120-bed, Joint Commission-accredited state psychiatric hospital. Established in 1885, NRC currently provides the first phase of the Nebraska Sex Offender Treatment Program, a three phase program designed to reduce dangerousness and risk of re-offense. The treatment received at NRC prepares individuals for the second and third phases of the program, which are provided at LRC. There is also one gallery/unit that provides medical support for individuals with mental health issues who are not sex offenders.

The NRC campus is secure and enclosed within a fence. The main building on campus, a three-story brick structure, houses all patient services. This main building has spaces for patients' dining, housing, medical, religious, recreation, and programming needs, as well as space for administrative services. There is also a maintenance building, basketball court, picnic/shelter area, and a courtyard/garden area.

From December 2021 through October 2022, NRC had 111 staffed beds, which includes both the sex offender program (93 staffed beds) and medical support (18 staffed beds). The average daily census at the facility was 83 patients (68 sex offender program and 15 medical support).

Complaints to OPC regarding NRC

For the period of December 1, 2021 through November 30, 2022, the OPC received 39 complaints regarding NRC. The complaints dealt with numerous topics, including treatment plans, levels of restrictions, property issues, and issues with staff.

Site Inspection

OPC staff observed that the main building, which is over 50 years old, could use some updating and remodeling. Specifically, most ceiling tiles need to be replaced, and much of the furniture is old and needs replacing. Work has been completed to update some of the offices, group spaces, and conference rooms, especially paint and carpeting, and the parking lot and gate.

OPC staff observed that the doors leading into each unit require a badge and a key for entrance. Each bedroom and bathroom door locks from the outside but not the inside. All office, group, and meeting rooms are locked, and the doors do not have windows on them. Cameras are located throughout the facility; footage from the cameras are only reviewed when an incident occurs or allegations are made.

Major Projects/Improvements

During the reporting period, the single major project at NRC was adding a new burner on Boiler #1 in April 2022.

NRC Staffing

The following tables show staffing trends for NRC for the period of December 1, 2021 through October 31, 2022.

NRC Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	253
Number of Positions Filled (as of 10/31/22)	214
Number of Positions Vacant (as of 10/31/22)	39
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.6%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	17.2%

NRC Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	212
Number of Positions Filled (as of 10/31/22)	196
Number of Positions Vacant (as of 10/31/22)	16
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.6%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	17.5%

During the period of December 1, 2021 through October 31, 2022, NRC had eight assaults on staff, three of which were a result of a use of force event.

COVID Update

In response to the OPC’s request for information about any current challenges related to COVID and ongoing COVID protocols, NRC responded that it continues to manage any COVID situations affecting its patient population. NRC responded that it does not have any challenges related to COVID at this time, as it has been able to identify and implement COVID protocols. As of October 31, 2022, NRC was not dealing with any active COVID situations and was under normal operating procedures.

NRC’s Pandemic Plan includes working with the Elkhorn Logan Valley Public Health Department and other local health departments and strategies for containment for patients at admission and off grounds, during in-person visits, and for staff. NRC has a testing, isolation, and masking protocols in place for staff who test positive for or have high risk exposures to COVID.

Recent Inspection Reports

The following NRC inspection reports are attached to this report: Backflow Testing (Attachment 25), Boiler Inspection (Attachment 26), Elevator Inspection (Attachment 27), Fire Alarm Inspection (Attachment 28), Fire Extinguisher Report (Attachment 29), Fire Marshal Reports (Attachment 30), Generator Testing (Attachment 31), Life Safety Reports (Attachment 32), and Sprinkler Reports (Attachment 33)

The following NRC licensure and accreditation documents are attached to this report: Public Health Visit Forms (Attachment 34).

Issues Identified

Safety and Security: In regards to the safety and security of both staff and patients, OPC staff are concerned about the lack of windows on the doors in offices, group spaces, and conference rooms. This is further concerning considering that only 50% of cameras are currently installed, with the expectation that the remainder of the cameras are installed by the end of the year. Camera footage is only reviewed when there is an incident or allegations are made. Similar to LRC, the OPC would recommend NRC review how bedrooms, offices, common rooms, and other spaces are accessed and who has access to each, where camera coverage deficiencies exist, and how to alleviate those deficiencies.

WHITEHALL

Whitehall, which is located on the LRC campus, helps adolescents manage their mental health challenges through person-centered care. Until recently, Whitehall focused on treating male adolescents who have sexually offended. This treatment includes residential and treatment group home levels of care. However, in the fall of 2020, the Hastings Juvenile Chemical Dependency Program was relocated from the former Hastings Regional Center (HRC) to Whitehall. There are now currently two distinct programming offerings on the Whitehall campus: treatment for youth who sexually harm and the substance use program.

Youth are referred to Whitehall by the courts, Juvenile Probation, DHHS, or self-referred by a family member. An interdisciplinary team that includes mental health and medical practitioners, social workers, substance use counselors, and other professionals, diagnoses and plans treatment for the youth.

The Whitehall campus is comprised of several different buildings and areas to meet youth's housing, educational, recreation, and dining needs. Youth are housed according to the program in which they participate.

Whitehall is a PRTF licensed and accredited as part of LRC and is considered an extension of LRC, which is a Joint Commission-accredited state psychiatric hospital. Whitehall is licensed and meets statutory requirements as a MHSU Treatment Center and is licensed by the DHHS Division of Public Health as a residential child-caring agency.

From December 1, 2021 through October 31, 2022, Whitehall had a rated capacity of 24 and an average facility population of 16.9 individuals.

Complaints to OPC regarding Whitehall

For the period of December 1, 2021 through November 30, 2022, the OPC did not receive any complaints regarding Whitehall. No systemic issues involving Whitehall were identified through complaints to the OPC.

Site Inspection

OPC staff observed the outside grounds of the campus to be well kept. Some of the sidewalks have been newly replaced, and, as reported last year, the new flooring and lighting in the living units is a significant improvement. The TAB building is dated and could use some updating. An important aspect of success for youth is the quality of the spaces in which they reside. However, as was also discussed in last year's report, the interiors of the buildings remain dated, and updates should be prioritized. This is especially true of the living units and their interior furnishings, specifically the windows, including those that have tape and film covering them, and the window coverings. OPC staff were informed that new furniture has been ordered for the living units. Some bathroom elements show signs of extended wear.

OPC staff were concerned that the handrails in the bathroom and hanging rods in the closet could pose safety hazards, as they could be used to tie ligatures. Additionally, while security cameras cover the living units and school building, additional cameras in the Administration Building and outside on campus could be helpful.

Additionally, OPC staff were concerned about the ability of youth to contact the OPC if an issue arises. Youth are able to call the OPC if they ask a staff member. Staff then dial the number and allow youth to speak, but the youth is required to talk in the hallway without privacy. Options should be considered to create privacy for youth to contact the OPC and the DHHS Hotline.

Major Projects/Improvements

For the reporting period, there were no major projects completed at Whitehall. A project to repair the roof of the TAB Building and Maintenance Shop is starting up and is still in the design phase.

Whitehall Staffing

The following tables show staffing trends for Whitehall for the period of December 1, 2021 through October 31, 2022.

Whitehall Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	47
Number of Positions Filled (as of 10/31/22)	36
Number of Positions Vacant (as of 10/31/22)	11
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.4%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	15.1%

Whitehall Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	43
Number of Positions Filled (as of 10/31/22)	36
Number of Positions Vacant (as of 10/31/22)	7
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.0%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	11.5%

During the period of December 1, 2021 through October 31, 2022, Whitehall had 0 assaults on staff.

COVID Update

In response to the OPC’s request for information about any ongoing challenges posed by COVID and ongoing COVID protocols, the facilities serving youth, including the YRTC’s and Whitehall, noted that any facility that houses individuals in a congregate setting will be challenged by detecting illness early and responding quickly after. Staff coverage, isolation periods, severity of illness, and the monotony of being separated from routine daily activities are the most problematic issues for youth served in these facilities. In response to the disruption to treatment and progress that COVID can cause, attempts are made to engage youth in their rehabilitation and treatment programming as much as possible; and youth, staff, and medical teams must collaborate on overall health and wellness strategies. The youth facilities stressed that they strive to stay up to date on pandemic best practices and will continue to collaborate with local public health departments, follow CDC guidelines, and adapt to best suit the needs of youth in their care.

As to Whitehall’s specific ongoing COVID response, all admissions will be screened for COVID by the Infection Control Manager or Infection Control Doctor prior to admission, unless admissions are suspended during an active outbreak. If youth being admitted are negative with no symptoms, they will be allowed to join the general population. If youth transfer from a YRTC, nursing staff communicate regarding potential exposure, present symptoms, and any recent or historical testing results. If admitted, the admitting nurse under consultation of the Infection Control Doctor, will complete a COVID-19 Screening Assessment. Additionally, Whitehall collaborates with Lincoln-Lancaster County Health Department for the most accurate recommendations for responding to COVID.

Recent Inspection Reports

The following Whitehall inspection reports are attached to this report: Generator Inspections (Attachment 35), Sprinkler Inspections (Attachment 36), Backflow Testing (Attachment 37), Fire Alarm and Life Safety System Inspections (Attachment 38), Elevator Certificates and Maintenance Reports (Attachment 39), Fire Marshal Inspection Permits and Certificates, and (Attachment 40).

The following Whitehall licensure and accreditation documents are attached to this report: DHHS Public Health Residential Child Caring Agency Audit Letters (Attachment 41), 2022 Joint Commission Final Accreditation Reports (Attachment 42), and 2022 Whitehall Specific Joint Commission Final Accreditation Report (Attachment 43).

Issues Identified

Condition of Living Units: In order for youth living at Whitehall to be successful, improvements should be seriously considered for the living units. The living units are very dated in their furnishings. The window coverings need to be replaced, and some of the windows are covered with film or tape, which should be evaluated. The closets, specifically the hanging rod, appear unsafe and to present a ligature risk. The bathrooms additionally need remodeling and updating, including the handrails which could pose a ligature risk.

OFFICE OF JUVENILE SERVICES

The Office of Juvenile Services within the DHHS Division of Children and Families operates the YRTCs, which are 24-hour state institutions to serve youth within Nebraska’s juvenile justice system. There are currently YRTCs in Hastings, Lincoln, and Kearney; there is no longer a YRTC in Geneva. The mission of the YRTCs “is to help youth live better lives through effective services, giving youth the chance to become law abiding citizens.”⁵

⁵ Neb. Dept. of Health & Human Services, “Youth Rehabilitation,” 2022, <https://dhhs.ne.gov/pages/YRTC-Facilities.aspx>.

On August 19, 2019, female youth from former YRTC-Geneva were relocated to YRTC-Kearney after conditions on the Geneva campus were deemed insufficient, and the youth could no longer be cared for there. YRTC-Kearney was never intended to be home to the girls' YRTC program. Instead, the former HRC has been repurposed to operate as YRTC-Hastings for female youth.

YRTC-HASTINGS

YRTC-Hastings serves female youth by providing evidence-based cognitive behavioral and skill-building programming, as well as individual therapy for mental health, behavioral health, and substance use needs. YRTC-Hastings includes educational programming as part of a youth's treatment plan and an on-campus junior/senior high school.

YRTC-Hastings sits on a large, open campus comprised of a number of buildings, including an administration building, a chapel used as a gym/recreation area, a school building that includes a kitchen and dining area, and two living units/cottages. Youth are not allowed to have any contact with the youth living in the unit other from the one in which they live.

YRTC-Hastings is accredited with the ACA and is also a member of the Council for Juvenile Correctional Administrators' Performance-Based Standards (PbS) Project, a model which utilizes national standards and performance outcome measures to improve conditions of confinement and treatment in residential facilities.

From December 1, 2021 through October 31, 2022, YRTC-Hastings had a rated capacity of 24 and an average facility population of 10.5 individuals.

Complaints to OPC regarding YRTC-Hastings

For the period of December 1, 2021 through November 30, 2022, the OPC received one complaint regarding YRTC-Hastings. No systemic issues involving YRTC-Hastings were identified through complaints to the OPC.

Site Visit

When OPC staff visited YRTC-Hastings, they observed all buildings in good condition, except for the chapel, the floor of which appears to be hazardous and uneven. The interior of each building exception the chapel is well maintained, and the furniture is in great condition.

As to the safety and security of the facility, there are cameras throughout the facility, and a badge is required for entrance to each building. In the front of each living unit, there is film on the windows so youth cannot see each other in between the two living units.

OPC staff observed a great deal of concern about youth eloping from the facility. The YRTC-Hastings campus is quite large; however, it appears youth are limited in their use of the outside area due to fear of elopement. In addition to having staff escorts every time a youth walks from building to building, a staff member rides on a Polaris vehicle and follows the youth accompanied by staff from building to building. Additionally, a staff member is stationed in a van or other vehicle outside the living units all day to monitor all youth movement.

OPC staff were also concerned about the ability of youth to contact the OPC if an issue arises. Youth are able to call the OPC if they ask a staff member. Staff then dial the number and allow youth to speak, but the youth is required to talk in the hallway without privacy. Options should be considered to create privacy for youth to contact the OPC and the DHHS Hotline.

Major Projects/Improvements

For the reporting period, YRTC-Hastings had a number of major projects and improvements. Buildings 3, 4, and 7 were demolished, and the demolition of the old power plant has begun. Four fire doors were installed in the chapel per the fire marshal’s request. Currently, a project is underway to relocate a generator from the power plant to the administration building.

YRTC-Hastings Staffing

The following tables show staffing trends for YRTC-Hastings for the period of December 1, 2021 through October 31, 2022.

YRTC-Hastings Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	118
Number of Positions Filled (as of 10/31/22)	81
Number of Positions Vacant (as of 10/31/22)	37
Monthly Turnover Rate (12/1/21 – 10/31/22)	2.2%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	24.4%

YRTC-Hastings Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	108
Number of Positions Filled (as of 10/31/22)	81
Number of Positions Vacant (as of 10/31/22)	27
Monthly Turnover Rate (12/1/21 – 10/31/22)	2.2%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	24.2%

During the period of December 1, 2021 through October 31, 2022, YRTC-Hastings had 18 assaults on staff, nine of which were a result of a use of force event.

COVID Update

YRTC-Hastings partners with South Heartland District Health Department in their ongoing response to COVID. The current protocol recommended is that all new youth and staff are screened for any known exposure to positive COVID contacts if exposure could have occurred in the past 10 days or if any symptoms are present. Rapid testing will be completed initially, followed by a 3-day isolation period, with confirmatory negative testing in order to be released to the general population. If any testing is positive, or a known exposure to a positive case is noted, the youth will be quarantined for five days and wear a mask for an additional five days. Staff are subject to PPE protocols when in contact with youth.

Recent Inspection Reports

The following YRTC-Hastings inspection reports are attached to this report: Fire Marshal Reports (Attachment 44), Generator Maintenance Reports (Attachment 45), Range Hood Inspection (Attachment 46), Backflow Testing (Attachment 47), Fire Extinguisher Inspection Receipt (Attachment 48), and Alarm Inspection (Attachment 49).

The following YRTC-Hastings licensure and accreditation documents are attached to this report: 2021 PREA Audit (Attachment 50) and 2022 ACA Audit (Attachment 51).

Issues Identified

Policies to Deter Elopement: OPC staff observed YRTC-Hastings staff following youth and staff on a Polaris vehicle between buildings, and staff in a van monitoring youth near the housing units. While the concern about elopement is justified, OPC staff have concerns about the potential psychological impacts on female youth of having them personally escorted by staff

while being followed from building to building by another staff member on a Polaris and, as was the case when OPC staff visited, monitored by staff looking out from a dark van. Furthermore, OPC staff observed that no contact/view between the two units was allowed, and the therapeutic reasons for this were unclear. The OPC recommends examining policies to deter elopement in light of trauma-informed best practices.

Room Confinement: When OPC staff visited in the afternoon on November 10, 2022, at least three youth were in room confinement and sleeping. The OPC is concerned about whether the use of room confinement is following therapeutic best practices, whether it is disrupting the youth's educational or programming progress, and whether better efforts could be made to engage youth in room confinement, especially if they must be alone in their room for a long period of time.

YRTC-LINCOLN

YRTC-Lincoln serves high-acuity male and female youth who require more intensive and individualized interventions, such as targeted behavioral and trauma-based programming. Established in 2020, it is a newer facility. Youth enter the YRTC system through either YRTC-Hastings or YRTC-Kearney. YRTC-Lincoln provides a different, more secure physical structure than YRTC-Hastings or YRTC-Kearney. Once a youth achieves more stable behaviors, they should transfer back to one of the other YRTCs, but many also transition out of the YRTC system.

At YRTC-Lincoln's start, DHHS entered into a 5-year contract with Lancaster County to lease space within the Lancaster County Youth Services Center (LCYS). LCYS provides for detention of youth being processed through the juvenile justice system or youth adjudicated or ordered by an adult criminal court to serve a specified time frame. Food and maintenance are also sourced through LCYS. However, the youth populations of each facility do not mix.

YRTC-Lincoln consists of one main building on a closed campus with a fence. This building is comprised of a secure living area for male youth, a secure area for female youth, a day room, a school room, a library, a medical room, a group/kitchen room, a gym, a visitation room, and an outside fenced in, grassy area.

YRTC-Lincoln underwent initial ACA accreditation in 2022 and is a participant in the PbS Project.

From December 1, 2021 to October 31, 2022, YRTC-Lincoln had a rated capacity of 20 and an average facility population of 6.6 individuals.

Complaints to OPC regarding YRTC-Lincoln

For the period of December 1, 2021 through November 30, 2022, the OPC received three complaints regarding YRTC-Lincoln. No systemic issues involving YRTC-Lincoln were identified through complaints to the OPC.

Site Visit

When OPC staff visited YRTC-Lincoln, they saw that the building itself is older but well maintained and clean. All furniture was in good condition, and the school area was completed. Cameras are located throughout the facility, and, to enter a door, a badge is needed, or the control bubble has to open the door.

However, because the building shares its campus and some services with the LCYS, the facility has a correctional center design and layout. The furniture is also of correctional center style.

Major Projects/Improvements

For the reporting period, YRTC-Lincoln reported no recent major projects or improvements to the building. While visiting YRTC-Lincoln, OPC staff were informed that what was formerly a staff secure side of the detention area was repurposed to a school/teacher's area.

YRTC-Lincoln Staffing

The following tables show staffing trends for YRTC-Lincoln for the period of December 1, 2021 through October 31, 2022.

YRTC-Lincoln Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	100
Number of Positions Filled (as of 10/31/22)	52
Number of Positions Vacant (as of 10/31/22)	48
Monthly Turnover Rate (12/1/21 – 10/31/22)	2.8%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	31.3%

YRTC-Lincoln Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	80
Number of Positions Filled (as of 10/31/22)	52
Number of Positions Vacant (as of 10/31/22)	28
Monthly Turnover Rate (12/1/21 – 10/31/22)	2.7%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	29.2%

During the period of December 1, 2021 through October 31, 2022, YRTC-Lincoln had 11 assaults on staff, four of which were a result of a use of force event.

COVID Update

YRTC-Lincoln collaborates with the Lincoln-Lancaster County Health Department for the most up-to-date recommendations on COVID. YRTC-Lincoln is unique in that it is a secured facility with very specific housing for females and males. Youth are often transferred internally from LCYS. However, because LCYS is located in the same building as YRTC-Lincoln, no testing is necessary unless symptoms are present. If a youth transfers from YRTC-Kearney or YRTC-Hastings, nursing staff communicate regarding potential exposure, present symptoms, and any recent or historical testing results. In the rare instance that YRTC-Lincoln receives a direct admission, the youth would be tested within 24 hours of arrival, and these test results would dictate whether the youth could be placed in general population or would have to isolate.

Recent Inspection Reports

The following YRTC-Lincoln inspection reports are attached to this report: Lincoln-Lancaster County Health Department Food Establishment Inspection Report (Attachment 52) and State Fire Marshal Report (Attachment 53)

The following YRTC-Lincoln licensure and accreditation documents are attached to this report: 2021 PREA Audit (Attachment 54) and 2022 ACA Audit (Attachment 55).

Issues Identified

Shared Facility/Services with LCYS: While it appears the program at YRTC-Lincoln is operating successfully, the facility atmosphere – which is one of a detention center/jail-like setting – does not fit well with the intensive treatment model/program in which the youth at YRTC-Lincoln are participating.

YRTC-KEARNEY

YRTC-Kearney serves male youth committed to DHHS Office of Juvenile Services. Youth receive evidence-based behavioral and skill-building programming and individual therapy for mental health, behavioral health, and substance use needs. YRTC-Kearney also operates an on-campus junior/senior high school where youth may earn their high school diploma.

YRTC-Kearney sits on a large, fenced-in campus with a number of buildings. These buildings include an administration building, Dixon Building (which houses newly-admitted youth, youth in seclusion/room confinement, and the transitional living unit), the Bryant, Lincoln, and Washington cottages (living units), the Creighton cottage (which includes the medical office), a woodworking building, a dining hall, a chapel, and a school building that includes a gym, weight room, and pool. Each cottage has a similar interior layout with a game/recreation area, bathroom/showers, and a TV/multi-purpose room on the first floor and barrack-style living quarters and a congregate restroom on the second floor.

YRTC-Kearney has a long history of ACA accreditation and is a member of the PbS Project.

From December 1, 2021 to October 31, 2022, YRTC-Lincoln had a rated capacity of 170 and an average facility population of 50.2 individuals.

Complaints to OPC regarding YRTC-Kearney

For the period of December 1, 2021 through November 30, 2022, the OPC received five complaints regarding YRTC-Kearney. No systemic issues involving YRTC-Kearney were identified through complaints to the OPC.

Site Visit

When visiting YRTC-Kearney, OPC staff observed that each living unit appears very outdated and has a lot of wear and tear. Each bathroom appears dated as well, and some had leaking water from various areas. Furniture is dated and could be replaced. The dining hall, chapel, woodworking building, and school are in good condition.

As to facility safety, cameras are located throughout the facility, and badges are required for entrance to each building.

Major Projects/Improvements

During the reporting period, a number of improvements and major projects were completed at YRTC-Kearney. The shower floors of the Lincoln and Washington living units were resurfaced. The exterior of the maintenance building was tuckpointed and coated. In the vocational building, a sprinkler system was installed, with the control panel updated at the same time, and four

delayed egress doors. An emergency roof replacement was completed on part of Bryant/Creighton. Lastly, openings in the school entrance wall were infilled.

YRTC-Kearney Staffing

The following tables show staffing trends for YRTC-Kearney for the period of December 1, 2021 through October 31, 2022.

YRTC-Kearney Staffing – Permanent and Temporary Staff	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	260
Number of Positions Filled (as of 10/31/22)	156
Number of Positions Vacant (as of 10/31/22)	104
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.6%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	17.7%

YRTC-Kearney Staffing – Permanent Staff Only	
Number of Positions Needed in HR Staffing Plan for FY23 (as of 10/31/22)	234
Number of Positions Filled (as of 10/31/22)	154
Number of Positions Vacant (as of 10/31/22)	80
Monthly Turnover Rate (12/1/21 – 10/31/22)	1.5%
Aggregate Turnover Rate (12/1/21 – 10/31/22)	16.4%

During the period of December 1, 2021 through October 31, 2022, YRTC-Lincoln had 46 assaults on staff, 20 of which were a result of a use of force event.

COVID Update

YRTC-Kearney partners with Two Rivers Health Department on current COVID protocols and response. The current protocol consists of screening new youth within 24 hours of arrival using rapid tests. This rapid testing process eliminates undue exposure for youth and staff and also lessens any unnecessary isolation time a youth may have. YRTC-Kearney may also rapid test

and record results if a youth becomes symptomatic in order to rule out potential viral spread risk. Per CDC recommendations, YRTC-Kearney also offers COVID vaccinations to the youth.

Recent Inspection Reports

The following YRTC-Kearney inspection reports are attached to this report: Fire Marshal Inspection Certificates (Attachment 56), Generator Testing Certificates (Attachment 57), ACA Standard 4-JCF-1C-04 Waiver (Attachment 58), Boiler Inspection (Attachment 59), Fire Alarm Inspection Receipts (Attachment 60), Fire Extinguisher Maintenance Receipt (Attachment 61), Elevator Inspection (Attachment 62), and Sprinkler Inspections Reports (Attachment 63).

The following YRTC-Kearney licensure and accreditation documents are attached to this report: 2020 ACA Audit Report (Attachment 64) and 2021 PREA Audit Report (Attachment 65).

Issues Identified

Condition of Living Units and Bathrooms: YRTC-Kearney will be breaking ground for two new living units. While these units are a step in the right direction, the other living units need substantial work to create a suitable environment for the youth living at YRTC-Kearney. As discussed above, the existing living units and bathrooms are extremely dated, showing significant wear and tear.

Attachment 1

BSDC Backflow Testing

Beatrice State Developmental Center

Backflow Testing



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development Administration Contact Person Rick Vogel

Service Address 843 Wallman Dr. Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input checked="" type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: <u>Fd-1534</u> Size: <u>4.0</u> Manufacturer: <u>Watts</u> Model#: <u>757</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 3.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 4.4 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems 8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		09/23/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Miswest	01172391	03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development F building Contact Person Rick Vogel

Service Address 3104 State Street Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: 179982 Size: 4.0 Manufacturer: Watts Model#: 709

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>0</u> PSID	Held <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>1.2</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/23/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development Carstens Center Contact Person Rick Vogel

Service Address 3000 Carstens Drive Suite# _____

Phone# 1 e-mail: _____

Device Location Northern mech room

Annual Test Repair New Installation

DC RPP Serial #: G29341 Size: 4.0 Manufacturer: Bf direct Model#: Derringer

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>1.8</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>3.9</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/22/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest's	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development D Building Contact Person Rick Vogel

Service Address 941 Sheridan Dr. Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: U13283 Size: 4.0 Manufacturer: Wilkins Model#: 350a

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>4.0</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>4.1</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

<u>Travis Billesbach</u>	<u>NIFCO Mechanical Systems</u>	<u>8466</u>	<u>531-220-1687</u>
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			<u>09/13/2021</u>
State Certified Technician (Signature)	Customer (Signature)		Date of Test
<u>Midwest</u>	<u>01172391</u>		<u>03/22/2022</u>
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development East Apartment Contact Person Rick Vogel

Service Address 667 31st Street Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: U06345 Size: 6.0 Manufacturer: Wilkins Model#: 350a

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>3.7</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>3.4</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems 8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		09/23/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	01172391	03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development Laundry/Warehouse Contact Person Rick Vogel

Service Address 3363 Goldenrod Dr. Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: Oc-2786 Size: 4.0 Manufacturer: Watts Model#: 757

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>2.5</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>3.0</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	<u>3.2</u> PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/26/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2021
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development L Building Contact Person Rick Vogel

Service Address 748 Wallman Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: 253042 Size: 6.0 Manufacturer: Watts Model#: 709

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>0</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>1.2</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/22/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development West Wing Contact Person Rick Vogel

Service Address 834 Sheridan Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: U05258 Size: 6.0 Manufacturer: Wilkins Model#: 350a

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>3.5</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>3.1</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/26/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development West Wing Contact Person Rick Vogel

Service Address 834 Sheridan Suite# _____

Phone# 402-239-4678 e-mail: _____

Device Location South basement mech room

Annual Test Repair New Installation

DC RPP Serial #: 9705281257 Size: 4.0 Manufacturer: Febco Model#: 850dc

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>1.3</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>1.3</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			09/26/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development F building Contact Person Facility Manager

Service Address 3104 State Street Suite# _____

Phone# 402-223-7526 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: 179982 Size: 4.0 Manufacturer: Watts Model#: 709

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>1.7</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>1.3</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			11/07/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: Flipped gasket and clean stems

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Beatrice State Development L Building Contact Person Facility Manager

Service Address 748 Wallman Suite# _____

Phone# 402-223-7526 e-mail: _____

Device Location Basement mech room

Annual Test Repair New Installation

DC RPP Serial #: 253042 Size: 6.0 Manufacturer: Watts Model#: 709

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 1.6 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.4 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Travis Billesbach	NIFCO Mechanical Systems	8466	531-220-1687
State Certified Technician (Please Print)	Company	Grade 6 Certificate#	Cell/Phone#
			11/07/2022
State Certified Technician (Signature)	Customer (Signature)		Date of Test
Midwest	01172391		03/22/2022
Test Gauge Manufacturer	Test Gauge Serial #		Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

JANUARY 25, 2002

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK		REDUCED PRESSURE ZONE TEST REPORT					
Name of Premises (Company, Person, etc.) <u>Beatrice State Developmental Center</u>							
Service Address <u>3000 Lincoln Street</u>		City <u>Beatrice</u>	State <u>Nebr</u>				
Mailing Address		City	State				
Location of Device <u>D-building basement middle equipment room</u>							
Device Type <u>RZP</u>	Manufacturer <u>WATTS</u>	Serial No. <u>55302</u>	Model No. <u>M101</u>				
Substance or Use for Which Device is Installed <u>Chilled Water Supply</u>		Spring loading # 1 Check Valve <u>8.4</u>	Relief Valve Opened at <u>2.5</u>				
Line Pressure at Time of Test (at Inlet test cock) _____ PSI		Difference <u>5.9</u>	Size <u>2 inch</u>				
INITIAL TEST	Check Valves		Relief Valve				
	Spring loading 1. Leaked <input type="checkbox"/> 2. Closed Tight <input checked="" type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">#1</td> <td style="text-align: center;">#2</td> </tr> <tr> <td style="text-align: center;">8.4</td> <td style="text-align: center;">1.8</td> </tr> </table>	#1	#2	8.4	1.8	Opened at <u>2.5</u> PSID <input type="checkbox"/> Did Not Open.
#1	#2						
8.4	1.8						
		Shut-Off Valve #2 1. Leaked <input type="checkbox"/> 2. Closed Tight <input checked="" type="checkbox"/>					
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)							
NOTE: Fill in Only if Device Requires Maintenance.							
FINAL TEST	Check Valve	Relief Valve	Shut-off Valve				
	#1 #2 Spring loading _____ Closed Tight <input type="checkbox"/>	Opened at _____ PSID #1 check spring _____ Relief valve _____ Difference _____	#2 Closed Tight <input type="checkbox"/>				
Remarks:		This is to verify that the tester arrived at _____ a.m. / p.m. and completed work at _____ a.m. / p.m. By: _____ Owner's Representative					
		Backflow Tester Information Make: _____ Model: _____ Serial No.: _____ Date Last Certified: _____					
Initial test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____				
Repaired by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Repair _____				
Final test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____				

One copy to Water Utility, One copy to Customer, One copy to Tester

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK				REDUCED PRESSURE ZONE TEST REPORT			
Name of Premises (Company, Person, etc.) BSDC				2021 TEST			
Service Address 3000 Lincoln Street		City Beatrice	State Nebr	Zip 68310			
Mailing Address		City	State	Zip			
Location of Device Administration building basement							
Device Type RPZ		Manufacturer WATTS		Serial No. 282865	Model No. 009M2QT	Size 1 inch	
Substance or Use for Which Device is Installed				Spring loading # 1. Check Valve _____ Relief Valve Opened at _____ Difference _____			
Line Pressure at Time of Test (at inlet test cock) _____ PSI 50							
INITIAL TEST	Check Valves		Relief Valve Opened at _____ PSID	Date Installed		Shut-Off Valve	
	Spring loading	#1 #2		Date Rebuilt	#2		
	1. Leaked	<input type="checkbox"/> <input type="checkbox"/>				1. Leaked	<input type="checkbox"/>
	2. Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Did Not Open			2. Closed Tight	<input type="checkbox"/>
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning or Repair) Device needs to be removed. Electric Valve ahead of back-flow.							
NOTE: Fill In Only if Device Requires Maintenance							
FINAL TEST	Check Valve		Relief Valve Opened at _____ PSID	#1 check spring _____ Relief valve _____ Difference _____		Shut-off Valve #2	
	Spring loading	#1 #2		Closed Tight		<input type="checkbox"/>	
	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>				Closed Tight	<input type="checkbox"/>
Remarks:				This is to verify that the tester arrived at _____ a.m. / p.m. and completed work at _____ a.m. / p.m. By: _____ Owner's Representative			
				Backflow Tester Information			
		Make: _____		Model: _____			
		Serial No.: _____		Date Last Certified: _____			
Initial test performed by: (Print) _____ (Signature) _____		Company _____		Cert No. _____ Expiration Date _____		Date of Testing _____	
Repaired by: (Print) _____ (Signature) _____		Company _____		Cert No. _____ Expiration Date _____		Date of Repair _____	
Final test performed by: (Print) _____ (Signature) _____		Company _____		Cert No. _____ Expiration Date _____		Date of Testing _____	

One copy to Water Utility, One copy to Customer, One copy to Tester

WRIGHTSMAN PLUMBING
 1400 N 7TH ST
 BEATRICE, NE 68310
 (402) 228-3100

BACKFLOW DEVICE TEST REPORT

Name of Promises (Company, Person, etc.) P.S.D.C. / V. K. K. Co. Phone # _____

Service Address 3000 Lincoln City Beatrice State NE Zip 68310

Location of Device Building 1 Time 4:40 Date Installed _____

Device Type RP Manufacturer Watts Serial No. VD-0732 Model No. 957 Size 10"

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test (at inlet test cock) _____ PSI	Air Gap (2 X Supply Diam.) Supply _____ in. Air Gap _____ in. PASS <input type="checkbox"/> FAIL <input type="checkbox"/> Gauge Last Certified <u>1 18 21</u>	Annual Test <input type="checkbox"/>
Apparent Pressure Drop Across First Check Valve <u>9.4</u> PSID		Initial Test <input checked="" type="checkbox"/>
Relief Valve Opened at <u>3.4</u> PSID		Replacement Test <input type="checkbox"/>
Difference <u>6.0</u> PSID		Other <input type="checkbox"/>

	Pressure Loss	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
		#1	#2			#1	#2
INITIAL	1. Leaked <input type="checkbox"/> 2. Closed Tight <input checked="" type="checkbox"/>	<u>7.4</u> <input type="checkbox"/> <u>3.4</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at <u>3.4</u> PSID Did Not Open <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Disc. <input type="checkbox"/> Spring <input type="checkbox"/> Gulde <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc. <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Float <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc. <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small: Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer <input type="checkbox"/> Other: <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Other: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation Fire Protection
 Domestic Usage Boiler

Other (explain): _____

Remarks: _____

Initial Test performed by: (Please Print) <u>Tim Linenberger</u>	Company <u>Wrightman</u>	BFDT Cert. No. <u>65887</u>	Date of Testing <u>11-1-21</u>
Repaired by: (Please Print)	Company	BFDT Cert. No.	Date of Repair
Final Test performed by: (Please Print)	Company	BFDT Cert. No.	Date of Testing

Signature [Signature] WHITE - Water District YELLOW - Customer PINK - Tester

WRIGHTSMAN PLUMBING
 1400 N 7TH ST
 BEATRICE, NE 68310
 (402) 228-3100

BACKFLOW DEVICE TEST REPORT

West Unit

Name of Premises (Company, Person, etc.) BSDC / Van Kirk Court Phone # _____

Service Address 3000 Lincoln City Beatrice State NE Zip 68310

Location of Device Level 3 Building Time 4:22 Date Installed _____

Device Type RP Manufacturer Watts Serial No. VC-1345 Model No. 9157 Size 1/2"

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test _____ PSI (at Inlet test cock)	Air Gap (2 X Supply Diam.) Supply _____ in. Air Gap _____ in. PASS <input type="checkbox"/> FAIL <input type="checkbox"/> Gauge Last Certified <u>1/18/21</u>	Annual Test <input type="checkbox"/>
Apparent Pressure Drop _____ PSID Across First Check Valve		Initial Test <input checked="" type="checkbox"/>
Relief Valve Opened at _____ PSID		Replacement Test <input type="checkbox"/>
Difference _____ PSID		Other <input type="checkbox"/>

	Check Valves	Air Inlet (Pressure Vacuum Breaker)		Differential Pressure Relief Valve	Shut Off Valves	
		#1	#2		#1	#2
INITIAL	Pressure Loss 1. Leaked <input type="checkbox"/> <input type="checkbox"/> 2. Closed Tight <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<u>28.6</u>	<u>34</u>	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at <u>28</u> PSID <input type="checkbox"/> Did Not Open	1. Leaked <input type="checkbox"/> <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/> <input checked="" type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> <input type="checkbox"/> Replaced: Disc. <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Pin Retainer <input type="checkbox"/> <input type="checkbox"/> Hinge Pin <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Cleaned <input type="checkbox"/> <input type="checkbox"/> Replaced: Disc. <input type="checkbox"/> <input type="checkbox"/> Upper <input type="checkbox"/> <input type="checkbox"/> Lower <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Large: Upper <input type="checkbox"/> <input type="checkbox"/> Lower <input type="checkbox"/> <input type="checkbox"/> Small: Seat <input type="checkbox"/> <input type="checkbox"/> Upper <input type="checkbox"/> <input type="checkbox"/> Lower <input type="checkbox"/> <input type="checkbox"/> Spacer <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Cleaned <input type="checkbox"/> <input type="checkbox"/> Replaced <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

Prevents backflow from: Lawn Irrigation Fire Protection
 Domestic Usage Boiler

Other (explain): _____

Remarks: _____

Initial Test performed by: (Please Print) <u>Tom Lundberg</u>	Company <u>Wrightman</u>	BFDT Cert. No. <u>60447</u>	Date of Testing <u>11-1-21</u>
Repaired by (Please Print)	Company	BFDT Cert. No.	Date of Repair
Final Test performed by (Please Print)	Company	BFDT Cert. No.	Date of Testing

Signature [Signature] WHITE - Water District YELLOW - Customer PINK - Tester



CITY HALL
400 Ella Street | Beatrice, NE 68310
Phone: 402.228.5200 Fax: 402.228.2312

BACKFLOW DEVICE TEST REPORT

BEATRICE
CITY - BOARD OF PUBLIC WORKS

SERVICE CENTER
500 North Commerce Street | Beatrice, NE 68310
Phone: 402.228.5211 Fax: 402.223.5181

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.) BSDC

Service Address 3000 Lincoln City Beatrice State NE Zip 68310

Location of Device

Device Type RP Manufacturer Watts Serial No. 23011 Model No. 609 Size 2"

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test (at inlet test cock) <u>6.4</u> PSI	Date Installed	Annual Test <input checked="" type="checkbox"/>
Apparent Pressure Drop Across First Check Valve <u>2.8</u> PSID	Gauge Last Calibrated	Initial Test <input type="checkbox"/>
Relief Valve Opened at <u>3.16</u> PSID		Replacement Test <input type="checkbox"/>
Difference <u>3.16</u> PSID		Other <input type="checkbox"/>

	Check Valves		Air Inlet (Pressure Vacuum Braker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss <u>6.4</u>	<u>2.8</u>	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Opened at <u>2.8</u> PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input type="checkbox"/>
REPAIRS	Cleaned Replaced:	<input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced: <input type="checkbox"/>	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Floal <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seal <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large: <input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Other <input type="checkbox"/>		
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation Fire Protection
 Domestic Usage Boiler

Other (explain) _____

Remarks: _____

Initial test performed by: (Please Print) <u>Mike Wachsmeyer</u>	Company <u>RPW Winter</u>	BFDT Cert. No. <u>84491</u>	Date of Testing <u>4-2-21</u>
Repaired by (Please Print)	Company	BFDT Cert. No.	Date of Repair
Final test performed by (Please Print)	Company	BFDT Cert. No.	Date of Testing
		Expiration Date	

Signature [Signature]

WHITE - Water District YELLOW - Customer



CITY HALL
400 Ella Street | Beatrice, NE 68310
Phone: 402.228.5200 Fax: 402.228.2312

BACKFLOW DEVICE TEST REPORT

BEATRICE
CITY - BOARD OF PUBLIC WORKS

SERVICE CENTER
500 North Commerce Street | Beatrice, NE 68310
Phone: 402.228.5211 Fax: 402.223.5181

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.)

BSDC

Service Address

3000 Lincoln

City

Beatrice

State

NE

Zip

68310

Location of Device

Device Type

RP

Manufacturer

Watts

Serial No.

483476

Model No.

909

Size

10"

NOTE: Final Slots to be Filled in Only if Device In Disrepair and is Rerested

Line Pressure at Time of Test
(at inlet test cock)

60

PSI

Date Installed

Annual Test

Apparent Pressure Drop
Across First Check Valve

2.2

PSID

Gauge Last
Calibrated

Initial Test

Relief Valve Opened at

3.8

PSID

Replacement Test

Difference

3.8

PSID

Other

	Check Valves		Air Inlet (Pressure Vacuum Braker)	Differential Pressure Relief Valve	Shut Off Valves		
	#1	#2			#1	#2	
INITIAL	Pressure Loss	<i>6.0</i>	<i>1.8</i>	<input type="checkbox"/> Opened at PSID	<input type="checkbox"/> Opened at <i>2.2</i> PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIRS	Cleaned Replaced:	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc	<input type="checkbox"/>	Replaced: <input type="checkbox"/>	<input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Upper	<input type="checkbox"/>		
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Lower	<input type="checkbox"/>		
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Spring	<input type="checkbox"/>		
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm	<input type="checkbox"/>		
	Seal	<input type="checkbox"/>	<input type="checkbox"/>	Large:	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Upper	<input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/>
				Lower	<input type="checkbox"/>		
				Small:	<input type="checkbox"/>		
				Seat	<input type="checkbox"/>		
				Upper	<input type="checkbox"/>		
				Lower	<input type="checkbox"/>		
				Other	<input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at PSID	Opened at PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from:

Lawn Irrigation Fire Protection
Domestic Usage Boiler

Remarks:

Other (explain)

Initial test performed by: (Please Print)

Mike Lehmeier

Company

BRW Water

BFDT Cert. No.

8491

Date of Testing

4-20-21

Repaired by (Please Print)

Company

BFDT Cert. No.

Expiration Date

Date of Repair

Final test performed by (Please Print)

Company

BFDT Cert. No.

Expiration Date

Date of Testing

Signature

[Signature]

WHITE - Water District YELLOW - Customer



Lincoln Water System Backflow Preventer MAINTENANCE TEST FORM



Business / Building CARSTENS ACTIVITY CENTER
 Service Address 3000 LINCOLN ST BEATRICE NE 68310
 Contact Person _____ / Phone Number _____

Annual Test
 DC RPP _____ Size _____ Manufacturer _____ Model No. _____ Serial #

New Installation Replacement
 DC RPP 4" Size BACKFLOW DIRECT Manufacturer DECEMBER 20 Model No. G29341 Serial #

Domestic Containment Irrigation Fire Service Boiler Carbonator Other
 (Desc): _____
 Swimming Pool Cooling Tower Water Cooled Ice Maker

Device Location STORAGE ROOM N.W. CORNER OF GYM

Check Valve #1	Check Valve #2	Pressure Relief Valve	PVB/SVB
INITIAL TEST			
Held at <u>2.0</u> PSID	Held at <u>1.9</u> PSID	Opened at _____ PSID	Air Inlet
Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did not open	Opened at _____ PSID
Cleaned	Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cleaned	Did not open
Replaced	Cleaned	Replaced	Check Valve
	#2 Shut Off Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Held at _____ PSID
			Leaked
			Cleaned
			Replaced
FINAL TEST			
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve _____ PSID
PSID	PSID	Replaced _____ PSID	Air Inlet _____ PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability.

Questions - call 441-5912
Please Mail Form To:
 Lincoln Water System
 Backflow Prevention Office
 2021 North 27th Street
 Lincoln, NE 68503

JIM STEFKOVICH FIRESPK 9004 402-890-4300
 State Certified Technician (please print) Company Grade 6 Certificate No. Call / Phone No.
Jim Stefkovich _____ _____ 2-4-2020
 State Certified Technician (signature) Customer Signature Date of Test
MIDWEST 11120956 7-9-19
 Test Gauge Manufacturer Test Gauge Serial No. Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK		DOUBLE CHECK VALVE TEST REPORT		
Name of Premises (Company, Person, etc.) BSDC		2021 TEST		
Service Address 3000 Lincoln Street		City Beatrice	State Nebr	Zip 68332
Mailing Address (if different from above)		City	State	Zip
Location of Device F-building basement				
Device Type WATS double check		Manufacturer WATS	Serial No. 68779	Model No. 007 QT
Substance or Use for Which Device is Installed chilled water loop				
Line Pressure at Time of Test (at inlet test cock) 46 PSI				
INITIAL TEST	Check Valves		Date Installed	Shut-Off Valve
	#1	#2		#2
	Spring loading	2	1.5	
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	1. Leaked <input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Closed Tight <input checked="" type="checkbox"/>
Date Rebuilt				
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)				
NOTE: Fill In Only if Device Requires Maintenance				
FINAL TEST	Check Valve	#1	#2	Shut-off Valve
	Spring loading			#2
	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Closed Tight <input type="checkbox"/>
Remarks:		This is to verify that the tester arrived at _____ a.m. / p.m.		
		and completed work at _____ a.m. / p.m.		
		By: _____ Owner's Representative		
		Backflow Tester Information		
		Make: _____	Model: _____	
		Serial No.: _____	Date Last Certified: _____	
Initial test performed by:		Company	Cert No.	Date of Testing
(Print) _____			Expiration Date	
(Signature) _____				
Repaired by:		Company	Cert No.	Date of Repair
(Print) _____			Expiration Date	
(Signature) _____				
Final test performed by:		Company	Cert No.	Date of Testing
(Print) _____			Expiration Date	
(Signature) _____				

One copy to Water Utility, One copy to Customer, One copy to Tester

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK	REDUCED PRESSURE ZONE TEST REPORT
--	--

Name of Premises (Company, Person, etc.) BSDC 2021 TEST

Service Address <u>3000 Lincoln Street</u>	City <u>Beatrice</u>	State <u>Nebr.</u>	Zip <u>68332</u>
---	-------------------------	-----------------------	---------------------

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Location of Device
Building 4 basement Tower WATER Pumps

Device Type <u>RZP</u>	Manufacturer <u>WATTS</u>	Serial No. <u>42784</u>	Model No. <u>919 OT</u>	Size <u>1 inch</u>
---------------------------	------------------------------	----------------------------	----------------------------	-----------------------

Substance or Use for Which Device is Installed <u>Cooling Tower WATER</u>	Spring loading # 1 Check Valve <u>8.0</u>
	Relief Valve Opened at <u>2.0</u>
Line Pressure at Time of Test (at Inlet test cock) _____ PSI	Difference <u>6</u>

INITIAL TEST	Check Valves		Relief Valve	Date Installed	Shut-Off Valve
	Spring loading	#1	#2	Opened at _____ PSID	#2
1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Date Rebuilt	1. Leaked <input type="checkbox"/>
2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2. Closed Tight <input checked="" type="checkbox"/>

Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)

NOTE: Fill In Only If Device Requires Maintenance

FINAL TEST	Check Valve		Relief Valve	#1 check spring	Shut-off Valve
	Spring loading	#1	#2	Opened at _____ PSID	#2
Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>		Difference	Closed Tight <input type="checkbox"/>

Remarks:

This is to verify that the tester arrived at _____ a.m. / p.m. and completed work at _____ a.m. / p.m.

By: _____
Owner's Representative

Backflow Tester Information

Make: _____ Model: _____
Serial No.: _____ Date Last Certified: _____

Initial test performed by: (Print) _____ (Signature) _____	Company	Cert No. _____ Expiration Date _____	Date of Testing
Repaired by: (Print) _____ (Signature) _____	Company	Cert No. _____ Expiration Date _____	Date of Repair
Final test performed by: (Print) _____ (Signature) _____	Company	Cert No. _____ Expiration Date _____	Date of Testing

One copy to Water Utility, One copy to Customer, One copy to Tester

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK		REDUCED PRESSURE ZONE TEST REPORT	
Name of Premises (Company, Person, etc.) BBOC 2021 Test			
Service Address 3000 Lincoln Street		City Beatrice	State Nebr
Mailing Address		City	State
Location of Device Building 4 basement mechanical room			
Device Type RZP	Manufacturer WATTS	Serial No. 55302	Model No. 009-M10T
Substance or Use for Which Device is Installed HOT WATER HEAT		Spring loading #1 Check Valve 8.0	Size 2 inch
Line Pressure at Time of Test (at inlet test cock) _____ PSI		Relief Valve Opened at 3.0	Difference 5.0
INITIAL TEST	Check Valves		Relief Valve
	Spring loading	#1 #2 8.0 1.5	Opened at 3.0 PSI
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Did Not Open
		Date Installed	Shut-Off Valve
		Date Rebuilt	#2
		1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
		2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning or a Repair)			
NOTE: Fill in Only if Device Requires Maintenance.			
FINAL TEST	Check Valve	#1 #2	Relief Valve
	Spring loading	_____	Opened at _____
	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	PSID
			#1 check spring _____
			Relief valve _____
			Difference _____
			Shut-off Valve #2
			Closed Tight <input type="checkbox"/>
Remarks:		This is to verify that the tester arrived at _____ a.m. / p.m.	
		and completed work at _____ a.m. / p.m.	
		By: _____ Owner's Representative	
		Backflow Tester Information	
		Make: _____	Model: _____
		Serial No.: _____	Date Last Certified: _____
Initial test performed by: (Print) _____ (Signature) _____		Company _____	Date of Testing _____
Repaired by: (Print) _____ (Signature) _____		Company _____	Date of Repair _____
Final test performed by: (Print) _____ (Signature) _____		Company _____	Date of Testing _____

One copy to Water Utility, One copy to Customer, One copy to Tester

Nebraska Rural Water Association MUST BE TYPED OR COMPLETED IN INK		2021 TEST DOUBLE CHECK VALVE TEST REPORT	
Name of Premises (Company, Person, etc.) BSDC 2021 Test			
Service Address 3000 Lincoln Street		City Beatrice	State Nebr
Mailing Address (if different from above)		City	State
Zip 68310		Zip	
Location of Device Administration Building basement equipment Room			
Device Type double check	Manufacturer WATTS	Serial No. 142868	Model No. 007M3QT
Substance or Use for Which Device is Installed Lawn Sprinklers			
Line Pressure at Time of Test (at inlet test cock)		48 PSI	
INITIAL TEST	Check Valves		Date Installed
	Spring loading	Shut-Off Valve	Date Rebuilt
	#1 1.5	#2 2.0	#2
	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	2. Closed Tight <input checked="" type="checkbox"/>	2. Closed Tight <input checked="" type="checkbox"/>
Describe Repairs Necessary to Return Device to Proper Operating Condition (Cleaning is a Repair)			
NOTE: Fill in Only if Device Requires Maintenance			
FINAL TEST	Check Valve #1	#2	Shut-off Valve #2
	Spring loading <input type="checkbox"/>	<input type="checkbox"/>	Closed Tight <input type="checkbox"/>
Remarks:		This is to verify that the tester arrived at _____ a.m. / p.m. and completed work at _____ a.m. / p.m. By: _____ Owner's Representative	
		Backflow Tester Information	
		Make: _____	Model: _____
		Serial No.: _____	Date Last Certified: _____
Initial test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____
Repaired by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Repair _____
Final test performed by: (Print) _____ (Signature) _____	Company _____	Cert No. _____ Expiration Date _____	Date of Testing _____

One copy to Water Utility, One copy to Customer, One copy to Tester

Attachment 2

BSDC Boiler Inspection

Beatrice State Developmental Center

Boiler Inspection

THE UNIVERSITY OF CHICAGO

PHILOSOPHY

PHILOSOPHY 101: INTRODUCTION TO PHILOSOPHY

PHILOSOPHY 102: LOGIC AND CRITICAL THINKING

PHILOSOPHY 103: ETHICS AND MORALS

PHILOSOPHY 104: THE HISTORY OF PHILOSOPHY

PHILOSOPHY 105: METAPHYSICS AND EPISTEMOLOGY

PHILOSOPHY 106: THE PHILOSOPHY OF LANGUAGE

PHILOSOPHY 107: THE PHILOSOPHY OF MIND

PHILOSOPHY 108: THE PHILOSOPHY OF SCIENCE

PHILOSOPHY 109: THE PHILOSOPHY OF LAW

PHILOSOPHY 110: THE PHILOSOPHY OF POLITICS

PHILOSOPHY 111: THE PHILOSOPHY OF RELIGION

PHILOSOPHY 112: THE PHILOSOPHY OF EDUCATION

PHILOSOPHY 113: THE PHILOSOPHY OF ARTS

PHILOSOPHY 114: THE PHILOSOPHY OF ECONOMICS

PHILOSOPHY 115: THE PHILOSOPHY OF ENVIRONMENT

PHILOSOPHY 116: THE PHILOSOPHY OF HEALTH CARE

PHILOSOPHY 117: THE PHILOSOPHY OF INTERNATIONAL RELATIONS

PHILOSOPHY 118: THE PHILOSOPHY OF TECHNOLOGY

PHILOSOPHY 119: THE PHILOSOPHY OF THE FUTURE



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Levi Nelson
 Chief Boiler Inspector
 Doug Hohbein
 Acting State Fire Marshal

State Development Center
 ATTN: Terry Brown
 3000 Lincoln St Dock 2
 Beatrice, NE 68310-3319

11/07/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner

State Development Center
 3000 Lincoln St
 Beatrice, NE 68310-3319

Location 614588

State Development Center
 3000 Lincoln St
 Beatrice, NE 68310-3319

State ID Number: NE22793
 Type: CHWH - ASME/Fired Water Heater
 Last External Inspection: 09/21/2022
 Expiration Date: 09/30/2024
 Inspected By: Joshua Shandy
 Inspecting Agency: Zurich American Insurance
 Last Internal Inspection:
 National Board Number: 170171

Pressure Allowed: 160 PSI
 Safety-Relief Valves Setting: 150 PSI
 Manufacturer: A O Smith
 Year Built: 2012
 Print Date: 11/07/2022
 Next Internal Due Date:
 Serial Number: 170171
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Levi Nelson
 Chief Boiler Inspector
 Doug Hohbein
 Acting State Fire Marshal

State Development Center
ATTN: Terry Brown
3000 Lincoln St Dock 2
Beatrice, NE 68310-3319

11/07/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

Location **614588**

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

State ID Number: NE22794
Type: CHWH - ASME/Fired Water Heater
Last External Inspection: 09/21/2022
Expiration Date: 09/30/2024
Inspected By: Joshua Shandy
Inspecting Agency: Zurich American Insurance
Last Internal Inspection:
National Board Number: 170090

Pressure Allowed: 160 PSI
Safety-Relief Valves Setting: 150 PSI
Manufacturer: A O Smith
Year Built: 2012
Print Date: 11/07/2022
Next Internal Due Date:
Serial Number: 170090
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Levi Nelson
 Chief Boiler Inspector
 Doug Hohbein
 Acting State Fire Marshal

State Development Center
 ATTN: Terry Brown
 3000 Lincoln St Dock 2
 Beatrice, NE 68310-3319

11/07/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.

 <h3 style="text-align: center;">CERTIFICATE OF INSPECTION</h3> <p style="text-align: center;">Nebraska State Fire Marshal Agency Boiler Inspection Division 246 S. 14th Street, Suite 1 Lincoln, NE 68508 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov</p>	
<p>Owner</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>State Development Center 3000 Lincoln St Beatrice, NE 68310-3319</p> </div>	<p>Location 614588</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>State Development Center 3000 Lincoln St Beatrice, NE 68310-3319</p> </div>
<p>State ID Number: NE22794 Type: CHWH - ASME/Fired Water Heater Last External Inspection: 09/21/2022 Expiration Date: 09/30/2024 Inspected By: Joshua Shandy Inspecting Agency: Zurich American Insurance Last Internal Inspection: National Board Number: 170090</p>	<p>Pressure Allowed: 160 PSI Safety-Relief Valves Setting: 150 PSI Manufacturer: A O Smith Year Built: 2012 Print Date: 11/07/2022 Next Internal Due Date: Serial Number: 170090 Owner's Equip ID:</p>
<p>This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.</p>	
<p>Chief Boiler Inspector</p>  <hr style="width: 30%; margin: 0 auto;"/> <p>Levi Nelson</p>	



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 3000 Lincoln St Dock 2
 Beatrice, NE 68310-3319

11/07/2022

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 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner

State Development Center
 3000 Lincoln St
 Beatrice, NE 68310-3319

Location 614588

State Development Center
 3000 Lincoln St
 Beatrice, NE 68310-3319

State ID Number: NE22887
 Type: FTHT - Firetube Horizontal
 Last External Inspection: 09/21/2022
 Expiration Date: 09/30/2023
 Inspected By: Joshua Shandy
 Inspecting Agency: Zurich American Insurance
 Last Internal Inspection: 03/19/2021
 National Board Number: 18449

Pressure Allowed: 15 PSI
 Safety-Relief Valves Setting: 15 PSI
 Manufacturer: Hurst
 Year Built: 2012
 Print Date: 11/07/2022
 Next Internal Due Date: 03/19/2023
 Serial Number: 1200259
 Owner's Equip ID: 600 HP

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Levi Nelson
 Chief Boiler Inspector
 Doug Hohbein
 Acting State Fire Marshal

State Development Center
ATTN: Terry Brown
3000 Lincoln St Dock 2
Beatrice, NE 68310-3319

11/07/2022

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 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

Location **614588**

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

State ID Number: NE24116
Type: FTHT - Firetube Horizontal
Last External Inspection: 09/21/2022
Expiration Date: 09/30/2023
Inspected By: Joshua Shandy
Inspecting Agency: Zurich American Insurance
Last Internal Inspection: 12/10/2021
National Board Number: 18714

Pressure Allowed: 15 PSI
Safety-Relief Valves Setting: 15 PSI
Manufacturer: Hurst
Year Built: 2013
Print Date: 11/07/2022
Next Internal Due Date: 12/10/2023
Serial Number: S1000-15-58
Owner's Equip ID: 200 HP

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Levi Nelson
 Chief Boiler Inspector
 Doug Hohbein
 Acting State Fire Marshal

State Development Center
ATTN: Terry Brown
3000 Lincoln St Dock 2
Beatrice, NE 68310-3319

11/07/2022

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<p>Owner</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>State Development Center 3000 Lincoln St Beatrice, NE 68310-3319</p> </div>	<p>Location 614588</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>State Development Center 3000 Lincoln St Beatrice, NE 68310-3319</p> </div>
<p>State ID Number: NE24656 Type: FTWB - FTS Marine Wet Back Last External Inspection: 09/21/2022 Expiration Date: 09/30/2023 Inspected By: Joshua Shandy Inspecting Agency: Zurich American Insurance Last Internal Inspection: 03/19/2021 National Board Number: 18656</p>	<p>Pressure Allowed: 15 PSI Safety-Relief Valves Setting: 15 PSI Manufacturer: Hurst Year Built: 2012 Print Date: 11/07/2022 Next Internal Due Date: 03/19/2023 Serial Number: 32000-15-11 Owner's Equip ID:</p>
<p>This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.</p>	
<p>Chief Boiler Inspector</p>  <hr style="width: 30%; margin: 0 auto;"/> <p>Levi Nelson</p>	



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11/07/2022

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 Lincoln, NE 68508
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Owner

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

Location **614588**

State Development Center
3000 Lincoln St
Beatrice, NE 68310-3319

State ID Number: NE29200
Type: CHWH - ASME/Fired Water Heater
Last External Inspection: 09/21/2022
Expiration Date: 09/30/2024
Inspected By: Joshua Shandy
Inspecting Agency: Zurich American Insurance
Last Internal Inspection:
National Board Number: 196013

Pressure Allowed: 160 PSI
Safety-Relief Valves Setting: 150 PSI
Manufacturer: A O Smith
Year Built: 2014
Print Date: 11/07/2022
Next Internal Due Date: 09/30/2026
Serial Number: 196013
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson

Attachment 3

BSDC Elevator Testing

Beatrice State Developmental Center

Elevator Testing

NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER	4085		
SITE LOCATION	WEST WING/17/INFIRMA		
USE	PASSENGER		
NUMBER OF LANDINGS	3		
MANUFACTURER	ROTARY		
CAPACITY LBS	3500	FT / MIN	75
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	7/20/2021	Inspection #	244132

COMMENTS:

2.31.1 (Current relief test records tag/plate for pressure testing 1 year.) - Fail
Inspector Comments: Last tested 03/2019

When you have complied with the requirements set forth above, date and sign the STATEMENT OF COMPLIANCE below and then scan and email this form to sfm.conveyances@nebraska.gov

STATEMENT OF COMPLIANCE

On this 27 day of July, 2021, I do hereby state, under the penalties of perjury, that the items identified in this Conveyance Compliance Sheet have been completed and that the unit identified complies with the Nebraska Conveyance Safety Act.


Rick A. Vogel
7-27-21

Owner/Representative Printed Name, Signature, and Date

NEBRASKA

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STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

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Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER 4116
SITE LOCATION N BLDG 15 MED RESEAR
USE PASSENGER
NUMBER OF LANDINGS 3
MANUFACTURER DOVER
CAPACITY LBS 3500 FT / MIN 125
ANNUAL SAFETY TEST DUE
FIVE YEAR SAFETY TEST DUE
INSPECTION DATE 7/20/2021 Inspection # 244131

COMMENTS:

2.31.1 (Current relief test records tag/plate for pressure testing 1 year.) - Fail
Inspector Comments: Last tested 03/2019

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STATEMENT OF COMPLIANCE

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Rick A. Vogel / Rick A. Vogel 7-27-21

Owner/Representative Printed Name, Signature, and Date

NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER	4117		
SITE LOCATION	S/BLDG 15 MED RESEAR		
USE	PASSENGER		
NUMBER OF LANDINGS	3		
MANUFACTURER	DOVER		
CAPACITY LBS	3500	FT / MIN	125
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	7/20/2021	Inspection #	244129

COMMENTS:

2.31.1 (Current relief test records tag/plate for pressure testing 1 year.) - Fail
Inspector Comments: Last tested 03/2019

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STATEMENT OF COMPLIANCE

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Rick M. Vogel, Rick M. Vogel 7-27-21

Owner/Representative Printed Name, Signature, and Date

NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER	8155		
SITE LOCATION	D BUILDING/WEST		
USE	PASSENGER		
NUMBER OF LANDINGS	4		
MANUFACTURER	DOVER		
CAPACITY LBS	4000	FT / MIN	125
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	7/20/2021	Inspection #	244125

COMMENTS:

2.31.1 (Current relief test records tag/plate for pressure testing 1 year.) - Fail
Inspector Comments: Last tested 03/2019

When you have complied with the requirements set forth above, date and sign the **STATEMENT OF COMPLIANCE** below and then scan and email this form to sfm.conveyances@nebraska.gov

STATEMENT OF COMPLIANCE

On this 27 day of July, 2021, I do hereby state, under the penalties of perjury, that the items identified in this Conveyance Compliance Sheet have been completed and that the unit identified complies with the Nebraska Conveyance Safety Act.

Rick A Vogel, Rick A Vogel 7-27-21

Owner/Representative Printed Name, Signature, and Date

NEBRASKA

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STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER	8156		
SITE LOCATION	D BLDG/EAST		
USE	PASSENGER		
NUMBER OF LANDINGS	4		
MANUFACTURER	DOVER		
CAPACITY LBS	4000	FT / MIN	125
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	7/20/2021	Inspection #	244124

COMMENTS:

2.31.1 (Current relief test records tag/plate for pressure testing 1 year.) - Fail
Inspector Comments: Last Tested 03/2019

When you have complied with the requirements set forth above, date and sign the **STATEMENT OF COMPLIANCE** below and then scan and email this form to sfm.conveyances@nebraska.gov

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Rick A. Vogel, Rick Vogel 7-27-21

Owner/Representative Printed Name, Signature, and Date

NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: sfm.conveyances@nebraska.gov

CONVEYANCE COMPLIANCE SHEET

RICK VOGEL
3000 LINCOLN ST
BEATRICE, NE 68310

BSDC
3000 LINCOLN ST
BEATRICE, NE 68310

ELEVATOR NUMBER	8078		
SITE LOCATION	F BUILDING		
USE	PASSENGER		
NUMBER OF LANDINGS	2		
MANUFACTURER	ESCO		
CAPACITY LBS	3500	FT / MIN	75
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	7/20/2021	Inspection #	244127

COMMENTS:

1.18.1 (Must make restrictors work outside 18" zone to 4" max open.) - Fail
Inspector Comments: Must make door restrictor operable.

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STATEMENT OF COMPLIANCE

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Rick A. Vogel, Rick Vogel 7-27-21

Owner/Representative Printed Name, Signature, and Date

Attachment 4

BSDC Fire Extinguisher Inspections

No.	Location	Make / Size	Type	Extinguisher Mfg Date	Most Recent Service	Next 6-Yr	Next Hydro	Serial Number	Comments
	Admin 1st Floor Entrance Area								
15-31	Main Entry East	Ansul #10	ABC	1987	6YR-2017		2023	HC00976541	✓
	Reception Office	Buckeye #5	ABC	2010	6YR-2017		2023	J911993	✓
15-32	Human Resource Hall	Ansul #10	ABC	1987	6YR-2017		2023	HC00976527	✓
15-35	Hall to Dental Clinic	Ansul #10	ABC	1987	6YR-2017		2023	HC00982633	✓
15-33	Dental Clinic	Ansul #10	ABC	1987	6YR-2017		2023	HC00982679	✓
15-34	Dental Ofc Outsd Brkrm	Johnsn Ctls #5	ABC	2019		2025		E-93759336	✓
15-38	Accounting Dept. Hall	Buckeye #10	ABC	2010	6YR-2017		2023	K030365	✓
15-39	Accounting Dept. Breakrm	Johnsn Ctls #5	ABC	2019		2025		E-93759327	✓
15-30	W. Hall / Exit to W. Bldg	Ansul #10	ABC	1987	6YR-2017		2023	HC00976528	✓
	Hostpital 1st Floor								
15-28	Hospital 1st Flr Main Entry	Ansul Entry 10#	ABC	2018		2024		E-93828241	✓
15-27	By Exam Rm 2	Ansul #10	ABC	1987	6YR-2017		2023	HC00982676	✓
15-26	S. Exit	Ansul #10	ABC	1987	6YR-2017		2023	HC00982635	✓
15-29	East Hall	Ansul #10	ABC	1987	6YR-2017		2023	HC00982626	✓
	2nd Floor								
15-56	W. Exit Dr	Ansul #10	ABC	1987	6YR-2017		2023	HC00982660	✓
15-57	S. Offices - Entry	Badger #10	ABC	2007	HYD-2020	2026		ZC803691	✓
15-59	S. Offices - By Storage Rm	Ansul #10	ABC	1987	6YR-2017		2023	HC00982658	✓
15-61	S. Offices - S. Exit	Ansul #10	ABC	1987	6YR-2017		2023	HC00982649	✓
15-58	S. Offices - E. Hall	Ansul #10	ABC	1987	6YR-2017		2023	HC00976526	✓
15-55	Vending Area	Badger #5	ABC	2007	HYD-2020	2026		ZE15569	✓
15-54	N. Offices - N. Entry	Ansul #10	ABC	1987	6YR-2017		2023	HC00982647	✓
15-51	N. Offices - N.W. Exit	Ansul #10	ABC	1987	6YR-2017		2023	HC00916529	✓
15-52	N. Offices - N.E. Wall	Ansul #10	ABC	1987	6YR-2017		2023	HC00976542	✓
15-53	N. Offices - East Hall	Ansul #10	ABC	1987	6YR-2017		2023	HC00976530	✓
	Top Floor								
15-99	Mechanical Rm	Amerex #10	ABC	1985	6YR-2015		2021	FU946111	✓
	Basement								
15-10	W. Generator Rm	Buckeye #5	ABC	2008	HYD-2020	2026		ZY976468	✓
15-15	S. Entrance	Ansul #10	ABC	1987	6YR-2017		2023	HC00982624	✓

No.	Location	Make / Size	Type	Extinguisher Mfg Date	Most Recent Service	Next 6-Yr	Next Hydro	Serial Number	Comments
Basement									
18-16	Elevator Rm	Buckeye #10	ABC	2009	6YR-2015		2021	ZZ175367	✓
18-09	Walk-in Coolers	Buckeye #10	ABC	2009	6YR-2015		2021	ZZ175378	✓
18-07	Hallway to Offices	Amerex #10	ABC	2012	6YR-2018		2024	AW-347370	✓
18-08	Offices S. Exit	Badger #10	ABC	2015		2021		A33531678	✓
1st Floor									
18-04	Main Entrance	Amerex #10	ABC	2012	6YR-2018		2024	TB-750785	✓
18-02	Kitchen	Badger 2 Gal	Class K	2006	6YR-2012 HYD-17	2024	2018 2022	AB136896	✓
18-03	Loading Bay	Amerex #10	ABC	2011	6YR-2017		2023	AU466437	✓
18-01	S. Entrance Door	Amerex #10	ABC	2011	6YR-2017		2023	AU462394	✓
18-05	By FA Panel	Amerex #10	ABC	2011	6YR-2017		2023	AU463401	✓
18-06	N. Hood (Off Dining Rm)	Amerex #10	ABC	2011	6YR-2017		2023	AU463404	✓
	Spare	Answl 10#	ABC					HC-00976532	✓
	"	Johnson 10#	ABC	2018				E-93510497	✓
	"	Buckeye 2.5 Gal	Class K	2007	HYD-17			AB-521598	✓
	"	Amerex 10#	ABC	2002	6yr-19			TB-751962	✓
	"	Amerex 20#	ABC	2012	HYD-19			AW-45012	R/C
	"	Badger 10#	ABC	2007	Hyd-20			ZC-150174	✓
	"	Amerex 5#	ABC	2017				C-94606004	✓
	Spare	10#	ABC						Hydro
	"	5#	Mobtron						Hydro

4:30-5:00

19
1-20# due
1-10# due
1-5# due
16 tags + sets

No.	Location	Make / Size	Type	Extinguisher Mfg Date	Most Recent Service	Next 6-Yr	Next Hydro	Serial Number	Comments
Basement									
1	By Stairway	Buckeye #10	ABC	2010	6YR-2016		2022	K073998	✓
2	Elevator Equip Rm	Amerex #10	ABC	1991	6YR-2016		2022	FR170846	✓
1st Floor									
3	Hall 404 State	Buckeye #10	ABC	2006	6YR-2016		2022	G729406	✓
4	By Vending Area	Amerex #10	ABC	2000	6YR-2019		2025	RX886888	✓
5									
6	Conference Rm	Buckeye #10	ABC	2010	6YR-2016		2022	N409506	✓
7	Closet Rms 404	Amerex #10	ABC	2002	6YR-2019		2025	TB-747174	✓
8	Closet Rms 402	Amerex #10	ABC	2000	HYD-2019	2025		RP-569793	✓
2nd Floor									
9	406	Fireguy #10	ABC	2014	6Yr 2020		2026	A00044226	✓
10	406	Buckeye #10	ABC	2010	6YR-2017		2023	K073963	✓
11	Hall by 406	Amerex #10	ABC	2001	6YR-2019		2025	SC216599	✓
12	Admin Offices	JhnsnCntrl #5	ABC	2019			2025	E-93759345	✓
13	Closet 408 Area	Ansul #10	ABC	2012	HYD-2019	2025		AW-827644	✓
14	Closet 408 Area	Amerex #10	ABC	1986	6YR-2016		2022	GA362642	✓
Outside									
Bus									

No	Location	Make & Size	Type	Extinguisher Mfg Date	Most Recent Service	Next 6-Yr Due	Next Hydro Due	Serial Number	Comments
1	Garage S. Door	Badger 10#	ABC	2013	6YR-2020		2026	BK695149	✓
2	Shop Middle Bay	Simplex 10#	ABC	2013	6YR-2019		2025	BS-881494	✓
3	Shop Vehicle Bay	Badger 10#	ABC	2010	HYD-2018	2024		AD-559076	✓
4	Cave Entrance	Kidde 10#	ABC	2006	HYD-2019	2025		XU-277737	✓
5	Cave Back Area	Simplex 10#	ABC	2019		2025		BS-887996	✓
6	Gravel Bldg	Badger 10#	ABC	2013	6YR-2020		2026	BK-712466	✓
7	Grounds Office	Buckeye 5#	ABC	2009	6YR-2016		2022	J867241	✓
8	Ice Melter Room	Buckeye 10#	ABC	2010	6YR-2016		2022	K073979	✓
9	Transporation G.	Amerex 10#	ABC	2017		2023		C-96077175	✓
10	Trans. Garage	Buckeye 10#	ABC	2015		2021		A33531668	✓
11	Hazmat Bldg	Badger 10#	ABC	2013	6yr-2020			BK-695147	✓
12	Old Maint. Workshop	Amerex 10#	ABC	2006	HYD-2018	2024		SM-958969	✓
13	Old Maint Workshop	Buckeye 10#	ABC	2010	6YR-2016		2022	K073970	✓
14	Old Maint Offices	Badger 5#	ABC	2003	HYD-2018	2024		VP996830VP269783	✓
15	Old Maint Breakroom	Amerex 5#	ABC	2015	6yr-2021	2021	2027	B-02620307	✓
16	Old Warehouse	10# Amerex	ABC	2012	6YR-2018		2024	AY-57667	✓
17	Old Warehouse	Kidde 10#	ABC	2006	HYD-2019	2025		YD-963955	✓
18	East Barn	Amerex 5#	ABC	2004	HYD-2019	2025		WK-737294	✓
19	Old Maint. Workshop	George Badger 10#	ABC	2013	6yr-2020		2026	BK-697575	✓
20	Outside Propane Tanks	Amerex 10#	ABC	2020		2026		F-88773633	✓
21	Laundry Bsmt NE End	Amerex 20#	ABC	2012	HYD-2019	2025		BF-539124	✓
22	Laundry Bsmt NE End	Amerex 20#	ABC	2011	HYD-2019	2025		AV-572881	✓
23	Laundry Bsmt SE End	Buckeye 5#	ABC	2009	6YR-2016		2022	J867222	✓
24	Laundry Bsmt SE End	Buckeye 5#	ABC	2011	HYD-2018	2024		AL-183479	✓
25	Laundry Main SE Exit	Amerex 10#	ABC	1997	6YR-2016		2022	PF939106	✓
26	Laundry Main SW Exit	Badger 10#	ABC		HYD-2016	2022		AD-559104	✓
27	Laundry Main Room SW	JhnsnCntrl 5#	ABC	2019		2025		E-93759338	✓
28	Laundry Room Main SE	20# Amerex	ABC	1993		2017	2023	L&U544595	✓
29	Laundry Main Rm SE Exit	Buckeye 10#	ABC	2010	6YR-2016		2022	K073964	✓
30	Laundry Wash Rm NE	JhnsnCntrl 5#	ABC	2019		2025		E-93759340	✓
31	Laundry Wash Rm NW	20# Buckeye	ABC	2008	HYD-2020	2026		ZR553698	✓
32	Shop Gargage Spare	Ansul #	ABC	2018		2024		E93828279	✓

8:30 - 10:20

11 - was in C Bldg

19 - was in C Bldg

No	Location	Make & Size	Type	Extinguisher Mfg Date	Most Recent Service	Next 6-Yr Due	Next Hydro Due	Serial Number	Comments
1	1st Floor Maint. Area	Amerex 10#	ABC	2016		2022		B76234316	✓
2	1st Floor Maint. Area	Badger 5#	ABC	2007	HYD-2020	2026		ZE15556	✓
3	2nd Floor Kitchen Hall	Badger 5#	ABC	2007	HYD-2020	2026		ZE15557	✓
4	2nd Floor Kitchen N.	Amerex 5#	ABC	2019		2025		F-75160206	✓
5	2nd Floor WoodShop	Badger 10#	ABC	2007	HYD-2020	2026		ZC803688	✓
6	2nd Floor Woodshop Storage	Buckeye 5#	ABC	2008	HYD-2020	2026		ZS899220	✓
7	2nd Floor Housekeeping	Buckeye 5#	ABC	2009	HYD-2020	2026		J867462	✓
8	2nd Floor Middle Kitchen	Buckeye 5#	ABC	2009	HYD-2020	2026		J867221	✓
9	2nd Floor Nameplate Wkshop	Buckeye 5#	ABC	2009	6YR-2015		2021	J867176	Hydro ✓
10	2nd Housekeep S. Hall Kitchen	Buckeye 5#	ABC	2008	HYD-2020	2026		ZY976456	✓
11	2nd Housekeep S. Kitchen	Buckeye 5#	ABC	2009	HYD-2020	2026		J867315	✓
12	2nd Housekeep S. Hall	Buckeye 5#	ABC	2009	HYD-2020	2026	2021	J867302	✓
13	2nd floor Tileroom	Buckeye 10#	ABC	2010	6YR-2017		2023	K073974	✓
14	Main Floor Carpentry Shop	Buckeye 5#	ABC	2008	HYD-2020	2026		ZY976477	✓
15	Main Floor Carpentry Shop	Amerex 10#	ABC	1986	6YR-2019	2027	2021	GA362651	✓
16	Main Floor Carpentry Shop	Amerex 10#	ABC	2020		2026		F-88767669	✓
17	Main Floor Office Hallway	JhnsnCtrl 5#	ABC	2019		2025		E-93759322	✓
18	Main Floor Office Kitchen Hall	Buckeye 10#	ABC	2009	6YR-2015		2021	ZZ175368	Hydro ✓
19	Main FL Outside Ofc N. Door	JhnsnCtrl 5#	ABC	2019		2025		E-93759342	✓
20	Main Floor Electrical Shop	Amerex 10#	ABC	2002	6YR-2019		2025	TB-751120	✓
21	Main Fl Womens RR N. Hall	Badger 5#	ABC	2007	HYD-2020	2026		ZE15561	✓
22	Main Fl Salvage Rm Doorway	Amerex 10#	ABC	1988	6YR-2015	2027	2021	HM547258	✓
23	Main Floor Plumbing	Badger 5#	ABC	2007	HYD-2020	2026		ZE15564	✓
24	Main Floor Plumbing	Buckeye 10#	ABC	2009	6YR-2015		2021	ZZ175394	Remove ✓
25	Main Fl Plumbing Brakroom	Buckeye 5#	ABC	2008	HYD-2020	2026		ZY974997	✓
26	Main Fl Plumbing by Oven	Ansul 10#	ABC	2010		2016	2022	X887554	Remove ✓
27	Main Fl NE Shop S Door	Badger 5#	ABC	2003	HYD-2020	2026		VP996922	✓
28	Main Fl NE Shop Storage Door	Amerex 10#	ABC	1986	6YR-2020		2026	GA362649	✓
29	Main Fl NE Shop Hallway	Buckeye 5#	ABC	2008	HYD-2020	2026		ZY976491	✓
30	Main Fl Kitchen Garage	Buckeye 5#	ABC	2009	HYD-2020	2026		J867473	✓
31	Main Fl Garage W. Wall	Amerex 10#	ABC	1986	HYD-2020	2026		GA362643	✓
32	Basement Parts Room	Badger 10#	ABC	2005	HYD-2019	2025		YK-505842	✓

1:45 - 3:30

Attachment 5

BSDC Generator and Load Bank Testing

Beatrice State Developmental Center

Generator Testing



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

*Blg 5
Aut 314*

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE CATERPILLAR TYPE _____
CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL CATDG230CKJ800107 DATE 5/13/2022
PHONE: (M) 402-217-7099 (BL) 402-806-7528 MODEL 06N14N-00230001M1-10N30034M1N10V1E HRS 40.7
ADDRESS 3000 LINCOLN ST. BUILDING 3104 TECH ELPERT BROWN JR
CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE EATON SERIAL LOCKED AND INOPERATIVE MODEL LOCKED AND INOPERATIVE
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM
CHECK (A) FUEL LEAKS OK NONE FOUND
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL N/A
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM
CHECK (A) WIRING CONNECTIONS OK
* (D) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCHARGE OK
* (2) HIGH WATER TEMP OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETS OK

(2) LUBRICATION
CHECK (A) LEAKS OK NONE FOUND
* (B) ENGINE OIL LEVEL OK FULL
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE DRAINER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER
CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING IMBIBITION OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 80 PSI
* (H) WATER TEMPERATURE OK 182 DEGREES F
* (I) DC ALTERNATOR OK
* (1) VOLT OK 204VDC
* (2) AMPS OK 4.1A
* CHANGE (J) AIR CLEANER N/A CLEAN
* TORQUE (K) BOLT/TI OK

(3) COOLING SYSTEM
CHECK (A) LEAKS OK NONE FOUND
* (B) COOLANT LEVEL OK FULL
* (C) FREEZE POINT OK -45
* (D) RADIATOR AIR FLOW OK 18 PSI BLOCKAGE FOUND
* (E) LOUVER SYSTEMS OK VENTED
* (F) BLOCK HEATER OK OPERATIONAL
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI N/A
* (M) RADIATOR GAIT PSI OK 20 L/DSPSI
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR
CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IT) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FUSE BREAKER OK
RECORD (I) VOLTAGE OK L-L 210VAC L-N 120VAC
* (J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM
CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK PRESENT
* (D) RESTRICTION OK
* (E) RAINCAP OK PRESENT
CHECK (F) HANGER/SUPPORT OK
CHECK (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES
CHECK (A) ATS, CONTACTS N/A
* LINEAR MOTOR ACTUATION N/A
* ATS Alley Keylock Y or N N/A
* (B) SIMULATE POWER OK
* FAILURE (C) TIME DELAYS OK
* (D) CLOCK EXERCISER OK 1X EVERY MONTH

(5) BATTERY SYSTEMS
CHECK (A) CHARGER VOLTAGE OK 26.2V 1.1A
* (1) FLOAT OK 25.7V
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINAL BONDING OK
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST OK
CLEAN (G) EXTENSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS
CHECK (A) UNUSUAL UNSAFE OK
* (B) HOUSEKEEPING OK
* (11) LOAD TEST
RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG OK L-L 210VAC L-N 120VAC
* (C) HERTZ OK 60HZ
* (D) CB CONNECTIONS OK
* (E) UNIT LOADED N/A
* (12) EPSS
CHECK (A) EPSS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified during this inspection only
** Noted and if needed in comments



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E'S GENERATOR (EPS) MAINTENANCE REPORT

Blag 15 Admin

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE GENERAC TYPE _____
CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL 9494779 DATE 5/13/2022
PHONE: (402) 217-7000 (BL) 402-008-7520 MODEL 5G0045GG035.4N18HPLYA HRS 236.4
ADDRESS 843 Wallman Dr. TECH ELPERT BROWN JR
CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE GENERAC SERIAL 9504643 & 9504642 MODEL 19003960300
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK
(A) FUEL LEAKS OK NONE FOUND
(B) FRESH CONNECTIONS OK
(C) DIESEL TANK LEVEL N/A
(D) DIESEL TANK OPERATIONAL N/A
(E) TRANSFER PUMP N/A
(F) MAIN TANK LEVEL N/A
(G) VENT/DEWFLOW OK
(H) WATER IN FUEL N/A
(I) INJECTION PUMP OK
(J) SOLENOID VALVE OK
(K) FUEL FILTER N/A
(L) WATER SEPARATOR N/A
(M) FUEL SAMPLE N/A
* CHANGE _____
* CHANGE _____
* TEST _____

(2) LUBRICATION CHECK
(A) LEAKS OK NONE FOUND
(B) ENGINE OIL LEVEL OK FULL
(C) OIL IN PATER N/A
(D) GOVERNOR OIL LEVEL N/A
(E) GOVERNOR BREATHING OK
(F) OIL FILTER N/A
(G) ENGINE OIL N/A
(H) GOVERNOR OIL N/A
(I) OIL SAMPLE N/A
* CHANGE _____
* CHANGE _____
* TEST _____

(3) COOLING SYSTEM CHECK
(A) LEAKS OK NONE FOUND
(B) COOLANT LEVEL OK FULL
(C) FREEZE POINT OK 40
(D) RADIATOR AIR FLOW OK WORKS BLOCKAGE POINT
(E) LOWER SYSTEMS OK WATER
(F) BLOWER HEATER OK OPERATIONAL
(G) WATER PUMP OK
(H) HOSED OK
(I) BELT OK
(J) PULLEYS OK
(K) FALLEYS OK
(L) WATER IN PSI N/A
(M) RADIATOR CAP PSI OK 14 LBS/PSI
(N) WATER FILTER N/A
(O) ANTIFREEZE N/A
* CHANGE _____
* CHANGE _____
* TEST _____

(4) EXHAUST SYSTEM CHECK
(A) LEAKS OK
(B) CONDENSATION TRAP OK
(C) INSULATION OK
(D) RESTRICTION OK PRESENT
(E) RAINCAP OK
(F) HANGERS/SUPPORT OK
(G) FLEX SECTION OK
CHECK (A) FLEX SECTION OK

(5) BATTERY SYSTEMS CHECK
(A) CHARGER VOLTAGE OK 13.8V
(1) FLOAT OK 14V
(2) EQUALIZE N/A
(B) ELECTROLYTE LEVEL N/A
(C) TERMINAL CABLES N/A
(D) B1 ANKET HEATER N/A
(E) SPECIFIC GRAVITY N/A
(1) HIGH N/A
(2) LOW N/A
(F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(6) ELECTRICAL SYSTEM CHECK
(A) WIRING CONNECTIONS OK
(B) INSTRUMENTATION OK
(C) SAFETIES SHUTDOWNS OK
(1) OVERCHARG OK
(2) HIGH WATER TEMP OK
(3) LOW OIL PRESSURE OK
(4) OVERSPEED OK
(D) ALARMS OK
(E) PREALARMS OK
(F) CIRCUIT BREAKERS OK
(G) FUSES OK
(H) INSULATION DAMAGE OK
(I) CABINETRY OK

(7) PRIME MOVER CHECK
(A) GOVERNOR OPERATION OK
(B) VIBRATION OK
(C) TIMING OK
(D) INJECTORS OK
(E) MOUNTING HARDWARE OK
(F) AIR INTAKE OK
(G) OIL PRESSURE OK 10 PSI
(H) WATER TEMPERATURE OK 180 DEGREE F
(I) DC ALTERNATOR OK
(1) VOLTS OK 13.8V
(2) AMPS OK 4A
(J) AIR CLEANER N/A
(K) DUCTS OK

(8) GENERATOR CHECK
(A) ROTOR OK
(B) STATOR OK
(C) EXCITOR OK
(1) STATOR OK
(2) ROTOR OK
(D) BEARINGS (IF) OK
(E) DIODES OK
(F) AIR FLOW OK
(G) VOLTAGE REGULATOR OK
(H) FUSE BREAKER OK
(I) VOLTAGE OK 208VAC
(J) HERTZ OK 60HZ
* TEST RECORD

(9) AUTOMATIC TRANSFER SWITCHES CHECK
(A) ATS CONTACTS N/A
LINEAR MOTOR ACTUATION N/A
ATS Battery Backup V or N N/A
(B) SIMULATE POWER N/A
FAILURE (C) TIME DELAYS N/A
(C) CLOCK EXERCISER OK 1X EVERY MONTH

(10) GENERAL CONDITION - (10) CHECK
(A) UNUSUAL AUNRAFC OK
(B) HOUSING RIPPING OK
(11) LOAD TEST RECORD
(A) AMPERAGE/LEG N/A
(B) VOLTAGE/LEG OK 11.2VDC 1.8VDC
(C) HERTZ OK 60HZ
(D) CB CONNECTIONS OK
(E) UNIT LOADED N/A

(12) EPSS CHECK
(A) EPSS IN AUTO? OK
(B) BREAKER CLOSED? OK

* An asterisk indicates during the inspection only
** Antifreeze should be changed



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - PART OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

*Blg 25
Power Plant*

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE CUMMINS TYPE _____
CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL G010261898 DATE 5/13/2022
PHONE: (MJ)402-217-7003 (BL) 402-809-7526 MODEL DGFC-4862640 HRS 530.7
ADDRESS 3370 GOLDENROD DRIVE TECH ELPERT BROWN JR
CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE CUMMINS SERIAL H120382074 MODEL QTPCD-1211804
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM
CHECK (A) FUEL LEAK OK NONE FOUND
(B) LINES/CONNECTIONS DK
(C) DAY TANK LEVEL N/A
(D) DAY TANK OPERATION N/A
(E) TRANSFER PUMP OK
(F) MAIN TANK LEVEL N/A
(G) VENT/OVERFLOW OK
(H) WATER IN FUEL PASSED
(I) INJECTION PUMP OK
(J) BLEND/ID VALVE OK
* CHANGE (K) FUEL FILTER OK
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(2) LUBRICATION
CHECK (A) LEAKS OK NONE FOUND
(B) ENGINE OIL LEVEL OK FULL
(C) OIL HEATER N/A
(D) GOVERNOR OIL LEVEL N/A
(E) CHANGEOVER BREATHER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(3) COOLING SYSTEM
CHECK (A) LEAKS OK NONE FOUND
(B) COOLANT LEVEL OK FULL
(C) FREEZE POINT OK -45
(D) RADIATOR AIR FLOW OK NONE FOUND
(E) LOWER SYSTEMS OK VENTED
(F) BLOCK HEATER OK
(G) WATER PUMP OK
(H) HOSES OK
(I) BELTS OK
(J) FAN HUB OK
(K) PULLEYS OK
(L) RADIATOR PSI N/A
(M) RADIATOR CAP PSI OK 16 LBS/PSI
* CHANGE (N) WATER FILTER OK
* CHANGE (O) ANTI-FREEZE N/A

(4) EXHAUST SYSTEM
CHECK (A) LEAKS PASSED
(B) CONDENSATION TRAP N/A
(C) INSULATION N/A
(D) RESTRICTION PASSED
(E) RAINCAP N/A
CHECK (F) HANGERS/SUPPORT PASSED
(G) FLEX SECTIONS PASSED

(5) BATTERY SYSTEMS
CHECK (A) CHARGER VOLTAGE OK 13.2VDC
(1) FLOAT OK 14.2VDC
(2) EQUALIZE N/A
(B) ELECTROLYTE LEVEL N/A
(C) TERMINAL SADDLES OK
(D) BLANKET HEATER N/A
(E) SPECIFIC GRAVITY N/A
(1) HIGH N/A
(2) LOW N/A
(F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(6) ELECTRICAL SYSTEM
CHECK (A) WIRING CONNECTIONS OK
(B) INSTRUMENTATION OK
(C) SAFETIES SHUTDOWNS OK
(1) OVERCRANK OK
(2) HIGH WATER TEMP OK
(3) LOW OIL PRESSURE OK
(4) OVERSPEED OK
(D) ALARMS OK
(E) FIRE ALARMS OK
(F) CIRCUIT BREAKERS OK
(G) FUSES OK
(H) INSULATION DAMAGE OK
* CHECK (I) CABINETS OK
CLEAN

(7) PRIME MOVER
CHECK (A) GOVERNOR OPERATION OK
(B) VIBRATION OK
(C) TIMING OK
(D) MISFIRING OK
(E) MOUNTING HARDWARE OK
(F) AIR INTAKE OK
(G) OIL PRESSURE OK 175 DEGREES F
(H) WATER TEMPERATURE OK 175 DEGREES F
(I) DC ALTERNATOR OK
(1) VOLTS OK 14.4VDC
(2) AMPS OK 2A
* CHANGE (J) AIR CLEANER N/A CLEAN
* TORQUE (K) BOLTS OK

(8) GENERATOR
CHECK (A) ROTOR OK
(B) STATOR OK
(C) EXCITOR OK
(1) STATOR OK
(2) ROTOR OK
(D) BEARINGS (IR) OK
(E) DRIVES OK
(F) AIR FLOW OK
(G) VOLTAGE REGULATION OK
* TEST (H) FREED BREAKER OK
RECORD (I) VOLTAGE OK L-L 214VAC L-N 122VAC
(J) HERTZ OK 60HZ

(9) AUTOMATIC TRANSFER SWITCHES
CHECK (A) ATS, CONTACTS N/A
LINEAR MOTORS ACTUATION N/A
ATS Delay Trip/Load Y or H N/A
(B) SIMULATE POWER N/A
FAILURE (C) TIME DELAY N/A
(D) CLOCK EXERCISER OK 1X EVERY MONTH

(10) GENERAL CONDITION - EPSS
CHECK (A) UNUSUAL UNSAFE OK
(B) HOUSEKEEPING OK
(1) LOAD TEST RECORD (A) AMPERAGE LOG N/A
(B) VOLTAGE LOG OK L-L 214VAC L-N 122VAC
(C) HERTZ OK 60HZ
(D) ICE CONNECTIONS OK
(E) UNIT LOADED N/A

(11) EPSS
CHECK (A) EPS IN AUTO? OK
(B) BREAKER CLOSED? OK

**Additional field notes during inspection are attached.
**Additional (C) if needed in specific.

Comments: PERFORMED QUARTERLY INSPECTION BATTERY 5/21 22. MILES JOB# 919009
LOCATION 3000 LINCOLN ST BEATRICE, NE 68310
Customer Signature _____ 3E Signature _____ Date 5/13/2022



ELECTRICAL ENGINEERING & EQUIPMENT COMPANY

GENERATOR SERVICE CALL REQUEST

*Bldg 27,
East Apart*

SO#: 019126

Customer: NAVSTAR FUEL DEVELOPMENT CENTER
Acct Number: _____
Technician: ELPERT BROWN

Contact Name: (P) MATT JINRIGHT (S) BILL LUX
Phone Number: (MJ)402-217-7003 (BL) 402-006-7626
Service Date: 5/24/2022

Billing Address:
Address _____
City _____
State _____ Zip Code _____

Site Address:
Address 3000 LINCOLN STREET
City LINCOLN
State NE Zip Code 68310

Customer's Description of Problem: BATTERY OLDER THAN 5 YEARS WOULD LIKE REPLACED
PREVENTATIVE MAINTAINANCE FOR LONGEVITY OF EQUIPMENT

SERVICE CALL -- RECAP

Automatic Transfer Switch

Make: EATON
Model #: ATV3NBC40800BRU
Serial #: SMK366443

Generator

Model #: 5G0100GG189.0N18HPLYE
Serial #: 9497570
Spec #: _____
Hour Meter: 279.4
Eng Info: 9GSN111A0

Description of Work Done:

REMOVED OUTDATED BATTERY

INSTALLED NEW BATTERY YEAR 2/2022

SECURED BATTERY POSITIVE AND NEGATIVE CONNECTIONS

STARTED AND RAN ENGINE FOR 10 MINUTES.

RETURNED EQUIPMENT TO AUTO POSITION

MATERIALS USED

QTY	VENDOR	PART NUMBER	DESCRIPTION	SALE	
1	BATTERY PLUS BULBS	SLPI31PA	BATTERY		
				TRAVEL TIME	ONSITE TIME
				6HR	1HR

WORK HOUR TOTAL	MILEAGE
7	200

Signed: ELPERT BROWN

3E Serviceman

Signed: MATT JINRIGHT

Customer

Date: 5/24/2022

By 27
Eugene A. Brown



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL SEMI-ANNUAL INSPECTION QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE: GENERAC TYPE: _____
 CONTACT: (P) MATT JNRUGHT (S) BILL LUX SERIAL: 9497570 DATE: 5/13/2022
 PHONE: (MJ) 402-217-7003 (BL) 402-808-7626 MODEL: SG3100GG153 ON15HPLYE HRS: 278.2
 ADDRESS: 667 31 STREET TECH: ELPERT BROWN JR
 CITY: BEATRICE

AUTOMATIC TRANSFER SWITCHES
 MAKE: EATON SERIAL: SMK366443 MODEL: ATV3100G600000RU
 MAKE: _____ SERIAL: _____ MODEL: _____
 MAKE: _____ SERIAL: _____ MODEL: _____

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS OK NONE FOUND
 (B) LUBRICATION CHG OK
 (C) DAY TANK LEVEL N/A
 (D) MAIN TANK LEVEL N/A
 (E) TRANSFER PUMP N/A
 (F) MAIN TANK LEVEL N/A
 (G) VENT OVERFLOW OK
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP OK
 (J) SOLENOID VALVE OK
 (K) FUEL FILTER N/A
 (L) WATER SEPARATOR N/A
 (M) FUEL SAMPLE N/A
 * CHANGE
 * CHANGE
 * TEST

(4) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS OK
 (B) INSTRUMENTATION OK
 (C) SAFETY SHUTDOWNS OK
 (1) OVERCRANK OK
 (2) HIGH WATER TEMP OK
 (3) LOW OIL PRESSURE OK
 (4) OVERSPEED OK
 (D) ALARMS OK
 (E) PREALARMS OK
 (F) CIRCUIT BREAKERS OK
 (G) FUSES OK
 (H) INSULATION DAMAGE OK
 (I) CABINETS OK
 * CHECK
 * CLEAN

(2) LUBRICATION CHECK
 (A) LEAKS OK NONE FOUND
 (B) ENGINE OIL LEVEL OK WITH IN RANGE
 (C) OIL HEATER N/A
 (D) GOVERNOR OIL LEVEL N/A
 (E) CRANKCASE BREATHER OK
 (F) OIL FILTER N/A
 (G) STROKE OIL N/A
 (H) FRESHMAN OIL N/A
 (I) OIL SAMPLE N/A
 * CHANGE
 * CHANGE
 * CHANGE
 * TEST

(7) PRIME MOVER CHECK
 (A) GOVERNOR OPERATION OK
 (B) VIBRATION OK
 (C) TIMING OK
 (D) INJECTORS OK
 (E) MOUNTING OK
 (F) AIR INTAKE OK
 (G) OIL PRESSURE OK 18.0 PSI
 (H) WATER TEMPERATURE OK 189 DEGREES F
 (I) DC ALTERNATOR OK
 (1) VOLTS OK 12.72VDC
 (2) AMPS OK 5.4A
 (J) AIR CLEANER N/A
 (K) BOLTS OK

(3) COOLING SYSTEM CHECK
 (A) LEAKS OK NONE FOUND
 (B) COOLANT LEVEL OK FULL
 (C) FREEZE POINT OK -45
 (D) RADIATOR AIR FLOW OK NONE BLOCKAGE FOUND
 (E) FLOWER SYSTEMS OK VENTED
 (F) BLOCK HEATER OK OPERATIONAL
 (G) WATER PUMP OK
 (H) HOSES OK
 (I) BELTS OK
 (J) FAN HUB OK
 (K) PULLEYS OK
 (L) RADIATOR PSI N/A
 (M) RADIATOR CAP PSI OK 14 LBR/PSI
 (N) WATER FILTER N/A
 (O) ANTIFREEZE N/A
 * CHANGE
 * CHANGE

(4) DISPLAY CHECK
 (A) ROTOR OK
 (B) STATOR OK
 (C) EXCITOR OK
 (1) STATOR OK
 (2) ROTOR OK
 (D) BEARINGS (R) OK
 (E) RODES OK
 (F) AIR FLOW OK
 (G) VOLTAGE REGULATOR OK
 * TEST
 * RECORD
 (H) FREQUENCY OK
 (I) VOLTAGE OK 200VAC
 (J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS OK LEFT SIDE END OF COY SHOWING LEAKS
 (B) CONDENSATION TRAP OK
 (C) INSULATION OK PRESENT
 (D) RESTRICTION OK
 (E) RAINCAP OK PRESENT
 (F) HANGERS/SUPPORT OK
 (G) FLUX SECTIONS OK

(8) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) ATS CONTACTS N/A
 (B) WEAR CONTACTS ACTUATION N/A
 (C) ATS Battery Replaced Y or N N/A
 (D) SIMULATE POWER N/A
 (E) FAILURE (C) TIME DELAY N/A
 (F) CLOCK EXERCISE OK 1X EVERY MONTH

(5) BATTERY SYSTEMS CHECK
 (A) CHARGER VOLTAGE OK 13.1V
 (1) FLOAT OK 13V.7A
 (2) EQUALIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINAL CABLES OK
 (D) BLANKET HEATER N/A
 (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 (F) LOAD TEST OK
 (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS CHECK
 (A) UNUSUAL UNSAFE OK
 (B) HOUSEKEEPING OK

(11) LOAD TEST RECORD
 (A) AMPERAGE EQ N/A
 (B) VOLTAGE REG OK 11.50VDC L49 100VAC
 (C) HERTZ OK 60HZ
 (D) CR CONNECTIONS OK
 (E) UNIT LOADED N/A

(12) EPSS CHECK
 (A) EPS (N/AUTO) OK
 (B) (B) BAKER CLOSED? OK

* As per 688.155 to 158 of 15 CFR 15.151 (a) (1) (i) only
 ** Additional test if needed or specified

Continued:
 PERFORMED QUARTERLY INSPECTION 22 MILES found battery more than 6 yrs old needs replaced last time in 6/17 PM 1131PMF
 FOUND ENGINE LEFT SIDE COV GROMET LEAKING NEEDS REPLACED JOB#919005
 Customer Signature: _____ 3E Signature: _____ Date: 5/13/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
805-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EP6) MAINTENANCE REPORT

*Belg 4
D Belg*

CUSTOMER: NEBRASKA STATE DEVELOPMENT CENTER MAKE GENERAC TYPE _____
 CONTACT: (P) MATT JENRIGHT (S) BILL LUX SERIAL 9494778 DATE 5/13/2022
 PHONE: (402) 421-7003 (BL) 402-938-7526 MODEL S00035GBC35.4N18HPLYA HRS 151.2
 ADDRESS 941 SHERIDAN DRIVE TECH ELPERT BROWN JR
 CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 9604641 MODEL 19003790400
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND
 (B) LINES CONNECTIONS OK
 (C) DAY TANK LEVEL N/A
 (E) DAY TANK OPERATION N/A
 (F) TRANSFER PUMP N/A
 (G) MAIN TANK LEVEL N/A
 (H) VENT/OVERFLOW OK
 (I) WATER IN FUEL N/A
 (J) INJECTION PUMP OK
 (K) SOLENOID VALVE OK
 (L) FUEL FILTER N/A
 (M) WATER SEPARATOR N/A
 (N) FUEL SAMPLE N/A

(4) LUBRICATION

CHECK (A) LEAKS OK NONE FOUND
 (B) OIL LEVEL OK FULL
 (C) OIL BRAND OK
 (D) GOVERNOR OIL LEVEL N/A
 (E) CRANKCASE BREATHER OK
 (F) OIL FILTER N/A
 (G) ENGINE OIL N/A
 (H) GOVERNOR OIL N/A
 (I) OIL SAMPLE N/A

(4) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
 (B) COOLANT LEVEL OK FULL
 (C) FREEZE POINT OK -45
 (D) RADIATOR AIR FLOW OK NONE BLOCKAGE FOUND
 (E) COVER SYSTEMS OK VENTED
 (F) BLOCK HEATER OK OPERATIONAL
 (G) WATER PUMP OK
 (H) HOSES OK
 (I) BELTS OK
 (J) FAN HUB OK
 (K) PULLEYS OK
 (L) RADIATOR PSI OK
 (M) RADIATOR CAP PSI OK 14 LB/PSI
 (N) WATER FILTER N/A
 (O) ANTIFREEZE N/A

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
 (B) CONDENSATION TRAP OK
 (C) INSULATION OK PRESENT
 (D) RESTRICTION OK
 (E) RAINCAP OK PRESENT
 (F) HANGERS/SUPPORT OK
 (G) FLEX SECTIONS OK

(3) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 13V
 (1) FLOAT OK 13
 (2) EQUALIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINAL CABLES OK
 (D) BLANKET HEATER N/A
 (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 (F) LOAD TEST OK
 (G) CORROSION OK NONE FOUND

(4) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
 (B) INSTRUMENTATION OK
 (C) SAFETIES SHUTDOWNS OK
 (1) OVERCURL OK
 (2) HIGH WATER TEMP. OK
 (3) LOW OIL PRESSURE OK
 (4) OVERSPEED OK
 (D) ALARMS OK
 (E) PREALARMS OK
 (F) CIRCUIT BREAKERS OK
 (G) FUSES OK
 (H) INSULATION DAMAGE OK
 (I) CABINETY OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
 (B) VIBRATION OK
 (C) TIMING OK
 (D) INJECTORS OK
 (E) MOUNTING HARDWARE OK
 (F) AIR INTAKE OK
 (G) OIL PRESSURE OK 35 PSI
 (H) WATER TEMPERATURE OK 180 DEGREE F
 (I) DC ALTERNATOR OK
 (1) VOLTS OK 118VDC
 (2) AMPS OK 2.1A
 (J) AIR CLEANER N/A
 (K) BOLTS OK

(8) GENERATOR

CHECK (A) ROTOR OK
 (B) STATOR OK
 (C) EXCITOR OK
 (1) SIA (DR) OK
 (2) ROTOR OK
 (D) BEARINGS (IR) OK
 (E) DIODES OK
 (F) AIR FLOW OK
 (G) VOLTAGE REGULATOR OK
 (H) FEED BREAKER OK
 (I) VOLTAGE OK 280VAC
 (J) HERTZ OK 60HZ

(10) GENERAL CONDITION - EP6S

CHECK (A) UNUSUAL UNSAFE OK
 (B) HOUSEKEEPING OK

(11) LOAD TEST
 RECORDED (A) AMPERAGE N/A
 (B) VOLTAGE OK 13.280VAC L-N 120VAC
 (C) HERTZ OK 60HZ
 (D) CH CONNECTIONS OK
 (E) UNIT LOADED OK

(12) EP6S
 CHECK (A) EP6S IN A/C? OK
 (B) BREAKER CLOSED? OK

* As needed, 1/2" fuel or 1/2" oil annual inspection only
** Additional cost of notes is \$100.00

Comments: PERFORMED QUARTERLY INSPECTION 22. MILES, FOUND BATTERY HOLD WAS LOOSE I SECURED IT BATTERY 2/21 PN 31
SITE ACTUAL LOCATION MAP 3000 LINCOLN ST BEATRICE NE 68310 JOB# 919002

Customer Signature _____ 3E Signature _____ Date 5/13/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE CATERPILLAR TYPE _____
 CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL CATDG175TKJ600130 DATE 6/13/2022
 PHONE: (402) 217-7003 (BL) 402-468-7620 MODEL GEN GEN-DG17500/ MW-DG175TKJ000130 Hrs 76
 ADDRESS Buildings 21d, 21e, 21f (Sheridan Cottages) TECH. ELPERT BROWN JR
 CITY BEATRICE
 AUTOMATIC TRANSFER SWITCHES
 MAKE CATERPILLAR SERIAL 180207TA0299 MODEL RTS0067543
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK

(A) FUEL LEAKS	OK NONE FOUND
(B) LINES/CONNECTIONS	OK
(C) DAY TANK LEVEL	N/A
(D) DAY TANK OPERATION	N/A
(E) TRANSFER PUMP	OK
(F) MAIN TANK LEVEL	N/A
(G) VENT/OVERFLOW	OK
(H) WATER IN FUEL	N/A
(I) INJECTION PUMP	OK
(J) SOLENOID VALVE	OK
(K) FUEL FILTER	N/A
(L) WATER SEPARATOR	N/A
(M) FUEL SAMPLE	N/A

* CHANGE _____
 * TEST: _____

(2) LUBRICATION CHECK

(A) LEAKS	OK NONE FOUND
(B) ENGINE OIL LEVEL	OK FULL
(C) OIL HEATER	N/A
(D) GOVERNOR OIL LEVEL	N/A
(E) CRANKCASE BREATHER	OK
(F) OIL FILTER	N/A
(G) ENGINE OIL	N/A
(H) GOVERNOR OIL	N/A
(I) OIL SAMPLE	N/A

* CHANGE _____
 * TEST: _____

(3) COOLING SYSTEM CHECK

(A) LEAKS	OK NONE FOUND
(B) COOLANT LEVEL	OK FULL
(C) FREEZE POINT	OK -46
(D) IN-WATER AIR FLOW	OK NONE BLOCKAGE FOUND
(E) LOW VOLT SYSTEMS	OK MAINTED
(F) BLOCK HEATER	OK OPERATIONAL
(G) WATER PUMP	OK
(H) HOSES	OK
(I) BELTS	OK
(J) FAN HUB	OK
(K) PULLEYS	OK
(L) RADIATOR PSI	N/A
(M) RADIATOR CAP PSI	OK 20 LBS/PSI
(N) WATER FILTER	N/A
(O) ANTIFREEZE	N/A

* CHANGE _____
 * TEST: _____

(4) EXHAUST SYSTEM CHECK

(A) LEAKS	OK
(B) CONDENSATION TRAP	OK
(C) INSULATION	OK PRESENT
(D) RESTRICTION	OK
(E) RAINDAP	OK PRESENT
(F) HANGERS/SUPPORT	OK
(G) FLEX SECTIONS	OK

(5) BATTERY SYSTEMS CHECK

(A) CHARGER VOLTAGE	OK 26.2V 2.1A
(1) FLOAT	OK 26.2V
(2) BULK/CHG	N/A
(B) ELECTROLYTE LEVEL	N/A
(C) TERMINAL SCABLES	OK
(D) BLANNET HEATER	N/A
(E) SPECIFIC GRAVITY	N/A
(1) HIGH	N/A
(2) LOW	N/A
(F) LOAD TEST	OK
(G) CORROSION	OK NONE FOUND

(6) ELECTRICAL SYSTEM CHECK

(A) WIRING CONNECTIONS	OK
(B) INSTRUMENTATION	OK
(C) SAFETIES SHUTDOWNS	OK
(1) OVERCRANK	OK
(2) HIGH WATER TEMP	OK
(3) LOW OIL PRESSURE	OK
(4) OVERSPEED	OK
(D) ALARMS	OK
(E) FIRE ALARMS	OK
(F) CIRCUIT BREAKERS	OK
(G) FUSES	OK
(H) INSULATION DAMAGE	OK
(I) CABINETS	OK

* CHECK: _____
 * CLEAN: _____

(7) PRIME MOVER CHECK

(A) GOVERNOR OPERATION	OK
(B) VIBRATION	OK
(C) TIMING	OK
(D) INJECTORS	OK
(E) MOUNTING HARDWARE	OK
(F) AIR INTAKE	OK
(G) OIL PRESSURE	OK 47 PSI
(H) WATER TEMPERATURE	OK 169 DEGREE F
(I) DC ALTERNATOR	OK
(1) VOLTS	OK 28.2VDC
(2) AMPS	OK 6.1A
(J) AIR CLEANER	N/A CLEAN
(K) BOLTS	OK

* CHANGE: _____
 * TORQUE: _____

(8) GENERATOR CHECK

(A) ROTOR	OK
(B) STATOR	OK
(C) EXCITOR	OK
(1) STATOR	OK
(2) ROTOR	OK
(D) BEARINGS (IR)	OK
(E) GIGDES	OK
(F) AIR FLOW	OK
(G) VOLTAGE REGULATOR	OK
(H) FIELD BREAKER	OK
(I) VOLTAGE	OK 1-1.216VAC L-N 126VAC
(J) HERTZ	OK 60HZ

* TEST: _____
 * RECORD: _____

(9) AUTOMATIC TRANSFER SWITCHES CHECK

(A) ATS, CONTACTS	N/A
LINEAR MOTORS ACTIVATION	N/A
ATS Battery Required Y or N	N/A
(B) SIMULATE POWER	N/A
FAILURE (C) TIME DELAY	N/A
(D) CLOCK EXERCISER	OK 1X EVERY MONTH

(10) GENERAL CONDITION - EPSS CHECK

(A) UNUSUAL/UNSAFE	OK
(B) HOURKEEPING	OK

(11) LOAD TEST RECORD

(A) AMPERAGE/LEG	N/A
(B) VOLTAGE/LEG	OK 1-1.216VAC L-N 126VAC
(C) HERTZ	OK 60
(D) CB CONNECTIONS	OK
(E) UNIT LOADED	N/A

(12) EPSS CHECK

(A) EPS IN AUTO?	OK
(B) BREAKER CLOSED?	OK

* As needed, specified or during annual inspection only
 * Add manual copy if needed or specified

22.5 MILES JOB # 919006

NEW GENERATOR AT THIS LOCATION NEED TO UPDATE SPREAD SHEET

Customer Signature

3E Signature

Date 6/13/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

Solar

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE CATERPILLAR TYPE _____
CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL CATDG175PKJ600131 DATE 5/13/2022
PHONE: (M) 402-217-7003 (BL) 402-809-7528 MODEL GEN 3000-601750C175PKJ600131 HRS 71.3
ADDRESS 3000 LINCOLN ST BUILDING 723 TECH ELPERT BROWN JR
CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE CATERPILLAR SERIAL 190207TA024B MODEL RTS0067543
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK
(A) FUEL LEAKS OK NONE FOUND
(B) LINES/CONNECTIONS OK
(C) DAY TANK LEVEL N/A
(D) DAY TANK OPERATION N/A
(E) TRANSFER PUMP OK
(F) MAIN TANK LEVEL N/A
(G) VENT/OVERFLOW OK
(H) WATER IN FUEL N/A
(I) INJECTION PUMP OK
(J) SOLENOID VALVE OK
(K) FUEL FILTER N/A
(L) WATER SEPARATOR N/A
(M) FUEL SAMPLE N/A
* CHANGE _____
* CHANGE _____
* TEST _____

(2) LUBRICATION CHECK
(A) LEAKS OK NONE FOUND
(B) ENGINE OIL LEVEL OK FULL
(C) OIL HEATER N/A
(D) GOVERNOR OIL LEVEL N/A
(E) EXHAUSTOR BREATHERS OK
(F) OIL PRESSURE N/A
(G) ENGINE OIL N/A
(H) GOVERNOR OIL N/A
(I) OIL SAMPLE N/A
* CHANGE _____
* CHANGE _____
* CHANGE _____
* TEST _____

(3) COOLING SYSTEM CHECK
(A) LEAKS OK NONE FOUND
(B) COOLANT LEVEL OK FULL
(C) FREEZE POINT OK -45
(D) RADIATOR AIR FLOW OK NONE BLOCKAGE FOUND
(E) FAN/BLOWER SYSTEMS OK VENTED
(F) BLOWER HEATER OK OPERATIONAL
(G) WATER PUMP OK
(H) HOSES OK
(I) BELTS OK
(J) FAN HUB OK
(K) PULLEYS OK
(L) RADIATOR PSI N/A
(M) RADIATOR CAP PSI OK 20 LB/PSI
(N) WATER FILTER N/A
* CHANGE _____
* CHANGE _____
* TEST _____

(4) EXHAUST SYSTEM CHECK
(A) LEAKS OK
(B) CONDENSATION TRAP OK
(C) INSULATION OK PRESENT
(D) RESTRICTION OK
(E) RAINCAP OK PRESENT
(F) HANDGERS/SUPPORT OK
(G) FLEX SECTIONS OK

(5) ELECTRICAL SYSTEM CHECK
(A) WIRING CONNECTIONS OK
(B) INSTRUMENTATION OK
(C) SAFETIES SHUTDOWNS OK
(1) OVERCRANK OK
(2) HIGH WATER TEMP OK
(3) LOW OIL PRESSURE OK
(4) OVERSPEED OK
(D) ALARMS OK
(E) PREALARMS OK
(F) CIRCUIT BREAKERS OK
(G) FUSES OK
(H) INSULATION DAMAGE OK
(I) CABINETS OK
* CHECK _____
* CLEAN _____

(6) PRIME MOVER CHECK
(A) GOVERNOR OPERATION OK
(B) VIBRATION OK
(C) TIMING OK
(D) INJECTORS OK
(E) MOUNTING HARDWARE OK
(F) AIR INTAKE OK
(G) OIL PRESSURE OK 85 PSI
(H) WATER TEMPERATURE OK 189 DEGREES F
(I) DC ALTERNATOR OK
(1) VOLTS OK 28.8VDC
(2) AMPS OK 3A
(J) AIR CLEANER N/A CLEAN
(K) BOLTS OK
* CHANGE _____
* TORQUE _____

(7) GENERATOR CHECK
(A) MOTOR OK
(B) STATOR OK
(C) EXCITOR OK
(1) STATOR OK
(2) ROTOR OK
(D) BEARINGS (RR) OK
(E) DIODES OK
(F) AIR FLOW OK
(G) VOLTAGE REGULATOR OK
* TEST _____
RECORD (H) FEED BREAKER OK
(I) VOLTAGE OK 11.28VDC 11.20VDC
(J) HERTZ OK 60HZ

(8) BATTERY SYSTEMS CHECK
(A) CHARGER VOLTAGE OK 28.5V LIA
(1) FLOAT OK 28.5V
(2) EQUALIZE N/A
(B) ELECTROLYTE LEVEL N/A
(C) TERMINAL SCALING OK
(D) ULTRACAP HEATER N/A
(E) SPECIFIC GRAVITY N/A
(1) HIGH N/A
(2) LOW N/A
(F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(9) AUTOMATIC TRANSFER SWITCHES CHECK
(A) ARMS, CONTACTS N/A
(B) LINEAR MOTORS AGITATION N/A
(C) ATS Motor Replenish Y or N N/A
(D) SIMULATE POWER N/A
(E) FAULT (C) TIME DELAYS N/A
(F) CLOCK EXERCISER OK 1X EVERY MONTH

(10) GENERAL CONDITION - EPSS CHECK
(A) UNUSUAL UNSAFE OK
(B) HOUSEKEEPING OK

(11) LOAD TEST RECORD
(A) AMPERAGE/LEG N/A
(B) VOLTAGE/LEG OK 11.28V/AC L-N 120VAC
(C) HERTZ OK 60HZ
(D) CB CONNECTIONS OK
(E) UNIT LOADED N/A

(12) EPSS CHECK
(A) EPS IN AUTO? OK
(B) BREAKER CLOSED? OK

* As noted, specifications being used unless specified
* Addressed on #17546 in address

Comments: PERFORMED QUARTERLY INSPECTION 22 MILES
NEW GEN 3000 LINCOLN ST BEATRICE NE BUILDING 723 JOB#19007
Customer Signature _____ 3E Signature _____ Date 5/13/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE STATE DEVELOPMENT CENTER MAKE CATERPILLAR TYPE _____
 CONTACT: (P) MATT JINRIGHT (S) BILL LUX SERIAL CATD9175KJKJ600129 DATE 5/13/2022
 PHONE: (M) 402-217-7003 (SL) 402-808-7520 MODEL _____ HRS 79.2
 ADDRESS Buildings 21a, 21b, 21c (State Cottages) BLDG 412 TECH ELPERT BROWN JR
 CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL 180207TA02CE MODEL RTS0087543
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS OK NONE FOUND
 (B) DIESEL PARTICULATE FILTER OK
 (C) DRY TANK LEVEL OK
 (D) DIESEL SYSTEM OPERATION OK
 (E) TRANSFER PUMP OK
 (F) MAIN TANK LEVEL OK
 (G) VENT/OVERFLOW OK
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP OK
 (J) SOLENOID VALVE OK
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATION N/A
 * TEST (M) FUEL SAMPLE N/A

(2) LUBRICATION CHECK
 (A) LEAKS OK NONE FOUND
 (B) ENGINE OIL LEVEL OK FILL
 (C) OIL HEATER N/A
 (D) EXHAUSTOR OIL LEVEL N/A
 (E) OVERHEAT PROTECTION OK
 * CHANGE (F) OIL FILTER N/A
 * CHANGE (G) FRESH OIL N/A
 * CHANGE (H) EXHAUSTOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(3) COOLING SYSTEM CHECK
 (A) LEAKS OK NONE FOUND
 (B) COOLANT LEVEL OK FILL
 (C) FREEZE POINT OK -45
 (D) RADIATOR AIR FLOW OK NONE BLOCKAGE FOUND
 (E) FLOWERS SYSTEM OK VENTED
 (F) BLOCK HEATER OK OPERATIONAL
 (G) WATER PUMP OK
 (H) HOOPER OK
 (I) BELT OK
 (J) FANBELT OK
 (K) FULLEYS OK
 (L) MONITOR PSI OK TO 100 PSI
 (M) RADIATOR CAP PSI OK
 * CHANGE (N) WATER FILTER N/A
 * CHANGE (O) ANTIFREEZE N/A

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS OK
 (B) CONDENSATION TRAP OK
 (C) INSULATION OK PRESERVE
 (D) RESTRICTION OK
 (E) MANCAP OK PRESERVE
 CHECK (F) HANGERS/SUPPORT OK
 * CHANGE (G) FLEX SECTIONS OK

(5) BATTERY SYSTEMS CHECK
 (A) CHARGER VOLTAGE OK 28.2V 1.1A
 (1) IN OAT OK 28.2V
 (2) EQUILIBIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINAL SCADLES OK
 (D) BLANKET HEATER N/A
 (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 (F) LOAD TEST OK
 CLEAN (G) CORROSION OK NONE FOUND

(6) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS OK
 (B) INSTRUMENTATION OK
 (C) SAFETIES SHUT DOWN OK
 (1) OVERCRANK OK
 (2) HIGH WATER TEMP OK
 (3) LOW OIL PRESSURE OK
 (4) OVERSPEED OK
 (D) ALARMS OK
 (E) PREALARMS OK
 (F) CIRCUIT BREAKERS OK
 (G) FUSES OK
 (H) INSULATION DAMAGE OK
 (I) CABINETS OK

(7) PRIME MOVER CHECK
 (A) GOVERNOR OPERATION OK
 (B) VIBRATION OK
 (C) TIMING OK
 (D) INJECTORS OK
 (E) MOUNTING HARDWARE OK
 (F) AIR INTAKE OK
 (G) OIL PRESSURE OK 100 PSI
 (H) WATER TEMPERATURE OK 188 DEGREES F
 (I) DC ALTERNATOR OK
 (1) VOLTS OK 28.0VDC
 (2) AMP OK 2A
 * CHANGE (J) AIR CLEANER N/A CLEAN
 * TORQUE (K) BOLTS OK

(8) GENERATOR CHECK
 (A) ROTOR OK
 (B) STATOR OK
 (C) EXCITOR OK
 (1) STATOR OK
 (2) ROTOR OK
 (D) BEARINGS (IR) OK
 (E) DIODES OK
 (F) AIR FLOW OK
 (G) VOLTAGE REGULATOR OK
 (H) FEED BREAKER OK
 (I) VOLTAGE OK 1.215VAC L-N 12VAC
 (J) HERTZ OK 60HZ

(9) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) ATS CONTACTS N/A
 LINEAR MOTOR ACTUATION N/A
 (B) BATTERY REPLENISHMENT N/A
 (C) SIMULATE POWER N/A
 FAILURE (C) TIME DELAY N/A
 (D) CLOCK REPROGRAM OK 1X EVERY MONTH

(10) GENERAL CONDITION - EPSS CHECK
 (A) UNUSUAL UNSAFE OK
 (B) HOUSEKEEPING OK

(11) LOAD TEST RECORD
 (A) AMPERAGE/LEG N/A
 (B) VOLTAGE/LEG N/A
 (C) HERTZ N/A
 (D) CB CONNECTIONS N/A
 (E) UNIT LOADS N/A

(12) EPSS CHECK
 (A) EPSS IN AUTO? OK
 (B) BREAKER CLOSED? OK

* As required, specified or using approved specifications only
 ** Add location if needed or specified

Comments:
22.5 MILES JOB # 919005

Customer Signature _____ 3E Signature _____ Date 5/13/2022

Beatrice State Developmental Center

Load Bank Testing



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
606-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER Building 15 Administration MAKE Generac TYPE Semi Annual #17734
 CONTACT _____ SERIAL 9494779 DATE 2/7/2022
 PHONE _____ MODEL SG0045GG035 HRS 229.8
 ADDRESS _____ TECH Daniel
 CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES

MAKE Generac SERIAL 9504643 MODEL 19003950300
 MAKE Generac SERIAL 9504642 MODEL 19003950300
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None
 (B) LIEGE/CONNECTIONS Pass
 (C) DRY TANK LEVEL Pass
 (D) DRY TANK OPERATION Pass
 (E) TRANSFER PUMP Pass
 (F) MAIN TANK LEVEL Pass
 (G) VENT/OVERFLOW N/A
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP Pass
 (J) SOLENOID VALVE Pass
 (K) FUEL FILTER N/A
 (L) WATER SEPARATOR N/A
 (M) FUEL SAMPLE N/A

(2) LUBRICATION

CHECK (A) LEAKS None
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER Pass
 (D) GOVERNOR OIL LEVEL Pass
 (E) CRANKCASE BREATHERS Pass
 (F) OIL FILTER Pass
 (G) ENGINE OIL Pass
 (H) GOVERNOR OIL N/A
 (I) OIL SAMPLE N/A

(3) COOLING SYSTEM

CHECK (A) LEAKS None
 (B) COOLANT LEVEL Pass
 (C) FREEZE POINT Pass
 (D) RADIATOR AIR FLOW Pass
 (E) FAN BLADES Pass
 (F) FAN MOTOR Pass
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) FAN HUB Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI N/A
 (M) RADIATOR CAP PSI N/A
 (N) WATER FILTER N/A
 (O) ANTIFREEZE 50/50 (Green)

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None
 (B) CONDENSATION TRAP N/A
 (C) INSULATION Pass
 (D) RESTRICTION Pass
 (E) RAINCAP Pass
 (F) HANGERS/SUPPORT Pass
 (G) FLEX JOINTS Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE Pass
 (1) FLOAT Pass
 (2) EQUALIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINALS/CABLES Pass
 (D) BLANKET HEATER Pass
 (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 (F) LOAD TEST Pass
 (G) CORROSION None

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETIES SHUTDOWNS Pass
 (1) OVERCRANK Pass
 (2) HIGH WATER TEMP Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PREALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE None
 (I) CABINETS Pass

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass
 (B) VIBRATION Pass
 (C) TIMING Pass
 (D) INJECTORS Pass
 (E) MOUNTING Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE Pass
 (H) WATER TEMPERATURE Pass
 (I) DC ALTERNATOR Pass
 (1) VOLTS Pass
 (2) AMPS Pass
 (J) AIR CLEANER Pass
 (K) BOLTS Pass

(8) GENERATOR

CHECK (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (IR) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATOR Pass
 (H) FEED BREAKER Pass
 (I) VOLTAGE Pass
 (J) HERTZ Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass
 (B) LINEAR MOTORS ACTUATION Pass
 (C) MOVING PARTS Pass
 (D) SIMULATE POWER FAILURE Pass
 (E) TIME DELAYS Pass
 (F) CLOCK EXERCISE Pass

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None
 (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 (B) VOLTAGE/LEG N/A
 (C) HERTZ N/A
 (D) CB CONNECTIONS N/A
 (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS #1/AUTO? Pass
 (B) BREAKER CLOSED? Pass

* An "As-Is" condition is noted if the item is not checked.
** An "As-Is" condition is noted if the item is not checked.

Comments:
Semi Annual PM complete with 2hr load bank nothing unusual noted.
95 Miles 2 Hours

Customer Signature _____ 3E Signature _____ Date 2/7/2022

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY
7402 L STREET OMAHA NE 68127
TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Building 15	Date	2/7/2022									
Location		W/O #	917735									
Generator M/N	9497570	Hour Meter	233.2									
Generator S/N	SG0100GG189	Rated KW	45	Volts	208							

Generator Make	Generac											
	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30			
KW	11.25	11.25	11.25	22.5	22.5	33.75	33.75	38.25	38.25	0	0	0
% Desired	25	25	25	50	50	75	75	85	85			
Desired Load	31.178	31.178	31.178	62.256	62.356	93.533	93.533	106.17	106	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	25.7	25.7	25.7	49.8	49.4	74.8	74.8	87.3	85.3	0.0	0.0	0.0

Test Results

Volts												
L1-L2	208	208	208	208	209	208	208	208	208	208		
L2-L3	208	208	208	209	208	209	209	209	209	207		
L1-L3	209	209	209	209	208	208	208	207	210			
Average	208.33	208.33	208.33	208.67	208.33	208.33	208.33	208	208.33	0	0	0
Amps												
A	32	32	32	62	62	94	94	109	108			
B	32	32	32	62	62	93	93	109	108			
C	32	32	32	62	61	93	93	109	107			
Average	32	32	32	62	61.667	93.333	93.333	109	107.67	0	0	0
Hz												

Engine Instruments

Hour Meter	233.2	233.5	233.7	233.9	234.1	234.3	234.5	234.7	234.9			
Oil Pressure	73	73	72	72	71	71	73	70	70			
Temp	189	189	190	190	190	190	189	190	190			

Comments

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LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Building 5, State Building MAKE CAT TYPE Annual 920367
 CONTACT: _____ SERIAL CATDG230CKI800107 DATE 8/30/2022
 PHONE: _____ MODEL DG230GC HRS 42.7
 ADDRESS _____ TECH Danlel
 CITY Beatrice NE

AUTOMATIC TRANSFER SWITCHES

MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK

+	(A) FUEL LEAKS	None
+	(B) LINES/CONNECTIONS	Pass
+	(C) DAY TANK LEVEL	N/A
+	(D) DAY TANK OPERATION	N/A
+	(E) TRANSFER PUMP	N/A
+	(F) MAIN TANK LEVEL	N/A
+	(G) VENT/OVERFLOW	N/A
+	(H) WATER IN FUEL	N/A
+	(I) INJECTION PUMP	N/A
+	(J) SOLENOID VALVE	N/A
+	(K) FUEL FILTER	N/A
* CHANGE	(L) WATER SEPARATOR	N/A
* CHANGE	(M) FUEL SAMPLE	N/A
* TEST:		

(2) LUBRICATION CHECK

+	(A) LEAKS	None
+	(B) ENGINE OIL LEVEL	Pass
+	(C) OIL HEATER	N/A
+	(D) GOVERNOR OIL LEVEL	N/A
+	(E) CRANKCASE OIL	Pass
* CHANGE	(F) OIL FILTER	Changed
* CHANGE	(G) ENGINE OIL	Changed
* CHANGE	(H) GOVERNOR OIL	N/A
* TEST:	(I) OIL SAMPLE	N/A

(3) COOLING SYSTEM CHECK

+	(A) LEAKS	None
+	(B) COOLANT LEVEL	Pass
+	(C) FREEZE POINT	N/A
+	(D) RADIATOR AIR FLOW	Pass
+	(E) FLOWER SYSTEMS	Pass
+	(F) BLOCK HEATER	Pass
+	(G) WATER PUMP	Pass
+	(H) HOSES	Pass
+	(I) BELTS	Pass
+	(J) FAN/RAI	Pass
+	(K) PULLEYS	Pass
+	(L) RADIATOR PSI	N/A
+	(M) RADIATOR CAP PSI	N/A
* CHANGE	(N) WATER FILTER	N/A
* CHANGE	(O) ANTIFREEZE	50/50 Green

(4) EXHAUST SYSTEM CHECK

+	(A) LEAKS	None
+	(B) CONDENSATION TRAP	N/A
+	(C) INSULATION	N/A
+	(D) RESTRICTION	Pass
+	(E) RAINCAP	Pass
+	(F) HANGERS/SUPPORT	Pass
+	(G) FLEX SECTIONS	Pass

(5) BATTERY SYSTEMS CHECK

+	(A) CHARGER VOLTAGE	27.8
+	(1) FLOAT	Pass
+	(2) EQUALIZE	N/A
+	(B) ELECTROLYTE LEVEL	N/A
+	(C) TERMINALS/CABLES	Pass
+	(D) BLANKET HEATER	N/A
+	(E) SPECIFIC GRAVITY	N/A
+	(1) HIGH	N/A
+	(2) LOW	N/A
+	(F) LOAD TEST	Pass
+	(G) CORROSION	None

(6) ELECTRICAL SYSTEM CHECK

+	(A) WIRING CONNECTIONS	Pass
+	(B) INSTRUMENTATION	Pass
+	(C) SAFETIES BIRD/DOWNS	Pass
+	(1) OVERCRANK	Pass
+	(2) ICM WATER	Pass
+	(3) LOW OIL PRESSURE	Pass
+	(4) OVERSPEED	Pass
+	(D) ALARMS	Pass
+	(E) PREALARMS	Pass
+	(F) CIRCUIT BREAKERS	Pass
+	(G) FUSES	Pass
+	(H) BATTERY TO BATTERY	Pass
+	(I) GROUNDING	Pass

(7) P/BMB MOVER CHECK

+	(A) GOVERNOR OPERATION	Pass
+	(B) VIBRATION	Pass
+	(C) TIRING	Pass
+	(D) INJECTORS	Pass
+	(E) MOUNTING HARDWARE	Pass
+	(F) AIR INTAKE	Pass
+	(G) OIL PRESSURE	N/A
+	(H) WATER TEMPERATURE	N/A
+	(I) DC ALTERNATOR	Pass
+	(1) VOLTS	27.8
+	(2) AMPS	N/A
+	(3) AIR CLEANER	Pass
+	(4) BOLTS	N/A

(8) GENERATOR CHECK

+	(A) ROTOR	Pass
+	(B) STATOR	Pass
+	(C) EXCITOR	Pass
+	(1) STATOR	Pass
+	(2) ROTOR	Pass
+	(D) BEARINGS (R)	Pass
+	(E) DIODES (R)	Pass
+	(F) AIR FLOW	Pass
+	(G) VOLTAGE REGULATOR	Pass
+	(H) FREQ BREAKER	Pass
+	(I) VOLTAGE	27.8
+	(J) HERTZ	60

(9) AUTOMATIC TRANSFER SWITCHES CHECK

+	(A) ATS, CONTACTS	Pass
+	LINEAR MOTORS ACTUATION	Pass
+	MOVING PARTS	Pass
+	(B) SIMULATE POWER FAILURE	Pass
+	(C) TIME DELAYS	Pass
+	(D) CLOCK EXERCISE	Pass

(10) GENERAL CONDITION - EPSS CHECK

+	(A) UNUSUAL/UNSAFE	None
+	(D) HOUSEKEEPING	Pass

(11) LOAD TEST RECORD

+	(A) AMPERAGE/LEG	N/A
+	(B) VOLTAGE/LEG	N/A
+	(C) HERTZ	N/A
+	(D) CU CONNECTIONS	N/A
+	(E) UNIT LOADED	N/A

(12) EPSS CHECK

+	(A) EPS IN AUTO?	Pass
+	(B) BREAKER CLOSED?	Pass

* As needed, specified at time of annual inspection only
 ** Additional cost if needed is applied

Comments: Annual PM complete. Note Generator gets new battery next service.
9gal 15W40, 2: 1R-1807 Cat Filter, 4.5 Hours 94 Mins
 Technician Signature _____ 3E Signature _____ Date 8/16/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
005-261-0415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPE CENTER MAKE: GENERAC TYPE: Annual 9775 + 9814
CONTACT: Bldg 15, Admin SERIAL: 9494779 DATE: 8/29/2022
PHONE: MODEL: SG0045GG036.4N18HPLYA HRS: 238.4
ADDRESS: 3000 LINCOLN ST TECH: WESLEY
CITY: BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE: GENERAC SERIAL: 9504643 & 9504642 MODEL: 19003950300
MAKE: SERIAL: MODEL:
MAKE: SERIAL: MODEL:

(1) FUEL SYSTEM CHECK
(A) FUEL LEAKS Pass
(D) LINES/CONNECTIONS Pass
(C) DAY TANK LEVEL Pass
(E) TRANSFER PUMP Pass
(F) MAIN TANK LEVEL Pass
(G) VENT/VERFLOW Pass
(H) WATER IN FUEL Pass
(I) INJECTION PUMP Pass
(J) SOLENOID VALVE Pass
(K) FUEL FILTER Pass
(L) WATER SEPARATOR Pass
(M) FUEL SAMPLE Pass
CHANGE
CHANGE
TEST

(2) LUBRICATION CHECK
(A) LEAKS None
(D) ENGINE OIL LEVEL Pass
(C) OIL HEATER Pass
(D) GOVERNOR OIL LEVEL Pass
(E) CRANKCASE OIL LEVEL Change
(F) OIL FILTER Change
(G) ENGINE OIL Pass
(H) GOVERNOR OIL Pass
(I) OIL SAMPLE Pass
CHANGE
CHANGE
CHANGE
TEST

(3) COOLING SYSTEM CHECK
(A) LEAKS None
(D) COOLANT LEVEL Pass
(C) FREEZE POINT Pass
(D) RADIATOR AIR FLOW Pass
(E) LOUVER SYSTEMS Pass
(F) BLOWER HEATER Pass
(G) WATER PUMP Pass
(H) HOSES Pass
(I) BELT @ Pass
(J) FAN HUB Pass
(K) PULLEYS Pass
(L) RADIATOR PSI Pass
(M) RADIATOR CAP PSI Pass
(N) WATER FILTER Pass
(O) ANTIFREEZE Pass
CHANGE
CHANGE

(4) EXHAUST SYSTEM CHECK
(A) LEAKS None
(B) CONDENSATION None
(C) INSULATION Pass
(D) RESTRICTION Pass
(E) RINSECAP Pass
(F) HANGERS/SUPPORT Pass
(G) FLEX RECTIONS Pass

(5) BATTERY SYSTEMS CHECK
(A) CHARGER VOLTAGE Pass
(1) FLDAT Pass
(2) EQUALIZE Pass
(3) ELECTROLYTE LEVEL Pass
(C) TERMINAL CABLES Pass
(D) BLANKET HEATER Pass
(E) SPECIFIC GRAVITY Pass
(1) HIGH Pass
(2) LOW Pass
(F) LOAD TEST Pass
CLEAN (G) CORROSION Pass

(6) ELECTRICAL SYSTEM CHECK
(A) WIRING CONNECTIONS Pass
(B) INSTRUMENTATION Pass
(C) SAFETIES SHUTOFFS Pass
(1) OVERCRANK Pass
(2) HIGH WATER TEMP. Pass
(3) LOW OIL PRESSURE Pass
(4) OVERSPEED Pass
(5) ALARMS Pass
(6) PREALARMS Pass
(F) CIRCUIT BREAKERS Pass
(G) FUSES Pass
(H) INSULATION DAMAGE Pass
(I) CABINERY Pass
CHECK
CLEAN

(7) PRIME MOVER CHECK
(A) GOVERNOR OPERATION Pass
(B) VIBRATION Pass
(C) TIMING Pass
(D) INJECTORS Pass
(E) MOUNTING HARDWARE Pass
(F) AIR INTAKE Pass
(G) OIL PRESSURE Pass
(H) WATER TEMPERATURE Pass
(I) DC ALTERNATOR Pass
(1) VOLTS Pass
(2) AMPS Pass
(3) AIR CLEANER Pass
(K) BOLTS Pass
CHANGE
TORQUE

(8) GENERATOR CHECK
(A) ROTOR Pass
(B) STATOR Pass
(C) EXCITOR Pass
(1) STATOR Pass
(2) ROTOR Pass
(D) BEARINGS (IR) Pass
(E) DIODES Pass
(F) AIR FLOW Pass
(G) VOLTAGE REGULATOR Pass
(H) FUSE BREAKER Pass
(I) VOLTAGE Pass
(J) HERTZ Pass
TEST
RECORD

(9) AUTOMATIC TRANSFER SWITCHES CHECK
(A) ATS COMMANDS Pass
(B) LOCKS/MEMBERS ACT Pass
(C) MOVING PARTS Pass
(D) SIMULATE POWER FAILURE Pass
(E) TIME DELAYS Pass
(F) CLOCK EXERCISE Pass

(10) GENERAL CONDITION - EPSS CHECK
(A) UNUSUAL/UNSAFE None
(D) HOUSEKEEPING Pass
(1) LOAD TEST RECORD
(A) AMPERAGE/EG Pass
(B) VOLTAGE/EG Pass
(C) HERTZ Pass
(D) CB CONNECTIONS Pass
(E) UNIT LOADED Pass

(12) EPSS CHECK
(A) EPSS IN AUTO? Pass
(B) BREAKER CLOSED? Pass

* As needed, specified by listing alternative frequency
** Additional cost if needed or specified



Comments: Annual PM complete. No issues with unit.
Solt: 10w40 Kohler Oil, 1; NAPA 1372 Oil filter GRP 31 BATTERY 1.5 hrs Omiles
Customer Signature: _____ Date: 8/29/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Beatrice Dev Center (Bldg 27) MAKE Kohler TYPE Semi 917732
CONTACT: _____ SERIAL 9494770 DATE 2/7/2022
PHONE: _____ MODEL SG0100AG189 HRS 266
ADDRESS _____ TECH Daniel
CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES
MAKE Eaton SERIAL ATV3NBC40800BRU MODEL SMK366443
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK

(A) FUEL LEAKS	None	(N) ELECTRICAL SYSTEM CHECK	(A) WIRING CONNECTIONS	Pass
(B) LINES/CONNECTIONS	Pass	(B) INSTRUMENTATION	(B) SAFETIES SHUTDOWNS	Pass
(C) DAY TANK LEVEL	N/A	(C) OVERCRANK	(1) OVERCRANK	Pass
(D) DAY TANK OPERATION	N/A	(2) HIGH WATER TEMP	(2) HIGH WATER TEMP	Pass
(E) TRANSFER PUMP	N/A	(3) LOW OIL PRESSURE	(4) OVERSPEED	Pass
(F) MAIN TANK LEVEL	N/A	(4) OVERSPEED	(D) ALARMS	Pass
(G) VENT/OVERFLOW	N/A	(5) PREAM ARMS	(5) PREAM ARMS	Pass
(H) WATER IN FUEL	N/A	(7) CIRCUIT BREAKERS	(7) CIRCUIT BREAKERS	Pass
(I) INJECTION PUMP	N/A	(8) FUSES	(8) FUSES	Pass
(J) SOLENOID VALVE	Pass	(9) ISOLATION DAMAGE	(9) ISOLATION DAMAGE	Pass
(K) FUEL FILTER	N/A	(1) CLEANERS	(1) CLEANERS	Pass
(L) WATER SEPARATOR	N/A			
(M) FUEL SAMPLE	N/A			

* CHANGE _____
* CHANGE _____
* TEST _____

(2) LUBRICATION CHECK

(A) LEAKS	None	(7) PRIME MOVER CHECK	(A) GOVERNOR OPERATION	Pass
(B) ENGINE OIL LEVEL	Pass	(B) VIBRATION	(B) VIBRATION	Pass
(C) OIL HEATER	N/A	(C) TIMING	(C) TIMING	Pass
(D) GOVERNOR OIL LEVEL	N/A	(D) INJECTORS	(D) INJECTORS	Pass
(E) CRANKCASE BREATHERS	Pass	(E) MOUNTING HORIZONTAL	(E) MOUNTING HORIZONTAL	Pass
(F) OIL FILTER	Pass	(F) AIR INTAKE	(F) AIR INTAKE	Pass
(G) ENGINE OIL	N/A	(G) OIL PRESSURE	(G) OIL PRESSURE	21
(H) GOVERNOR OIL	N/A	(8) WATER PUMP/ENGINE OIL	(8) WATER PUMP/ENGINE OIL	Pass
(I) OIL SAMPLE	N/A	(9) GOVERNOR	(9) GOVERNOR	Pass
		(1) VOLTS	(1) VOLTS	11
		(2) AMPS	(2) AMPS	8.7
		(3) AIR CLEANER	(3) AIR CLEANER	Pass
		(4) DOLTS	(4) DOLTS	2100

* CHANGE _____
* CHANGE _____
* TEST _____

(3) COOLING SYSTEM CHECK

(A) LEAKS	None	(8) GENERATOR CHECK	(A) ROTOR	Pass
(B) COOLANT LEVEL	Pass	(B) STATOR	(B) STATOR	Pass
(C) FREEZE POINT	-38	(C) EXCITOR	(C) EXCITOR	Pass
(D) RADIATOR AIR FLOW	Pass	(1) ROTOR	(1) ROTOR	Pass
(E) LOWER SYSTEMS	N/A	(2) ROTOR	(2) ROTOR	Pass
(F) BLOCK HEATER	Pass	(3) BEARINGS (M)	(3) BEARINGS (M)	Pass
(G) WATER PUMP	Pass	(4) DIODES	(4) DIODES	Pass
(H) HOSES	Pass	(5) AIR FLOW	(5) AIR FLOW	Pass
(I) BELTS	Pass	(6) VOLTAGE REGULATOR	(6) VOLTAGE REGULATOR	Pass
(J) PULLEYS	Pass	(7) FEED BREAKER	(7) FEED BREAKER	Pass
(K) RADIATOR PSI	N/A	(8) VOLTAGE	(8) VOLTAGE	240
(L) RADIATOR CAP PSI	N/A	(9) HERTZ	(9) HERTZ	60
(M) WATER FILTER	N/A			
(N) ANTIFREEZE	32/68 (Kerr)			

* CHANGE _____
* CHANGE _____
* TEST _____

(4) EXHAUST SYSTEM CHECK

(A) LEAKS	None	(9) AUTOMATIC TRANSFER SWITCHES CHECK	(A) ATS, CONTACTS	Pass
(B) CONDENSATION TRAP	N/A	(A) ATS, CONTACTS	LINEAR MOTORS ACTUATOR	Pass
(C) INSULATION	Pass	MOVING PARTS	MOVING PARTS	Pass
(D) RESTRICTION	Pass	(B) GENERATOR POWER FAILURE	(B) GENERATOR POWER FAILURE	Pass
(E) MAINCAP	Pass	(C) TIME DELAYS	(C) TIME DELAYS	Pass
(F) HANGERS/SUPPORT	Pass	(D) CLOCK EXERCISER	(D) CLOCK EXERCISER	Pass
(G) FLEX BECTIONS	Pass			

(5) BATTERY SYSTEMS CHECK

(1) CHARGER VOLTAGE	18	(10) GENERAL CONDITION - EPSS CHECK	(A) UNUSUAL UNSAFE	None
(2) FLOW	Pass	(B) HOURKEEPING	(B) HOURKEEPING	Pass
(3) EQUALIZER	N/A			
(4) ELECTROLYTE LEVEL	N/A	(11) LOAD TEST RECORD	(A) AMPERAGE/EG	N/A
(5) TERMINAL BUCKLES	Pass	(B) VOLTAGE/EG	(B) VOLTAGE/EG	N/A
(6) TRANSMIT HEATER	N/A	(C) HERTZ	(C) HERTZ	N/A
(7) SPECIFIC GRAVITY	N/A	(D) CU CONNECTIONS	(D) CU CONNECTIONS	N/A
(8) HIGH	N/A	(E) UNIT LOADED	(E) UNIT LOADED	N/A
(9) LOW	N/A			
(10) LOAD TEST	Pass	(12) EPSS CHECK	(A) EPS IN AUTO?	Pass
(11) CONDITION	Pass	(D) BREAKER CLOSED?	(D) BREAKER CLOSED?	Pass

* As applied specified in using data sheet instructions
** Actual values if recorded in specified.

Comments: Semi Annual PM complete with 2hr load bank
2.5 Hours, 95 Miles
Customer Signature _____ 3E Signature _____ Date 2/7/2022

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY
7402 L STREET OMAHA NE 68127
TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Building 27	Date	2/7/2022		
Location		W/O #	917733	Desired Load	222.08
Generator M/N	9497570	Hour Meter	266	Phase (1/0/13)	222.08
Generator S/N	SG0100GG189	Rated KW	100 Volts	208	
Generator Make	Generac				

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45			
KW	25	25	25	50	50	75	75	85	85	0	0	0
% Desired	25	25	25	50	50	75	75	85	85			
Desired Load	69.395	69.395	69.395	138.79	138.57	208.19	208.19	#DIV/0!	235.57	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	22.2	22.2	22.2	50.2	50.3	69.6	70.2	0.0	85.2	0.0	0.0	0.0

Test Results

Volts	Setup	1	2	3	4	5	6	7	8	9	10	11
L1-L2	208	208	208	209	208	208	209		209			
L2-L3	208	208	208	207	208	208	207		208			
L1-L3	208	208	208	208	209	208	208		208			
Average	208	208	208	208	208.33	208	208	0	208.33	0	0	0
Amps	Setup	1	2	3	4	5	6	7	8	9	10	11
A	62	62	62	139	139	195	195	234	234			
B	62	62	62	139	139	193	195	240	240			
C	61	61	61	140	140	192	195	234	234			
Average	61.667	61.667	61.667	139.33	139.33	193.33	195	236	236	0	0	0
Hz	Setup	1	2	3	4	5	6	7	8	9	10	11

Engine Instruments

Hour Meter	266.0	266.2	266.4	266.7	266.9	267.2	267.5	267.8	268.0			
Oil Pressure	52	52	51	44	44	40	40	40	40			
Temp	185	185	187	188	187	189	189	194	194			

Comments



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-261-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPE CENTER MAKE: GENERAC TYPE: Annual 9774
 CONTACT: Bldg 27, East Apart SERIAL: 9497570 DATE: 8/29/2022
 PHONE: _____ MODEL: SG01000G109 ON10HPLYE HRS: 408.9
 ADDRESS: 3000 LINCOLN ST TECH: WESLEY
 CITY: BEATRICE

AUTOMATIC TRANSFER SWITCHES
 MAKE: EATON SERIAL: SMK366443 MODEL: ATV3NBC4000BRU
 MAKE: _____ SERIAL: _____ MODEL: _____
 MAKE: _____ SERIAL: _____ MODEL: _____

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS None
 (B) FUEL SALES CONNECTIONS None
 (C) DAY TANK LEVEL N/A
 (D) DAY TANK OPERATION N/A
 (E) TRANSFER PUMP N/A
 (F) MAIN TANK LEVEL N/A
 (G) VENT/OVERFLOW N/A
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP N/A
 (J) SOLENOID VALVE Pass
 (K) FUEL FILTER N/A
 (L) WATER SEPARATOR N/A
 (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETY SHUTOFFS Pass
 (1) OVERCRANK Pass
 (2) HIGH WATER TEMP Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PREALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE Pass
 (I) GEOMETRY Pass

(2) LUBRICATION CHECK
 (A) LEAKS None
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER N/A
 (D) GOVERNOR OIL LEVEL N/A
 (E) CRANKCASE OIL LEVEL Pass
 (F) OIL FILTER Changed
 (G) ENGINE OIL Changed
 (H) GOVERNOR OIL N/A
 (I) OIL SAMPLE N/A

(7) PRIME MOVER CHECK
 (A) CONVERSION EFFICIENCY Pass
 (B) VIBRATION Pass
 (C) TIMING Pass
 (D) INJECTORS Pass
 (E) MOUNTING HARDWARE Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE Pass
 (H) WATER TEMPERATURE Pass
 (I) DC ALTERNATOR
 (1) VOLTS Pass
 (2) AMPS Pass
 (J) AIR CLEANER Pass
 (K) BOLTS Pass

(3) COOLING SYSTEM CHECK
 (A) LEAKS None
 (B) COOLANT LEVEL N/A
 (C) FREEZE POINT N/A
 (D) RADIATOR AIR FLOW Pass
 (E) LOUVER SYSTEMS Pass
 (F) BLOWER HEATER Pass
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) P/W HUD Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI N/A
 (M) RADIATOR CAP PSI N/A
 (N) WATER FILTER N/A
 (O) ANTIFREEZE N/A

(8) GENERATOR CHECK
 (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (IR) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATOR Pass
 (H) FEED BREAKER Pass
 (I) VOLTAGE Pass
 (J) HERTZ Pass

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS None
 (B) CONDENSATION TRAP Pass
 (C) INSULATION Pass
 (D) RESTRICTION Pass
 (E) BUNGALOP Pass
 (F) HANGERS/SUPPORT Pass
 (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) ATS, CONTACTS Pass
 (B) LINEAR MOTOR ACTUATION Pass
 (C) MOVING PARTS Pass
 (D) SIMULATE POWER FAILURE Pass
 (E) TIME DELAYS Pass
 (F) CLOCK EXERCISER Pass

(5) BATTERY SYSTEM CHECK
 (A) CHARGER VOLTAGE Pass
 (1) FLOAT Pass
 (2) EQUALIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINALS/CABLES Pass
 (D) BATTERY HEATER N/A
 (E) SPECIFIC GRAVITY
 (1) HIGH N/A
 (2) LOW N/A
 (F) LOAD TEST Pass
 (G) CORROSION None

(10) GENERAL CONDITION - EPSS CHECK
 (A) UNUSUAL/UNSAFE None
 (B) HOUSEKEEPING Pass
 (11) LOAD TEST RECORD
 (A) AMPERAGE/LEG N/A
 (B) VOLTAGE/LEG N/A
 (C) HERTZ N/A
 (D) CG CONNECTIONS N/A
 (E) UNIT LOADED N/A
 (12) EPSS CHECK
 (A) EPS IN AUTO? Pass
 (B) BREAKER CLOSED? Pass

* As noted in the field during service or at the factory
 ** As indicated in the order printed

Comments: Annual PM complete. No issues with unit.
6qt: 10w40 Kohler Oil, 1: GM16703 Oil filter 2 hrs 69 miles
 Technician Signature: _____ Date: 8/29/2022



LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY
 7402 L STREET OMAHA NE 68127
 TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Building 4	Date	2/9/2022		
Location		W/O #	917771	Desired load (K)	77.723
Generator M/N	SG0035GG035	Hour Meter	137	Phase (1/2/3)	3/3/3
Generator S/N	9494778	Rated KW	35	Volts	208
Generator Make	Generac				

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00			
Setup												
KW	8.75	8.75	8.75	17.5	17.5	26.25	26.25	29.75	29.75	0	0	0
% Desired	25	25	25	50	50	75	75	85	85			
Desired Load	24.288	24.327	24.327	48.577	48.499	72.632	72.982	82.713	82.58	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	24.7	24.7	24.7	55.6	55.7	72.3	71.9	87.4	87.5	0.0	0.0	0.0

Test Results

	Setup	1	2	3	4	5	6	7	8	9	10	11
Volts												
L1-L2	208	207	207	208	208	208	208	208	209			
L2-L3	208	208	208	208	209	210	208	208	208			
L1-L3	208	208	208	208	208	208	207	207	207			
Average	208	207.67	207.67	208	208.33	208.67	207.67	207.67	208	0	0	0
Amps												
A	24	24	24	54	54	70	70	85	85			
B	24	24	24	54	54	70	70	85	85			
C	24	24	24	54	54	70	70	85	85			
Average	24	24	24	54	54	70	70	85	85	0	0	0
Hz	60											

Engine Instruments

Hour Meter	147.4	147.7	147.9	148.2	148.4	148.7	148.9	149.2	149.4			
Oil Pressure	75	75	75	75	74	73	74	73	74			
Temp	194	194	194	191	193	193	193	194	194			

Comments



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

GENERATOR (EP'S) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPE CENTER MAKE: GENERAC TYPE: Annual 9776
 CONTACT: Bldg 4, D Bldg SERIAL: 9494778 DATE: 8/29/2022
 PI LONG: MODEL: SG0036GG036 HRS: 153.6
 ADDRESS: 3000 LINCOLN ST TECH: WESLEY
 CITY: BEATRICE
 AUTOMATIC TRANSFER SWITCHES
 MAKE: GENERAC SERIAL: 19003780400 MODEL: 9504641
 MAKE: SERIAL: MODEL:
 MAKE: SERIAL: MODEL:

<p>(1) FUEL SYSTEM CHECK</p> <p>(A) FUEL LEAKS <u>None</u></p> <p>(J) LINES/CONNECTIONS <u>Pass</u></p> <p>(C) DAY TANK LEVEL <u>N/A</u></p> <p>(K) DAY TANK OPERATION <u>N/A</u></p> <p>(E) TRANSFER PUMP <u>N/A</u></p> <p>(F) MAIN TANK LEVEL <u>N/A</u></p> <p>(G) VENT/OVERFLOW <u>N/A</u></p> <p>(H) WATER IN FUEL <u>N/A</u></p> <p>(I) INJECTION PUMP <u>Pass</u></p> <p>(J) SOLENOID VALVE <u>Pass</u></p> <p>* CHANGE (K) FUEL FILTER <u>N/A</u></p> <p>* CHANGE (L) WATER SEPARATOR <u>N/A</u></p> <p>* TEST (M) FUEL SAMPLE <u>N/A</u></p>	<p>(2) LUBRICATION CHECK</p> <p>(A) OILS <u>None</u></p> <p>(B) ENGINE OIL LEVEL <u>Pass</u></p> <p>(C) OIL BEAT/ST <u>N/A</u></p> <p>(D) COOLANT/OIL LEVEL <u>N/A</u></p> <p>(E) TRANSDUCER/BREATHER <u>Change</u></p> <p>* CHANGE (F) OIL FILTER <u>Change</u></p> <p>* CHANGE (G) ENGINE OIL <u>N/A</u></p> <p>* CHANGE (H) COOLANT/OIL <u>N/A</u></p> <p>* TEST (I) OIL SAMPLE <u>N/A</u></p>	<p>(3) COOLING SYSTEM CHECK</p> <p>(A) LEAKS <u>None</u></p> <p>(B) COOLANT LEVEL <u>N/A</u></p> <p>(C) FREEZE POINT <u>N/A</u></p> <p>(D) RADIATOR AIR FLOW <u>N/A</u></p> <p>(E) LOWER SYSTEMS <u>N/A</u></p> <p>(F) BLOCK HEATER <u>N/A</u></p> <p>(G) WATER PUMP <u>Pass</u></p> <p>(H) HOSES <u>Pass</u></p> <p>(I) BELTS <u>Pass</u></p> <p>(J) FAN/HUB <u>Pass</u></p> <p>(K) PLATEYS <u>Pass</u></p> <p>(L) RADIATOR PSI <u>N/A</u></p> <p>* CHANGE (M) RADIATOR CAP PSI <u>N/A</u></p> <p>* CHANGE (N) WATER FILTER <u>N/A</u></p> <p>(O) ANTIFREEZE <u>N/A</u></p>	<p>(4) EXHAUST SYSTEM CHECK</p> <p>(A) OILS <u>None</u></p> <p>(B) CONDENSATION TRAP <u>N/A</u></p> <p>(C) REGULATOR <u>N/A</u></p> <p>(D) CORROSION <u>Pass</u></p> <p>(E) BRACKUP <u>Pass</u></p> <p>CHECK (F) BRACKUP/SUPPORT <u>Pass</u></p> <p>(G) FLEX SECTION <u>Pass</u></p>	<p>(5) BATTERY SYSTEMS CHECK</p> <p>(A) CHARGER VOLTAGE <u>13</u></p> <p>(1) FLOAT <u>Pass</u></p> <p>(2) EQUALIZE <u>N/A</u></p> <p>(B) ELECTROLYTE LEVEL <u>N/A</u></p> <p>(C) TERMINALS/CABLES <u>N/A</u></p> <p>(D) BLANKET HEATER <u>N/A</u></p> <p>(E) SPECIFIC GRAVITY <u>N/A</u></p> <p>(1) HIGH <u>N/A</u></p> <p>(2) LOW <u>Pass</u></p> <p>(F) LOAD TEST <u>None</u></p> <p>CLEAN (G) CORROSION <u>None</u></p>	<p>(6) ELECTRICAL SYSTEM CHECK</p> <p>(A) WIRING CONNECTIONS <u>Pass</u></p> <p>(B) INSTRUMENTATION <u>Pass</u></p> <p>(C) SAFETIES SHUTDOWNS <u>Pass</u></p> <p>(1) OVERCRANK <u>Pass</u></p> <p>(2) HIGH WATER TEMP <u>Pass</u></p> <p>(3) LOW OIL PRESSURE <u>Pass</u></p> <p>(4) OVERSPEED <u>Pass</u></p> <p>(D) ALARMS <u>Pass</u></p> <p>(E) PREALARMS <u>Pass</u></p> <p>(F) CIRCUIT BREAKERS <u>Pass</u></p> <p>(G) FUSES <u>Pass</u></p> <p>(H) INSULATION DAMAGE <u>None</u></p> <p>(I) CABINETS <u>Pass</u></p>	<p>(7) PRIME MOVER CHECK</p> <p>(A) OVERSPEED OPERATIONAL <u>Pass</u></p> <p>(B) VIBRATION <u>Pass</u></p> <p>(C) TIMING <u>Pass</u></p> <p>(D) INJECTORS <u>Pass</u></p> <p>(E) MOUNTING HARDWARE <u>Pass</u></p> <p>(F) AIR INTAKE <u>Pass</u></p> <p>(G) OIL PRESSURE <u>Pass</u></p> <p>(H) WATER TEMPERATURE <u>Pass</u></p> <p>(I) DC ALTERNATOR <u>Pass</u></p> <p>(1) VOLTS <u>N/A</u></p> <p>(2) RPM'S <u>N/A</u></p> <p>(J) AIR CLEANER <u>Pass</u></p> <p>(K) BOLTS <u>Pass</u></p>	<p>(8) GENERATOR CHECK</p> <p>(A) ROTOR <u>Pass</u></p> <p>(B) STATOR <u>Pass</u></p> <p>(C) EXCITOR <u>Pass</u></p> <p>(1) STATOR <u>Pass</u></p> <p>(2) ROTOR <u>Pass</u></p> <p>(D) BEARINGS (IR) <u>Pass</u></p> <p>(E) DIODES <u>Pass</u></p> <p>(F) AIR FLOW <u>Pass</u></p> <p>(G) VOLTAGE REGULATOR <u>Pass</u></p> <p>(H) FEED BREAKER <u>Pass</u></p> <p>(I) VOLTAGE <u>Pass</u></p> <p>(J) HERTZ <u>Pass</u></p>	<p>(9) AUTOMATIC TRANSFER SWITCHES CHECK</p> <p>(A) UNUSUAL UNSAFE <u>None</u></p> <p>(B) UNUSUAL UNSAFE <u>Pass</u></p> <p>(C) TIME DELAYS <u>Pass</u></p> <p>(D) CLOCK EXERCISER <u>Pass</u></p>	<p>(10) GENERAL CONDITION - EPSS CHECK</p> <p>(A) UNUSUAL UNSAFE <u>None</u></p> <p>(B) UNUSUAL UNSAFE <u>Pass</u></p>	<p>(11) LOAD TEST RECORD</p> <p>(A) AMPERAGE/LEG <u>N/A</u></p> <p>(B) VOLTAGE/LEG <u>N/A</u></p> <p>(C) HERTZ <u>N/A</u></p> <p>(D) CB CONNECTIONS <u>N/A</u></p> <p>(E) UNIT LOADED <u>N/A</u></p>	<p>(12) EPSS CHECK</p> <p>(A) EPR IN AUTO? <u>Pass</u></p> <p>(B) BREAKER CLOSED? <u>Pass</u></p>
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* As needed, specified in Spring Annual Inspection only
 ** Additional cost if needed by special fee



Comments: Annual PM complete. No issues with unit.
 5qt: 10w40 Kohler Oil. 1: NAPA 1372 Oil filter 1.5 hrs 69 miles
 Customer Signature: _____ Date: 8/29/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGES - FILTER OR PART WAS REPLACED
PASSING - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Power Plant MAKE Cummins TYPE Semi Annual 917788
 CONTACT: _____ SERIAL G010341898 DATE 2/10/2022
 PHONE: _____ MODEL DGFC4962640 HRS 527.6
 ADDRESS _____ TECH Daniel
 CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES
 MAKE Cummins SERIAL H120382074 MODEL DTECD-1211884
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS Pass
 (B) DAY TANK OIL LEVEL Pass
 (C) DAY TANK LEVEL Pass
 (D) DAY TANK OIL CONDITION Pass
 (E) TRANSFER PUMP Pass
 (F) MAIN TANK LEVEL Pass
 (G) VENT/OVERFLOW Pass
 (H) WATER IN FUEL Pass
 (I) INJECTION PUMP Pass
 (J) SOLENOID VALVE Pass
 (K) FUEL FILTER Pass
 (L) WATER SEPARATOR Pass
 (M) FUEL SAMPLE Pass
 * CHANGE _____
 * CHANGE _____
 * TEST _____

(2) LUBRICATION CHECK
 (A) LEAKS Pass
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER Pass
 (D) GOVERNOR OIL LEVEL Pass
 (E) CRANKCASE BREATHERS Pass
 (F) OIL FILTER Pass
 (G) ENGINE OIL Pass
 (H) GOVERNOR OIL Pass
 (I) OIL SAMPLE Pass
 * CHANGE _____
 * CHANGE _____
 * CHANGE _____
 * TEST _____

(3) COOLING SYSTEM CHECK
 (A) LEAKS Pass
 (B) COOLANT LEVEL Pass
 (C) FREEZE POINT Pass
 (D) RADIATOR AIR FLOW Pass
 (E) LOUVER SYSTEMS Pass
 (F) BLOCK HEATER Pass
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) FAN HUB Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI Pass
 (M) RADIATOR CAP PSI Pass
 (N) WATER FILTER Pass
 (O) ANTI-FREEZE Pass
 * CHANGE _____
 * CHANGE _____
 * CHANGE _____
 * TEST _____

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS Pass
 (B) EXHAUSTATION/THRU Pass
 (C) INSULATION Pass
 (D) RESTRICTION Pass
 (E) RAINCAP Pass
 (F) HANGERS/SUPPORT Pass
 (G) FLEX SECTIONS Pass
 * CHANGE _____
 * CHANGE _____
 * CHANGE _____
 * TEST _____

(5) BATTERY SYSTEMS CHECK
 (A) CHARGER VOLTAGE Pass
 (1) FLOAT Pass
 (2) EQUALIZE Pass
 (B) ELECTROLYTE LEVEL Pass
 (C) TERMINAL BONDABLE Pass
 (D) BLANKET HEATER Pass
 (E) SPECIFIC GRAVITY Pass
 (1) HIGH Pass
 (2) LOW Pass
 (F) LOAD TEST Pass
 (G) CORROSION Pass
 CLEAN _____

(6) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETIES SHUTDOWNS Pass
 (1) OVERDRAKE Pass
 (2) HIGH WATER TEMP Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PREALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE Pass
 (I) CABINETS Pass
 * CHANGE _____
 * CHANGE _____
 * TEST _____

(7) PRIME MOVER CHECK
 (A) GOVERNOR (EP) Pass
 (B) VIBRATION Pass
 (C) TUNING Pass
 (D) INJECTORS Pass
 (E) MOUNTING HARDWARE Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE Pass
 (H) WATER TEMP/FUEL LINE Pass
 (I) DC ALTERNATOR Pass
 (1) VOLTS Pass
 (2) AMP'S Pass
 (J) AIR CLEANER Pass
 (K) BOLTS Pass
 * CHANGE _____
 * TORQUE _____

(8) GENERATOR CHECK
 (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (IR) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATION Pass
 (H) FREQ BREAKER Pass
 (I) VOLTAGE Pass
 (J) HERTZ Pass
 * CHANGE _____
 * TEST _____
 * RECORD _____

(9) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) ALL CONTACTS Pass
 (B) MOVING PARTS Pass
 (C) SIMULATE POWER FAILURE Pass
 (D) TIME DELAYS Pass
 (E) CLOCK EXERCISER Pass
 * CHANGE _____
 * TEST _____
 * RECORD _____

(10) GENERAL CONDITION - EPSS CHECK
 (A) UNUSUAL/UNSAFE Pass
 (B) IDLE/KEEPING Pass
 * CHANGE _____
 * TEST _____
 * RECORD _____

(11) LOAD TEST RECORD
 (A) AMPERAGE/LEG Pass
 (B) VOLTAGE/LEG Pass
 (C) HERTZ Pass
 (D) CB CONNECTIONS Pass
 (E) UNIT LOADED Pass
 * CHANGE _____
 * TEST _____
 * RECORD _____

(12) EP98 CHECK
 (A) EP98 IN AUTO Pass
 (B) BREAKER CLOSED Pass
 * CHANGE _____
 * TEST _____
 * RECORD _____

* As indicated, specified by using an alternate part only.
 ** As indicated, if needed or specified.

Comments: Semi annual PM complete with 2hr load bank. Nothing unusual was noted.
4.5 Hours, 190 Miles
 Customer Signature _____ Date 2/10/2022

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY
 7402 L STREET OMAHA NE 68127
 TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Building 25, Power Plant	Date	2/10/2022									
Location		W/O #	917789		Desired load	1444.13						
Generator M/N	DGFC4962640	Hour Meter	527.5		Phase 1 (V)	208						
Generator S/N	G010341898	Rated KW	200	Volts	208							
Generator Make	Cummins											

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15			

Setup

KW	50	50	50	100	100	150	150	180	180	0	0	0
% Desired	25	25	25	50	50	75	75	90	90			
Desired Load	138.79	138.79	138.79	277.58	277.58	416.37	416.37	499.64	499.64	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	26.2	26.2	26.4	50.3	50.3	77.1	77.1	91.3	91.3	0.0	0.0	0.0

Test Results

Volts												
L1-L2	208	208	208	208	208	208	208	208	208			
L2-L3	208	208	208	208	208	208	208	208	208			
L1-L3	208	208	208	208	208	208	208	208	208			
Average	208	208	208	208	208	208	208	208	208	0	0	0
Amps												
A	147	147	148	279	279	429	429	504	504			
B	147	147	148	279	280	428	428	507	507			
C	142	142	143	279	279	427	427	510	510			
Average	145.33	145.33	146.33	279	279.33	428	428	507	507	0	0	0
Hz												

Engine Instruments

Hour Meter	527.6	527.9	528.2	528.5	528.7	529.0	529.2	529.5	529.7			
Oil Pressure	70	70	70	60	60	55	55	55	55			
Temp	175	180	180	190	190	200	200	200	200			

Comments

Comments



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPS CENTER MAKE CUMMINS TYPE Annual 9777
CONTACT: Power Plant SERIAL G010341898 DATE 8/30/2022
PHONE: _____ MODFI DGFC4982040 HRS 532.7
ADDRESS 3000 LINCOLN ST TECH WESLEY
CITY BEATRICE

AUTOMATIC TRANSFER SWITCHES
MAKE CUMMINS SERIAL H120382074 MODEL QTPGD-1211884
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM CHECK

(A) FUEL LEAKS	None
(B) LINES/CONNECTIONS	Pass
(C) DAY TANK LEVEL	OK
(D) DAY TANK OPERATION	OK
(E) TRANSFER PUMP	OK
(F) MAIN TANK LEVEL	OK
(G) VENT/VEIN LOW	OK
(H) WATER IN FUEL	N/A
(I) INJECTION PUMP	Pass
(J) SOLENOID VALVE	N/A
(K) FUEL FILTER	N/A
(L) WATER SEPARATOR	N/A
(M) FUEL SAMPLE	N/A

* CHANGE
* CHANGE
* TEST

(4) LUBRICATION CHECK

(A) LEAKS	None
(B) ENGINE OIL LEVEL	Pass
(C) OIL HEATER	OK
(D) GOVERNOR OIL LEVEL	OK
(E) CRANKCASE OIL LEVEL	OK
(F) OIL FILTER	CHANGED
(G) ENGINE OIL	CHANGED
(H) GOVERNOR OIL	OK
(I) OIL SAMPLE	OK

* CHANGE
* CHANGE
* CHANGE
* TEST

(3) COOLING SYSTEM CHECK

(A) LEAKS	None
(B) COOLANT LEVEL	OK
(C) FREEZE POINT	OK
(D) RADIATOR AIR FLOW	OK
(E) LOWER SYSTEMS	OK
(F) BLOCK HEATER	OK
(G) WATER PUMP	OK
(H) HOSES	Pass
(I) BELT	Pass
(J) FAN BLD	Pass
(K) PULLEYS	OK
(L) RADIATOR PSI	OK
(M) RADIATOR CAP PSI	OK
(N) WATER FILTER	OK
(O) ANTIFREEZE	OK

* CHANGE
* CHANGE

(4) EXHAUST SYSTEM CHECK

(A) LEAKS	None
(B) CONDENSATION TRAP	OK
(C) INSULATION	Pass
(D) RESTRICTION	Pass
(E) RAIN GAP	Pass
(F) HANGERS/SUPPORT	Pass
(G) FLEX SECTIONS	Pass

(5) BATTERY SYSTEMS CHECK

(A) CHARGER VOLTAGE	13
(1) FLOAT	Pass
(2) EQUALIZE	OK
(B) ELECTROLYTE LEVEL	OK
(C) TERMINALS/CAJULES	OK
(D) BLANKET HEATER	OK
(E) SPECIFIC GRAVITY	OK
(1) HIGH	OK
(2) LOW	Pass
(F) LOAD TEST	Pass
(G) CORROSION	None

CLEAN

(6) ELECTRICAL SYSTEM CHECK

(A) WIRING CONNECTIONS	Pass
(B) INSTRUMENTATION	Pass
(C) SAFETIES SHUTDOWNS	Pass
(1) OVERCRANK	Pass
(2) HIGH WATER TEMP	Pass
(3) LOW OIL PRESSURE	Pass
(4) OVERSPEED	Pass
(D) ALARMS	Pass
(E) REALARMS	Pass
(F) CIRCUIT BREAKERS	Pass
(G) FUSES	Pass
(H) INSULATION DAMAGE	None
(I) CABINTRY	Pass

* CHECK
CLEAN

(7) PRIME MOVER CHECK

(A) GOVERNOR OPERATION	Pass
(B) VIBRATION	Pass
(C) TIMING	Pass
(D) INJECTORS	Pass
(E) MOUNTING HARDWARE	Pass
(F) AIR INTAKE	OK
(G) OIL PRESSURE	2077
(H) WATER TEMPERATURE	110
(I) DC ALTERNATOR	Pass
(1) VOLTS	11
(2) AMPS	N/A
(J) AIR CLEANER	Pass
(K) BOLTS	Pass

* CHANGE
* TORQUE

(8) GENERATOR CHECK

(A) ROTOR	Pass
(B) STATOR	Pass
(C) EXCITOR	Pass
(1) STATOR	Pass
(2) ROTOR	Pass
(D) BEARINGS (RT)	Pass
(E) DIODES	Pass
(F) AIR FLOW	Pass
(G) VOLTAGE REGULATOR	Pass
(H) FEED BREAKER	Pass
(I) VOLTAGE	208
(J) HERTZ	60

* TEST
RECORD

(9) AUTOMATIC TRANSFER SWITCHES CHECK

(A) ATS CONTACTS	Pass
(B) LINE CONTACTS	Pass
(C) MOVING PARTS	Pass
(D) SIMULATE POWER FAILURE	Pass
(E) TIME DELAYS	Pass
(F) CLOCK EXERCISER	Pass

(10) GENERAL CONDITION - EPSS CHECK

(A) UNUSUAL/UNSAFE	None
(B) HOUSEKEEPING	Pass

(11) LOAD TEST RECORD

(A) AMPERAGE/LEG	N/A
(B) VOLTAGE/LEG	N/A
(C) HERTZ	60
(D) CB CONNECTIONS	OK
(E) UNIF LOADED	OK

(12) EPSS CHECK

(A) EPSS IN AUTO?	Pass
(B) BREAKER CLOSED?	Pass

* As needed, specified in the field or manufacturer only
** Additional test results if specified



Comments:
Annual PM complete. No issues with unit.
11q: 15w15 Kohler OIL, 1: NAPA 1748 OIL FLTR, 1 NAPA 3357 FUEL FLTR, 1 NAPA 4340 FUEL FLTR, 1 NAPA COOLANT FLTR 4070 1 hrs 60 mins
Customer Signature _____ 3E Signature _____ Date 8/30/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Sheridan Cottage CAT TYPE Annual 920368
 CONTACT: SERIAL CATDC175TXJ600130 DATE 8/30/2022
 PHONE: MODEL DG175GC HRS 87.6
 ADDRESS: TECH Daniel
 CITY Beatrice NE

AUTOMATIC TRANSFER SWITCHES
 MAKE SERIAL MODEL
 MAKE SERIAL MODEL
 MAKE SERIAL MODEL

(1) FUEL SYSTEM
 CHECK (A) FUEL LEAKS Pass
 (B) LINES/CONNECTIONS Pass
 (C) DAY TANK LEVEL Pass
 (D) DAY TANK OVER FLOW Pass
 (E) TRANSFER PUMP Pass
 (F) MAIN TANK LEVEL Pass
 (G) VENT/OVERFLOW Pass
 (H) WATER BY FUEL Pass
 (I) INJECTION PUMP Pass
 (J) SOLENOID VALVE Pass
 * CHANGE (K) FUEL FILTER Pass
 * CHANGE (L) WATER SEPARATOR Pass
 * TEST (M) FUEL SAMPLE Pass

(6) ELECTRICAL SYSTEM
 CHECK (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETIES SHUTDOWNS Pass
 (1) OVERCRANK Pass
 (2) HIGH WATER TEMP. Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PING ALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE Pass
 (I) CABINETY Pass
 * CHECK CLEAN

(2) LUBRICATION
 CHECK (A) LEAKS None
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER Pass
 (D) GOVERNOR OIL LEVEL Pass
 (E) CRANKCASE OIL LEVEL Pass
 (F) OIL FILTER Changed
 * CHANGE (G) ENGINE OIL Changed
 * CHANGE (H) GOVERNOR OIL Pass
 * TEST (I) OIL SAMPLE Pass

(7) PRIME MOVER
 CHECK (A) GOVERNOR OPERATIONS Pass
 (U) VIBRATION Pass
 (C) TIMING Pass
 (D) INJECTORS Pass
 (E) MOUNTING BRACKET Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE Pass
 (H) WATER TEMPERATURE Pass
 (I) DC ALTERNATOR Pass
 (1) VOLTS Pass
 (2) AMPS Pass
 (J) AIR CLEANER Pass
 (K) BOLTS Pass
 ** CHANGE: ** TORQUE.

(3) COOLING SYSTEM
 CHECK (A) LEAKS None
 (B) COOLANT LEVEL Pass
 (C) FREEZE POINT Pass
 (D) RADIATOR AIR FLOW Pass
 (E) FLOWER SYSTEMS Pass
 (F) BLOCK HEATER Pass
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) FAN MOTOR Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI Pass
 (M) RADIATOR CAP PSI Pass
 (N) WATER FILTER Pass
 * CHANGE: (O) ANTIFREEZE Pass

(8) GENERATOR
 CHECK (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (R) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATOR Pass
 * TEST (H) FUSE BREAKER Pass
 RECORD (I) VOLTAGE 215
 (J) HERTZ 60

(4) EXHAUST SYSTEM
 CHECK (A) LEAKS None
 (B) CONDENSATION TRAP Pass
 (C) INSULATION Pass
 (D) RESTRICTION Pass
 (E) RAINCAP Pass
 CHECK (F) HANGERS/SUPPORT Pass
 (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES
 CHECK (A) ATS, CONTACTS Pass
 (B) LINEAR MOTORS ACTUATION Pass
 MOVING PARTS Pass
 (C) SIMULATE POWER FAILURE Pass
 (D) TIME DELAYS Pass
 (E) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS
 CHECK (A) CHARGED VOLTAGE 27.8
 (1) FLOAT Pass
 (2) EQUALIZE Pass
 (B) ELECTROLYTE LEVEL Pass
 (C) TERMINALS/CABLES Pass
 (D) BLANKET HEATER Pass
 (E) SPECIFIC GRAVITY Pass
 (1) HIGH Pass
 (2) LOW Pass
 (F) LOAD TEST Pass
 CLEAN (G) CORROSION Pass

(10) GENERAL CONDITION - EPS
 CHECK (A) UNUSUAL/UNSAFE None
 (B) HOUSEKEEPING Clean
 (11) LOAD TEST RECORD (A) AMPERAGE/LEG Pass
 (B) VOLTAGE/LEG Pass
 (C) HERTZ Pass
 (D) CB CONNECTIONS Pass
 (E) UNLOADED Pass
 (12) EPS CHECK (A) EPS IN AUTO? Pass
 (B) BREAKER CLOSED? Pass

* N/A needed specified during annual inspection only
 ** Additional cost if needed or specified



Comments: Annual PM complete.
 9gal 15w40, 2 1R-1807 Cat Filter, 4.5 Hours, 94 Miles
 Customer Signature: _____ 3E Signature: _____ Date: 8/30/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-261-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPE CENTER MAKE: CAT TYPE: Annual 920396
 CONTACT: Solar Cottages SERIAL: CATDG175PKJ600131 DATE: 8/31/2022
 PHONE: MODEL: DG175GC HRS: 86.3
 ADDRESS: 3000 LINCOLN ST TECH: WESLEY
 CITY: BEATRICE

AUTOMATIC TRANSFER SWITCHES
 MAKE: CAT SERIAL: 180207TAD24B MODEL: RYS0067543
 MAKE: SERIAL: MODEL:
 MAKE: SERIAL: MODEL:

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS None
 (B) LINES/CONNECTIONS Pass
 (C) DAY TANK LEVEL N/A
 (D) DAY TANK OPERATIONS N/A
 (E) TRANSFER PUMP N/A
 (F) MAIN TANK LEVEL N/A
 (G) VENT/OVERFLOW N/A
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP Pass
 (J) SOLENOID VALVE N/A
 (K) FUEL FILTER N/A
 (L) WATER SEPARATOR N/A
 (M) FUEL SAMPLE N/A
 * CHANGE
 * CHANGE
 * TEST

(2) LUBRICATION CHECK
 (A) LEAKS None
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER N/A
 (D) GOVERNOR OIL LEVEL Pass
 (E) CRANKCASE BREATHERS CHANGED
 (F) OIL FILTER CHANGED
 (G) ENGINE OIL N/A
 (H) GOVERNOR OIL N/A
 (I) OIL SAMPLE N/A
 * CHANGE
 * CHANGE
 * CHANGE
 * TEST

(3) COOLING SYSTEM CHECK
 (A) LEAKS None
 (B) COOLANT LEVEL N/A
 (C) FROST/FREEZE POINT N/A
 (D) RADIATOR AIR FLOW N/A
 (E) LOUVER SYSTEMS N/A
 (F) BLOWER HEATER N/A
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) FAN HUBS Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI N/A
 (M) RADIATOR CAP PSI N/A
 (N) WATER FILTER N/A
 (O) ANTIFREEZE N/A
 * CHANGE
 * CHANGE

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS None
 (B) CONDENSATION TEMP N/A
 (C) INSULATION N/A
 (D) RESTRICTION Pass
 (E) RAINCAP Pass
 (F) HANGER/SUPPORT Pass
 (G) FLEX SECTIONS Pass

(5) BATTERY SYSTEMS CHECK
 (A) CHARGER VOLTAGE 13
 (1) FLOAT Pass
 (2) EQUALIZE N/A
 (B) ELECTROLYTE LEVEL N/A
 (C) TERMINALS/CABLES Pass
 (D) BLANKET HEATER N/A
 (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW Pass
 (F) LOAD TEST None
 (G) CORROSION None
 CLEAN

(8) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETIES SHUTDOWNS Pass
 (1) OVERCRANK Pass
 (2) HIGH WATER TEMP. Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PREALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE None
 (I) CABINETRY Pass
 * CHECK
 * CLEAN

(7) PRIME MOVER CHECK
 (A) GOVERNOR OPERATIONS Pass
 (B) VIBRATION Pass
 (C) TIMING Pass
 (D) INJECTORS Pass
 (E) MOUNTING HARDWARE Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE N/A
 (H) WATER TEMPERATURE 173
 (I) DC ALTERNATOR N/A
 (1) VOLTS N/A
 (2) AMPS N/A
 (J) AIR CLEANER Pass
 (K) BOLTS N/A
 * CHANGE
 * TORQUE

(6) GENERATOR CHECK
 (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (III) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATOR Pass
 (H) FRED BREAKER Pass
 (I) VOLTAGE RECORD Pass
 (J) HERTZ N/A
 * TEST
 * RECORD

(9) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) AFS CONTACTS LINEAR HISTORY ACTUATOR Pass
 MOVING PARTS Pass
 (B) SIMULATE POWER FAILURE N/A
 (C) TIME DELAYS Pass
 (D) CLOCK EXERCISER Pass

(10) GENERAL CONDITION - RPSB CHECK
 (A) UNUSUAL UNSAFE None
 (B) HOURKEEPING Pass
 (11) LOAD TEST RECORD
 (A) AMPERAGE/LEG N/A
 (1) VOLTAGE/LEG N/A
 (C) HERTZ N/A
 (B) CG CONNECTIONS N/A
 (E) UNIT LOADED N/A

(12) EPSS CHECK
 (A) EPS IN AUTO? Pass
 (B) BREAKER CLOSED? Pass

* As required, specify at time of bearing inspection only
 ** Annual bearing if needed or if not used.



Comments: Annual PM complete. No issues with unit.
 28cat: 15w40 Kohler Oil 2: CAT 1R-1807 1.5 hrs 69 miles
 Date: 8/31/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
608-251-8415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: BEATRICE DEVELOPE CENTER MAKE: CAT TYPE: Annual 920395
 CONTACT: State Catalog SERIAL: CATDG175KJJB00129 DATE: 8/31/2022
 PHONE: _____ MODEL: DG175GC HRS: 90
 ADDRESS: 3000 LINCOLN ST TECH: WESLEY
 CITY: BEATRICE

AUTOMATIC TRANSFER SWITCHES
 MAKE: CAT SERIAL: 180207TA02CE MODEL: RTS0087543
 MAKE: _____ SERIAL: _____ MODEL: _____
 MAKE: _____ SERIAL: _____ MODEL: _____

(1) FUEL SYSTEM CHECK
 (A) FUEL LEAKS None
 (B) LINES/CONNECTIONS Pass
 (C) DAY TANK LEVEL N/A
 (D) DAY TANK OPERATION N/A
 (E) TRANSFER PUMP N/A
 (F) MAIN TANK LEVEL N/A
 (G) VENT/OVERFLOW N/A
 (H) WATER IN FUEL N/A
 (I) INJECTION PUMP N/A
 (J) SOLENOID VALVE N/A
 (K) FUEL FILTER N/A
 (L) WATER SEPARATOR N/A
 (M) FUEL SAMPLE N/A
 * CHANGE _____
 * CHANGE _____
 * TEST: _____

(4) ELECTRICAL SYSTEM CHECK
 (A) WIRING CONNECTIONS Pass
 (B) INSTRUMENTATION Pass
 (C) SAFETY'S SHUTOFFS Pass
 (1) OVERCRANK Pass
 (2) HIGH WATER TEMP Pass
 (3) LOW OIL PRESSURE Pass
 (4) OVERSPEED Pass
 (D) ALARMS Pass
 (E) PREALARMS Pass
 (F) CIRCUIT BREAKERS Pass
 (G) FUSES Pass
 (H) INSULATION DAMAGE Pass
 (I) CABINETS Pass
 * CHECK: _____
 * CLEAN: _____

(2) LUBRICATION CHECK
 (A) LEAKS None
 (B) ENGINE OIL LEVEL Pass
 (C) OIL HEATER N/A
 (D) GOVERNOR OIL LEVEL Pass
 (E) GOVERNOR OIL SAMPLE Pass
 (F) OIL FILTER CHANGED
 (G) ENGINE OIL CHANGED
 (H) GOVERNOR OIL N/A
 (I) OIL SAMPLE N/A
 * CHANGE _____
 * CHANGE _____
 * CHANGE _____
 * TEST: _____

(7) PRIME MOVER CHECK
 (A) GOVERNOR OPERATION Pass
 (B) VIBRATION Pass
 (C) TIMING Pass
 (D) INJECTORS Pass
 (E) AIR INTAKE Pass
 (F) AIR INTAKE Pass
 (G) OIL PRESSURE Pass
 (H) WATER TEMPERATURE Pass
 (I) DC ALTERNATOR Pass
 (1) VOLTS Pass
 (2) AMPS N/A
 (J) AIR CLEANER Pass
 (K) BOLTS Pass
 * CHANGE: _____
 * TORQUE: _____

(3) COOLING SYSTEM CHECK
 (A) LEAKS None
 (B) COOLANT LEVEL Pass
 (C) FREEZE POINT Pass
 (D) RADIATOR AIR FLOW Pass
 (E) LOWER SYSTEMS Pass
 (F) BLOWER HEATER Pass
 (G) WATER PUMP Pass
 (H) HOSES Pass
 (I) BELTS Pass
 (J) FAN HUB Pass
 (K) PULLEYS Pass
 (L) RADIATOR PSI Pass
 (M) RADIATOR CAP PSI Pass
 (N) WATER FILTER Pass
 (O) ANTIFREEZE Pass
 * CHANGE: _____
 * CHANGE: _____

(8) GENERATOR CHECK
 (A) ROTOR Pass
 (B) STATOR Pass
 (C) EXCITOR Pass
 (1) STATOR Pass
 (2) ROTOR Pass
 (D) BEARINGS (R) Pass
 (E) DIODES Pass
 (F) AIR FLOW Pass
 (G) VOLTAGE REGULATER Pass
 (H) FEED BREAKER Pass
 (I) VOLTAGE 216
 (J) HERTZ Pass
 * TEST: _____
 * RECORD: _____

(4) EXHAUST SYSTEM CHECK
 (A) LEAKS None
 (B) CONDENSATION TRAP Pass
 (C) INSULATION Pass
 (D) RESTRICTION Pass
 (E) RAINCAP Pass
 (F) HANGERS/SUPPORT Pass
 (G) FLEX REGIONS Pass
 CHECK: _____

(9) AUTOMATIC TRANSFER SWITCHES CHECK
 (A) ATS CONTACTS Pass
 (B) LINEAR MOTORS ACTUATION Pass
 (C) MOVING PARTS Pass
 (D) SIMULATE POWER FAILURE Pass
 (E) TIME DELAYS Pass
 (F) CLOCK EXERCISER Pass
 CHECK: _____

(5) BATTERY SYSTEMS CHECK
 (A) CHARGER VOLTAGE 13
 (1) FLOAT Pass
 (2) EQUALIZE Pass
 (B) ELECTROLYTE LEVEL Pass
 (C) TERMINALS/CABLES Pass
 (D) BLANKET HEATER Pass
 (E) SPECIFIC GRAVITY Pass
 (1) HIGH Pass
 (2) LOW Pass
 (F) LOAD TEST Pass
 (G) CORROSION Pass
 CLEAN: _____

(10) GENERAL CONDITION - EPSS CHECK
 (A) UNUSUAL/UNSAFE None
 (B) HOUSEKEEPING Pass
 (1) LOAD TEST RECORD
 (A) AMPERAGE/LEG N/A
 (B) VOLTAGE/LEG N/A
 (C) HERTZ N/A
 (D) CU CONNECTIONS N/A
 (E) UNIT LOADED N/A
 (1) EPSS CHECK
 (A) EPS IN AUTO? Pass
 (B) BREAKER CLOSED? Pass
 * As noted in specified column means in test history
 * Additional As noted in specified



Comments: Annual PM complete. No issues with unit.
28qt: 15w40 Kohler Oil. 2: CAT 1R-1807 1.5 hrs 69 miles
 Customer Signature: _____ JE Signature: _____ Date: 8/31/2022



12080 JB RD
SUMMERSET, SD 57718
605-490-1947

**GENERATOR
SERVICE CALL REQUEST**

Serviceman: Daniel Job No.: 917119 Date: 12/16/21

When: _____

Customer: Beatrice Dev Center Bldg 27 Phone #: _____

Address: 3000 Lincoln St, Beatrice NE

Customer's Discription of Trouble: Generator will start but shutdown right after starting.

SERVICE CALL - RECAP

ATS

GEN.

Make: _____ Model #: SG0100AG189

Model: _____ Serial #: 9494773

Serial #: _____ Spec. #: _____

Hours: 263

Eng. Info: _____

Description of Work Done: Found that the magnetic pickup was not reading the rpms of the motor. Replaced the mag pickup generator now starts and runs.

1/5/22

Description of Material Used: 1: G081714 Magnetic Pickup
10.5 Hours 306 Miles

Signed: Daniel Signed: _____ Date: 1/5/2022

3E Serviceman

Customer

Attachment 6

BSDC Fire Alarm Testing



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 17-May, 2022

Time | 16:45:50

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 753-418	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Tuesday, May 17, 2022 4:45 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 4:46 PM
Date

Control Unit

Location

Location
Cottage 418 / Dining Area

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
17/01/2021	Gel	27.3v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
East Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 19/22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
N.Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 28/25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
S.Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 11/8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2/5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Crawl Space	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Supply Duct	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Main Return Duct	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Fresh Air Duct	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Room Air Duct	Duct Smoke Detector / System Sensor	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
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Location	Type/Maker/Model	Result	Number
Laundry Room	Tamper Switch	Passed	-
Location	Type/Maker/Model	Result	Number
Landry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Room 22/19 Bath Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11 Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8 Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2/5 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28/25 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
N. Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
S. Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Outside West	Horn / System Sensor / P2RK	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection 100% Tested	



Midwest Alarm Services

License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 17-May, 2022

Time | 11:33:47

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 715-424	Not determined	3000 Lincoln St	Beatrice
State	ZIP	AR#	
NE	68310	1001603	

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Tuesday, May 17, 2022 11:33 AM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 11:34 AM
Date

Control Unit

Location

Location
Cottage 424 / Dining Room

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
17/11/2018	Gel	26.4v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
East Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
FACP	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
West by Kitchen	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Rooms 22/19	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
South Community Room	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 25/28	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
North Community Room	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 8/11	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 2/5	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Photo Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Supply Duct Detector	Duct Smoke Detector / System Sensor / D4120	Passed	-
Location	Type/Maker/Model	Result	Number
Kitchen	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Crawl Space Main Return Duct	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Fresh Air Duct	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Room Air Duct	Duct Smoke Detector / System Sensor	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
----------	---------------	--------	-------

Location	Type/Maker/Model	Result	Number
Laundry Room	Tamper Switch	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mech Room	Fan Shut Down Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
N. Community Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Community Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Outside - West Side	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection 100% Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 17-May, 2022

Time | 12:03:48

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 723-422	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Tuesday, May 17, 2022 12:03 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 12:04 PM
Date

Control Unit

Location

Location
Cottage 422 / Dining Area

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
17/11/2018	Gel	26.3v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
East Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
Hall next to Kitchen	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
N. Commons by Room 19/22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
N. Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 25/28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
S. Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8/11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2/5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Supply Duct Detector	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Crawl Space Main	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Fresh Air	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Room Air	Duct Smoke Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Kitchen	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector / System Sensor	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Laundry Room	Tamper Switch	Passed	-

Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
N. Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
S. Commons	Horn/Strobe / System Sensor / P2WL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection 100% Tested *Trouble Buzzer on panel doesn't sound but everything else works as intended.	



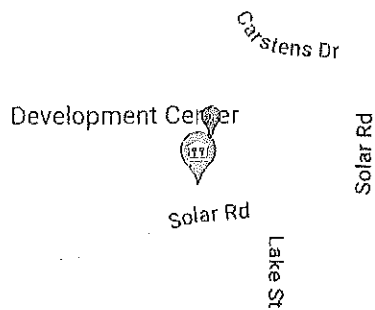
MIDWEST ALARM SERVICES

Tech connected. Lives protected.

Inspection Report

Presented To
State of Nebraska

For
Cottage 743-420
3000 Lincoln St
Beatrice, NE 68310



Google

Map data ©2022

**This site has been inspected
and tested in compliance
with applicable standards.**

Completed:
Tuesday, May 17, 2022

Tested By:
Lucas Canfield
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:
Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310

Scan Code to Access
Nspec Cloud Portal



Inspection Information

CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

BUILDING INFORMATION

Name:	Cottage 743-420	Occupancy Type:	Not determined
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
AR#:	1001603		

COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	30	30 (100%)	30 (100%)	0 (0%)
Alarm Notification Appliance	5	5 (100%)	5 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	0	0 (0%)	0 (0%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

Fire Alarm System - NFPA 72 (2013)

Tested By:



Lucas Canfield
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:



Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310

Control Unit

Location

Location
Cottage 420 / Dining Area

Specification

Type/Make/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/17/2018	Gel	27.5v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

- Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
West Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
SW Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
SE Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
East Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
NE Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
NW Exit	Manual Pull Station	• Passed	-
Location	Type/Make/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	• Passed	-

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Hall by Mech Room	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 19/22	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
N. Commons	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
By Room 25/28	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
S. Commons	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
By Room 8/11	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
By Room 5/2	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	• Passed	-
Location	Type/Make/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	• Passed	-

Location	Specification	Result	Notes
Location Laundry Room	Type/Make/Model Heat Detector / System Sensor	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Result ● Passed	Number -
Location Supply Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Result ● Passed	Number -
Location Main Return Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Result ● Passed	Number -
Location Fresh Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Result ● Passed	Number -
Location Room Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Result ● Passed	Number -

Supervisory Signal Device

Location	Specification	Result	Notes
Location Laundry	Type/Make/Model Tamper Switch	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Result ● Passed	Number -

Alarm Notification Appliance

Location	Specification	Result	Notes
Location Outside West	Type/Make/Model Horn / System Sensor	Result ● Passed	Number -
Location Room 5/2 Bathroom	Type/Make/Model Strobe / System Sensor / SWL	Result ● Passed	Number -
Location Room 8/11 Bathroom	Type/Make/Model Strobe / System Sensor / SWL	Result ● Passed	Number -
Location Room 19/22 Bathroom	Type/Make/Model Strobe / System Sensor / SWL	Result ● Passed	Number -
Location Room 25/28 Bathroom	Type/Make/Model Strobe / System Sensor / SWL	Result ● Passed	Number -

Comments

Number	COMMENT	IMAGE
1	Annual Inspection 100% Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 16-May, 2022

Time | 15:20:40

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3052-416	Not determined	3000 Lincoln St	Beatrice
State	ZIP	AR#	
NE	68310	1001603	

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Monday, May 16, 2022 3:20 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 8:14 AM
Date

Control Unit

Location

Location

Cottage 416 / Dining Area

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120 volts

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

15/01/2021

Standby Mode (hrs)

-

Battery Type

Gel

Alarm Mode (mins)

-

Nominal Voltage

27.2

Amps/Hour Rating

7

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
North Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
South Exit	Manual Pull Station	Passed	-

Location Laundry Room	Type/Maker/Model Heat Detector / System Sensor	Result Passed	Number -
Location Mechanical Room	Type/Maker/Model Heat Detector / System Sensor	Result Passed	Number -
Location Room 19	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 22	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location By Room 19	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location North Commons	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location By Room 28	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 25	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 28	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Dining Room	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location South Commons	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 2	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 5	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location By Room 2	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location By Room 11	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 8	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Room 11	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not	Number -
		Tested	
Location Mechanical Room	Type/Maker/Model Duct Smoke Detector / System Sensor	Result Passed	Number -
Location Mechanical Room	Type/Maker/Model Duct Smoke Detector / System Sensor	Result Passed	Number -

Location	Type/Maker/Model	Result	Number
Outside NW Bedroom	Carbon Monoxide Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Outside SW Bedroom	Carbon Monoxide Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Outside NE Bedroom	Carbon Monoxide Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Outside SE Bedroom	Carbon Monoxide Detector / System Sensor	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
North Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Outside West	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Bi-Annual Inspection, Visually Inspected Smoke Detectors.	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 16-May, 2022

Time | 15:55:21

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3054-415	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Monday, May 16, 2022 3:55 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 8:15 AM
Date

Control Unit

Location

Location
Cottage 415 / Dining Area

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120 volts	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
16/05/2022	Gel	27.0 v	7 ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
East Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
Kitchen	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 19	Smoke Detector / System Sensor / 2WB	Passed	- -
Location	Type/Maker/Model	Result	Number
North Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
South Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Outside NW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Outside SW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Outside NE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Outside SE Bedroom	Carbon Monoxide Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
North Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Outside East	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 16-May, 2022

Time | 16:37:23

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3056-414	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Monday, May 16, 2022 4:37 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 8:13 AM
Date

Control Unit

Location

Location

Cottage 414 / Dining Area

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120 volts

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

16/11/2018

Battery Type

Gel

Nominal Voltage

26.4 v

Amps/Hour Rating

7 ah

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Alarm Initiated Device

Location

Location

West Exit

Location

NW Exit

Location

NE Exit

Location

East Exit

Location

SE Exit

Location

SW Exit

Specification

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Result

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Notes

Number

-

Number

-

Number

-

Number

-

Number

-

Number

-

Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19/22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
North Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 28/25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
South Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2/5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 11/8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SE Bedroom	Carbon Monoxide Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
----------	---------------	--------	-------

Location	Type/Maker/Model	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Outside	Horn	Passed	-
Location	Type/Maker/Model	Result	Number
FACP	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
North Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25/28 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19/22 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2/5 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8 Bathroom	Strobe / System Sensor / SWL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100 % Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 16-May, 2022

Time | 17:09:27

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3060 413	Not determined	3000 Lincoln St	Beatrice
State	ZIP	AR#	
NE	68310	1001603	

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Monday, May 16, 2022 5:09 PM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 8:16 AM
Date

Control Unit

Location

Location

Cottage 413 / Dining Area

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

16/11/2018

Battery Type

Gel

Nominal Voltage

26.6v

Amps/Hour Rating

7ah

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Alarm Initiated Device

Location

Location

North Exit

Location

NE Exit

Location

NW Exit

Location

South Exit

Location

SE Exit

Location

SW Exit

Specification

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Result

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Notes

Result

Number

Result

Number

Result

Number

Result

Number

Result

Number

Result

Number

Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Heat Detector / System Sensor	Passed	-
Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SE Bedroom	Carbon Monoxide Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Outside North	Horn	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5/2 Bathrom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19/22 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25/28 Bathroom	Strobe / System Sensor / SWL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 17-May, 2022

Time | 09:56:50

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3070 412	Not determined	3000 Lincoln St	Beatrice
State	ZIP	AR#	
NE	68310	1001603	

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Tuesday, May 17, 2022 9:56 AM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 9:57 AM
Date

Control Unit

Location

Location
Cottage 412 / Dining Area

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120 v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
17/05/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
North Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
South Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
By Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SE Bedroom	Carbon Monoxide Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
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Location	Type/Maker/Model	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Outside South	Horn	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2/5 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19/22 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25/28 Bathroom	Strobe / System Sensor / SWL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Tested Replaced 2 - 12v7ah Batteries NP7-12	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 17-May, 2022

Time | 10:51:33

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Cottage 3071 411	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Tuesday, May 17, 2022 10:51 AM
Date

Site Representative

Mike Balderson
Name
Tuesday, May 17, 2022 10:51 AM
Date

Control Unit

Location

Location
Cottage 411 / Dining Area

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
17/05/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
North Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
South Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Mechanical Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 8	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
By Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SW Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
NE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
SE Bedroom	Carbon Monoxide Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Heat Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
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Location	Type/Maker/Model	Result	Number
Laundry	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Laundry Room	Water Flow	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Fan Shut Down Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Mechanical Room	Relay	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
FACP	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
West Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
East Commons	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 25/28 Bathrrom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 19/22 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 5/2 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 8/11 Bathroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 11 Bathroom	Strobe / System Sensor / SWL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection 100% Tested Replaced 2 - 12v7ah Batteries NP7-12	



Midwest Alarm Services

License: -

3630 W Old Hwy 30

Grand Island, NE 68803

Office: 308-389-3981

Date | 18-May, 2022

Time | 11:46:54

Customer Information

Name: State of Nebraska, Address: 3000 Lincoln St, City: Beatrice, State: NE, ZIP: 68310, Email: mike.balderson@nebraska.gov, AR#: 1001603

Site Information

Name: South Apartments, Occupancy Type: Not determined, Address: 3000 Lincoln St, City: Beatrice, State: NE, ZIP: 68310

Authority Having Jurisdiction

Name: State of Nebraska Fire Marshal, Address: 246 S 14th St, City: Lincoln, Phone: 402-471-2027, State: NE, Postal Code: 68508, Email: -

Monitoring Company

Name: Per Mar, Address: 1910 E Kimberly Rd, State: IA, City: Davenport, Phone: 563-359-3200, ZIP: 52807

Technician

Name: Georg Schutte, Date: Wednesday, May 18, 2022 11:46 AM

Site Representative

Name: Mike Balderson, Date: Wednesday, May 18, 2022 11:47 AM

Control Unit

Location

Location

South Apartment's / Center Staircase

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

18/05/2019

Battery Type

Gel

Nominal Voltage

27.2v

Amps/Hour Rating

7ah

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Alarm Initiated Device

Location

Location

Apts 3&4 / Front Entry

Location

Apts 3&4 / Basement Exit

Location

Apts 3&4 / Basement / West Cage

Specification

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Heat Detector

Type/Maker/Model

Heat Detector

Result

Result

Passed

Result

Passed

Result

Not

Tested

Result

Not

Tested

Notes

Number

-

Number

-

Number

-

Number

-

Location Apts 3&4 / East Server Room	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 3&4 / By Exit	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 3&4 / 1st / Front Exit / 03	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 3&4 / 2nd / Stairs / 04	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 5&6 / Front Entry/Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location Apts 5&6 / Basement / East by Cage	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 5&6 / East by Exit	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 5&6 / West by Exit	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 5&6 / West by Stairs	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 5&6 / By Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location Apts 5&6 / Staircase / 06	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 5&6 / Front Exit / 05	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 1&2 / Front Exit / 01	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 1&2 / Staircase / 02	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -
Location Apts 1&2 / By Front Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location Apts 1&2 / Basement / West Storage	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 1&2 / Basement / East Storage	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 1&2 / Basement / North East Storage	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 1&2 / Basement / Basement North West Storage	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Apts 1&2 / By Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location Apts 1&2 / 2nd / West Room	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Passed	Number -

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Apts 3&4 / Above FACP	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 3&4 / 2nd / Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 3&4 / 1st / Front Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 5&6 / Front Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 5&6 / By Exit	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 5&6 / Staircase	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 5&6 / By Stairs	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 5&6 / 2nd / Stairs	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 1&2 / By Front Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 1&2 / By Exit	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 1&2 / By Stairs	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 1&2 / Staircase	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Apts 1&2 / 2nd / Stairs	Strobe / System Sensor / SWL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 12:30:58

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
East Apartment Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 12:30 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 12:31 PM
Date

Control Unit

Location

Location
East Apartments - Lake 311 / Center Stairwell

Specification

Type/Maker/Model
ESL

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/01/2019	Gel	26.7v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
South Wall	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
East Wall	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Main East Entry	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Hallway	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
205 Stairs South	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
205 Stairs Center	Manual Pull Station	Passed	-
205 Stairs Exit	Manual Pull Station	Passed	-
Apt 206 North Stairs	Manual Pull Station	Passed	-
Apt 206 North Exit	Manual Pull Station	Passed	-
2nd / South Bedroom SW	Smoke Detector	Passed	-
2nd / South Bedroom NW	Smoke Detector	Passed	-
2nd / South Bedroom SE	Smoke Detector	Passed	-
2nd / South Bedroom NE	Smoke Detector	Passed	-
2nd / South Commons	Smoke Detector	Passed	-
2nd / North Bedroom SW	Smoke Detector	Passed	-
2nd / North Bedroom NW	Smoke Detector	Passed	-
2nd / North Bedroom NE	Smoke Detector	Passed	-
2nd / North Bedroom SE	Smoke Detector	Passed	-
1st / South Bedroom SW	Smoke Detector	Passed	-
1st / South Bedroom NW	Smoke Detector	Passed	-
1st / South Bedroom SE	Smoke Detector	Passed	-
1st / South Bedroom NE	Smoke Detector	Passed	-
1st / South Commons	Smoke Detector	Passed	-
1st / South Commons North	Smoke Detector	Passed	-
2nd / North Day Room	Smoke Detector	Passed	-
Commons Room	Smoke Detector	Passed	-
1st / North Bedroom NE	Smoke Detector	Passed	-
1st / North Bedroom SE	Smoke Detector	Passed	-
1st / North Hallway	Smoke Detector	Passed	-
1st / North South Room	Smoke Detector	Passed	-
1st / Center Above FACP	Smoke Detector	Passed	-
1st / Center Front Entry	Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
Basement / South	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Day Room	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Dining Room	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Center Hall	Smoke Detector	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Basement Area	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
North Wall South Side	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Main East Entry	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 103 SE Exit	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 104	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 105	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Hall 104/106	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 106	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Room 103	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Hall	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
TV Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Dining Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Dining Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 TV Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Hallway	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Room 111	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Room 112	Horn/Strobe / ESL	Passed	-

Location	Type/Maker/Model	Result	Number
Apt 104 Room 114	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 104 Room 113	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Room 203	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Room 205	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Room 204	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Room 206	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Hallway	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 TV Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Dining Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
205 Restroom	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
206 Room 211	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Room 212	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Room 213	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Room 214	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Hall	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 TV Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Dining Room	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
Apt 206 Restroom	Horn/Strobe / ESL	Passed	-
Location	Type/Maker/Model	Result	Number
East Outside	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested **Tested on May 17, 2022**	



Tech connected. Lives protected.

Midwest Alarm Services

License: -

3630 W Old Hwy 30

Grand Island, NE 68803

Office: 308-389-3981

Date | 18-May, 2022

Time | 11:42:06

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
F Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

George Schutte
Name
Wednesday, May 18, 2022 11:42 AM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 11:42 AM
Date

Control Unit

Location

Location
F Building / Front Entrance

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/01/2019	Gel	26.7v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Auxiliary Power Supply

Location	Specification	Primary Power	Overcurrent Protection	Visual/ Functional	Batteries	Visual/ Functional	Result	Notes
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Location	Type/Maker/Model	Nominal Voltage	Type	Auxiliary Power Supply	Battery Date	Load Voltage	Result	Number
404 NW Exit	-	-	Amps	Lamps/LEDs/LCDs	-	Charge Test	Passed	-
		Amps	-	Fuses	Battery Type	Discharge Test		
		-	Location	Trouble Signal	Nominal Voltage	Battery Condition		
		-	-	Disconnect Switch	-			
		-	Disconnecting means location	Ground-Fault Monitoring	Amps/Hour Rating			
		-			-			
		-			Standby Mode (hrs)			
		-			-			
		-			Alarm Mode (mins)			
		-			-			

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Elevator Lobby / 01	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Lobby / 02	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Housekeeping Closet / 03	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
West Hall / 04	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Living Room / 05	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Living Room / 06	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Nurses Room / 07	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Hall / 10	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 TV Area / 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 TV Area / 18	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 West Bedroom / 19	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Commons Area / 12	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Storage / 13	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Laundry/Storage / 14	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 West Hall / 15	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 SE Bedroom / 16	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402SW Bedroom / 17	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
402 NE Bedroom / 08	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 NW Bedroom / 09	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 TV Room / 20	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 North Hall / 21	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 North Bedroom / 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Hall / 23	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 24	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Apts / 404 Hall / 26	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 South Hall Exit / 27	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Hall / 30	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 29	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 28	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 31	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
404 Bedroom / 32	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area by Conference Room / 33	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Vending / 34	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Vending / 35	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Hall / 36	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Office / 37	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Office / 38	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Office / 39	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Center Area Nurse / 40	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Elevator / 41	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Lobby / 42	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 43	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 44	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
406 / 45	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 47	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 55	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 48	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 46	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 49	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 50	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 51	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 52	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 53	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 / 54	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 56	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 57	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 58	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 59	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 60	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 61	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 62	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 63	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 / 64	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 Bedroom / 65	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 Bedroom / 66	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 Hall / 67	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 Bedroom / 68	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 Bedroom / 69	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Top of Stairwell	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Elevator Equip Room	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
Bottom of Shaft	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Top of Hoistway	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
402 Office	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 Office Door	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 Office/Kitchen	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 Stairway #2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
406 Stairwell	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 East Stair	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
408 NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / By Elevator	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / By Elevator Maint South	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
402 NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
North Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Center Stairwell	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Staff Office	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Kitchen	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 S. Wall Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Bedroom 1 Restroom	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Laundry Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 N. Wall Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Housekeeper Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 406 Dayroom Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Offices Hallway	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office Middle Office	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 408 Kitchen	Heat Detector	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / 408 Pantry	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 408 N. Wall Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 408 Laundry	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 408 Bedroom 7 Restroom	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / 408 Utility Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Entry Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 402 Kitchen	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 402 South Wall Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 402 Laundry Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 402 N. Linen Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 402 Housekeeper Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Staff Office Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Kitchen	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Electric Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Bedroom 7 Restroom	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Laundry Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Linen Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 404 Housekeeper Closet	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Entry Conference Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Air Compressor Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Elevator Equipment Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SE End	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Vault Room	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SW End	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / NW End	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Center	Heat Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North Center	Heat Detector	Passed	-

Location	Type/Maker/Model	Result	Number
Basement / North End	Heat Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Basement	Water Flow	Passed	-
Location	Type/Maker/Model	Result	Number
Basement	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Basement	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Basement	Sprinkler Tamper Switch / Valve	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
West end of Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Center Hall	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North of Elevator	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North of Elevator	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Hallway North Office	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
408 East End Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
408 Hall Center	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Entrance by Elevator	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
402 Central Hall	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / N. Office Area Hallway	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Office North End of Hall	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Bottom of Stairs	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Entrance by Elevator	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
402 West end of Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Office Area Hallway	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Office North End of Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Bottom of Stairs	Strobe / System Sensor / SWL	Passed	-

Location	Type/Maker/Model	Result	Number
1st / Center Conference Room	Horn/Strobe / System Sensor / P2WL	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 11:23:47

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
B Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 11:23 AM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 11:24 AM
Date

Control Unit

Location

Location

-

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

-

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Batteries

Battery Date

-

Battery Type

-

Nominal Voltage

-

Amps/Hour Rating

-

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Result

Result

Not Tested

Alarm Initiated Device

Location

Location

Front Entrance

Specification

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Result

Not

Tested

Notes

Number

-

Number

-

Number

-

Number

-

Number

-

Number

-

Number

-

Location

Center Area

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Number

-

Location

Center Area

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Location

Center Area

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Location

Center Area by Elevator

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Location

South Area

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Location

South Area

Type/Maker/Model

Smoke Detector / System Sensor / 2WB

Result

Not

Tested

Number

-

Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -

Location	Type/Maker/Model	Result	Number
Crawl Space	Duct Smoke Detector	Not Tested	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Center Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Bell	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Bell	Not Tested	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, Panel Not Operational, Building Condemned and to be tore down.	

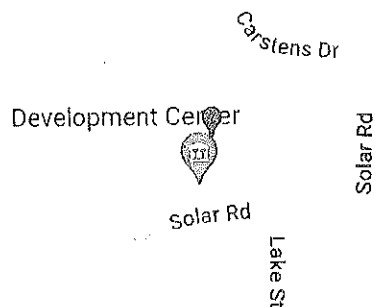


Tech connected. Lives protected.

Inspection and Testing Certificate

Presented To
State of Nebraska

For
Food Services Area
3000 Lincoln St
Beatrice, NE 68310



**This site has been inspected
and tested in compliance
with applicable standards.**

Completed:
Wednesday, May 18, 2022

Google

Map data ©2022

Tested By:
Georg Schutte
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:
Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310



Inspection Information

CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

BUILDING INFORMATION

Name:	Food Services Area	Occupancy Type:	Not determined
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	563-359-3200		

TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Alarm Initiated Device	51	28 (54.90%)	28 (54.90%)	0 (0.00%)
Alarm Notification Appliance	26	26 (100.00%)	26 (100.00%)	0 (0.00%)
Annunciator	1	1 (100.00%)	1 (100.00%)	0 (0.00%)
Auxiliary Device	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Auxiliary Power Supply	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Control Unit	1	1 (100.00%)	1 (100.00%)	0 (0.00%)
Supervising Station Monitoring	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Supervisory Signal Device	1	1 (100.00%)	1 (100.00%)	0 (0.00%)

Fire Alarm System - NFPA 72 (2013)

Tested By:



Georg Schutte
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:



Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310

Control Unit

Location

Location

Food Service Building / North Entrance Hall

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Disconnect Switch

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Ground-Fault Monitoring

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Batteries

Battery Date

18/01/2021

Standby Mode (hrs)

-

Battery Type

Gel

Alarm Mode (mins)

-

Nominal Voltage

27.5

Amps/Hour Rating

7ah

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

• Passed

Annunciator

Location

Location

South Entrance

Specification

Type/Maker/Model

-

Result

Result

• Passed

Notes

Number

-

Alarm Initiated Device

Location

Location

North Entrance

Location

North Entrance

Location

North Corridor / 01

Location

NE Dining Area / 02

Specification

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Manual Pull Station

Type/Maker/Model

Smoke Detector

Type/Maker/Model

Smoke Detector

Result

Result

• Passed

Result

• Passed

Result

• Passed

Result

• Passed

Notes

Number

-

Number

-

Number

-

Number

-

Number

-

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
NE Dining Area / 03	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Dining Area Exit	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
Food Prep Room / 05	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Food Prep Room / 04	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Food Prep Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Wash Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Wash Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Wash Area / 06	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Wash Area / 07	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
SE Dining Area / 11	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
SE Dining	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
SE Dining Area	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
South Entrance / 10	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
South Entrance	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
South Small Kitchen / 09	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
South Small Kitchen	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Small Kitchen / 08	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
West Exit	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
NW Main Kitchen	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NW Main Kitchen	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
SW Main Kitchen	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Main Kitchen	Heat Detector	Not Tested	-
Housekeeping Closet			
Location	Type/Maker/Model	Result	Number
NE Main Kitchen Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
SE Main Kitchen	Heat Detector	Not Tested	-

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
SE Main Kitchen Women's Restroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
SE Main Kitchen Cleaning Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Main Kitchen / 12	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
SE Main Kitchen	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
SW Main Kitchen	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
Loading Bay	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Loading Bay	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
Loading Bay Bread Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Loading Bay Men's Restroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Basement / Bottom of Stairwell	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
Outside of Cold Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Outside of Cold Storage	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Boiler Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Room 3 Janitorial	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Room 4 Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Corridor to Tunnel	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Room #5 Elevator Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Electric Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Office Corridor	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Office Corridor Exit	Manual Pull Station	• Passed	-
Location	Type/Maker/Model	Result	Number
Basement	Duct Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
Basement	Duct Smoke Detector	• Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
----------	---------------	--------	-------

Location	Type/Maker/Model	Result	Number
Storage Area	Water Flow	• Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
North Entrance	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
North Corridor	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
Offices Corridor	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Dining Area	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Dining Area Exit	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
Food Prep Room	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Food Prep Room	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Wash Area	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Wash Area	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
SE Dining	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
SE Dining	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
South Entrance	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
South Entrance	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
South Small Kitchen	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
West Exit	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
NW Main Kitchen	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
NE Main Kitchen	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
Loading Bay	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Outside of Cold Storage	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Boiler Room	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Staircase Corridor	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Corridor to Tunnel	Bell	• Passed	-
Location	Type/Maker/Model	Result	Number
Corridor to Tunnel	Strobe	• Passed	-

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Corridor to Tunnel	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
Office Corridor	Strobe	• Passed	-
Location	Type/Maker/Model	Result	Number
Office Corridor Exit	Bell	• Passed	-

Comments

Number	COMMENT	IMAGE (OPTIONAL)
1	Annual inspection, 100% Smoke Tested	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 11:21:23

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
T Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 11:21 AM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 11:21 AM
Date

Control Unit

Location

Location
T Building / By North Exit

Specification

Type/Maker/Model
Notifier

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/11/2018	Gel	26.7v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Main Entrance	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / E. Rear Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Laundry Room	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Patio Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / NW Storage Closet	Heat Detector	Not Tested	-

Location	Type/Maker/Model	Result	Number
1st / NW Breakroom	Heat Detector	Not Tested	-
1st / NE Storage Closet	Heat Detector	Not Tested	-
1st / East Rear Exit	Heat Detector	Not Tested	-
1st / SE Janitorial	Heat Detector	Not Tested	-
1st / SE Laundry Room	Heat Detector	Not Tested	-
2nd / NW Storage Closet	Heat Detector	Not Tested	-
2nd / NW Storage Closet	Heat Detector	Not Tested	-
2nd / Main Corridor Storage	Heat Detector	Not Tested	-
2nd / RR Janitorial	Heat Detector	Not Tested	-
2nd / SW Classroom	Heat Detector	Not Tested	-

Alarm Notification Appliance

Location	Specification	Result	Notes
1st / Main Entrance	Strobe / System Sensor / SWL	Passed	-
2nd / Main Corridor	Strobe / System Sensor / SWL	Passed	-
2nd / Main Corridor	Bell	Passed	-
1st / Above FACP	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, Smokes Tested	



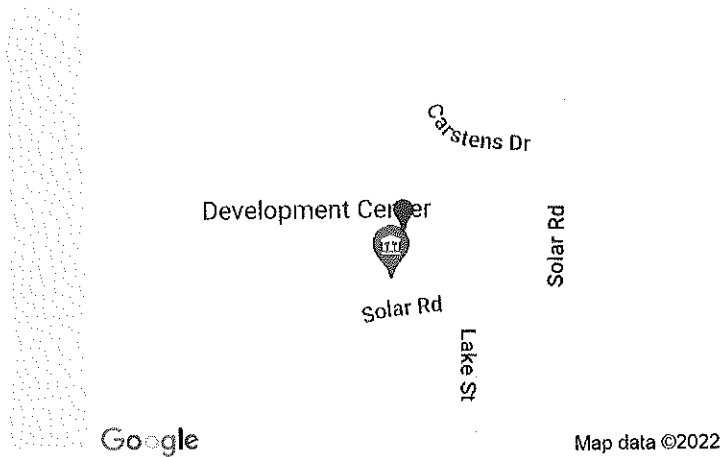
MIDWESTALARM SERVICES

Tech connected. Lives protected.

Inspection and Testing Certificate

Presented To
State of Nebraska

For
C Building
3000 Lincoln St
Beatrice, NE 68310



**This site has been inspected
and tested in compliance
with applicable standards.**

Completed:
Wednesday, May 18, 2022

Map data ©2022

Tested By:
George Schutte
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:
Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310



Inspection Information

CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

BUILDING INFORMATION

Name:	C Building	Occupancy Type:	Not determined
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	563-359-3200		

TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Alarm Initiated Device	95	1 (1.05%)	1 (1.05%)	0 (0.00%)
Alarm Notification Appliance	21	8 (38.10%)	8 (38.10%)	0 (0.00%)
Annunciator	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Auxiliary Device	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Auxiliary Power Supply	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Control Unit	1	1 (100.00%)	1 (100.00%)	0 (0.00%)
Supervising Station Monitoring	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Supervisory Signal Device	0	0 (0.00%)	0 (0.00%)	0 (0.00%)

Fire Alarm System - NFPA 72 (2013)

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3630 W Old Hwy 30
Grand Island, NE 68803

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Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310

Control Unit

Location

Location
C Building / By Front Entrance

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number
-

Onsite Location Of Documentation
-

Primary Power

Nominal Voltage
120v

Amps
-

Overcurrent Protection

Type
-

Amps
-

Location
-

Disconnecting Means Location
-

Visual/ Functional

Control Unit
Tested functionally
Disconnect Switch
Tested functionally

Lamps/LEDs/LCDs
Tested functionally
Ground-Fault Monitoring
Tested functionally

Fuses
Tested functionally

Trouble Signal
Tested functionally

Batteries

Battery Date
18/01/2021
Standby Mode (hrs)
-

Battery Type
Gel
Alarm Mode (mins)
-

Nominal Voltage
27.0v

Amps/Hour Rating
7ah

Visual/ Functional

Load Voltage
Tested functionally

Charge Test
Tested functionally

Discharge Test
Tested functionally

Battery Condition
Tested functionally

Result

- Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result • Passed	Number -
Location Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -

Location	Specification	Result	Notes
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location Center Area west Exit	Type/Maker/Model Manual Pull Station	Result Not Tested	Number -

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Center Door to West Exit	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center SW Exit	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Office	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Front Entrance	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area South Exit	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area North Exit	Manual Pull Station	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / Center Area	Smoke Detector / System Sensor / 2WB	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / Center Area	Smoke Detector / System Sensor / 2WB	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / Center Area	Smoke Detector / System Sensor / 2WB	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / Center Area	Smoke Detector / System Sensor / 2WB	Not Tested	-

Location	Specification	Result	Notes
Location 2nd / Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -

Location	Specification	Result	Notes
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Smoke Detector / System Sensor / 2WB	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Area West Stairs	Type/Maker/Model Manual Pull Station	Result Not Tested	Number -
Location 2nd / Center Hallway	Type/Maker/Model Manual Pull Station	Result Not Tested	Number -
Location 2nd / South Area South Stairs	Type/Maker/Model Manual Pull Station	Result Not Tested	Number -
Location 2nd / North Area North Stairs	Type/Maker/Model Manual Pull Station	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / Center Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Attic / North Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Attic / North Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / North Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / North Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / North Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / South Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / South Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / South Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / South Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Attic / South Area	Heat Detector	Not Tested	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
2nd / Center Area	Horn/Strobe / System Sensor / P2WL	● Passed	-
Location	Type/Maker/Model	Result	Number
Center Area	Horn/Strobe / System Sensor / P2WL	● Passed	-
Location	Type/Maker/Model	Result	Number
South Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Area	Horn/Strobe / System Sensor / P2WL	Not Tested	-
Location	Type/Maker/Model	Result	Number
Outside West	Bell	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Area	Bell	● Passed	-
Location	Type/Maker/Model	Result	Number
Center Area	Bell	● Passed	-
Location	Type/Maker/Model	Result	Number
North Area	Bell	Not Tested	-
Location	Type/Maker/Model	Result	Number
South Area	Bell	Not Tested	-

Location	Specification	Result	Notes
Location 2nd / Center Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result ● Passed	Number -
Location 2nd / Center Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result ● Passed	Number -
Location 2nd / North Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result Not Tested	Number -
Location 2nd / North Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Horn/Strobe / System Sensor / P2WL	Result Not Tested	Number -
Location 2nd / Center Area	Type/Maker/Model Bell	Result ● Passed	Number -
Location 2nd / Center Area	Type/Maker/Model Bell	Result ● Passed	Number -
Location 2nd / North Area	Type/Maker/Model Bell	Result Not Tested	Number -
Location 2nd / South Area	Type/Maker/Model Bell	Result Not Tested	Number -

Comments

Number	COMMENT	IMAGE (OPTIONAL)
1	Annual Inspection, Tested Smoke above panel, rest of devices and zones been disabled or not operational due to building being condemned and due to be tore down. **Tested May 17, 2022**	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 13:14:02

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
D Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 1:14 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 1:14 PM
Date

Control Unit

Location

Location
D Building / Front Entrance

Specification

Type/Maker/Model
ESL

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/11/2018	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Room 125	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
By Stairs SW by 125	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Outside SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / by Room 130 Housekeeping	Heat Detector	Not Tested	-

Location Room 121	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Main Entrance	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 1st / Mechanical Room	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 1st / Housekeeping by Room 114	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Exit by Room 114	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location Pay Phone by Room 114	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Housekeeping by Rom 112	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Hall by Room 111	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 2nd / Mechanical Room	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / Center Stairs	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 2nd / by 214 Housekeeping	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / By 221 Housekeeping	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Housekeeping by 231	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / SW Stairs	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 2nd / SW Stairwell	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 2nd / South Stairs	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 1st / South Stairs Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 3rd / Stairs North Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 3rd / By NW Stairs	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 3rd / Center Stairs Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -
Location 3rd / SW Stairs Exit	Type/Maker/Model Manual Pull Station	Result Passed	Number -

Location	Type/Maker/Model	Result	Number
3rd / SE Exit	Manual Pull Station	Passed	-
3rd / Mechanical Room	Heat Detector	Result	Number
		Not	-
		Tested	
2nd / N Stairs Exit	Manual Pull Station	Result	Number
		Passed	-
2nd / By NW Stairs	Manual Pull Station	Result	Number
		Passed	-
3rd / Breakroom	Heat Detector	Result	Number
		Not	-
		Tested	
NW Outside Exit	Manual Pull Station	Result	Number
		Passed	-
Housekeeping by Room 110	Heat Detector	Result	Number
		Not	-
		Tested	
1st / North Exit	Manual Pull Station	Result	Number
		Passed	-
Basement	Heat Detector	Result	Number
		Not	-
		Tested	
Basement	Heat Detector	Result	Number
		Not	-
		Tested	
Elevator Equipment Room	Heat Detector	Result	Number
		Not	-
		Tested	
Elevator Equipment Room	Smoke Detector	Result	Number
		Passed	-
NW Stairwell	Manual Pull Station	Result	Number
		Passed	-
North Room	Heat Detector	Result	Number
		Not	-
		Tested	
North Room	Heat Detector	Result	Number
		Not	-
		Tested	
North Room	Heat Detector	Result	Number
		Not	-
		Tested	
North Equipment Room	Heat Detector	Result	Number
		Not	-
		Tested	
North Equipment Room Supply	Duct Smoke Detector	Result	Number
		Passed	-
North Equipment Room Supply	Duct Smoke Detector	Result	Number
		Passed	-
North Equipment Room Return	Duct Smoke Detector	Result	Number
		Passed	-
North Equipment Room Return	Duct Smoke Detector	Result	Number
		Passed	-

Location	Type/Maker/Model	Result	Number
Basement / SW MCCRM AHU #1	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SW MCCRM AHU #2	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SW MCCRM AHU #2	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SW MCCRM AHU #1	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SW Stairwell	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
S Room S8	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
S Room S7	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
S Room S6	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
S Room S5	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Middle Room S4	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Maint Office Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Store room S2	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Outside Maint Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Center Stairwell	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Center Stairwell Electric Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Center Stairwell by Electric Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Center AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Center AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Center AHU	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Center AHU	Duct Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
Center AHU	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Center AHU	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
East Equipment Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
East Equipment Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
By FACP / 129	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 102 / 128	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Hallway / 126	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Hallway / 117	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Beauty Salon / 120	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 130 / 119	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Hallway / 116	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 129 / 109	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 129 / 111	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 125 / 112	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 126 / 104	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 126 / 102	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room Supply / 105	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Hallway / 106	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Hallway / 107	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 128 / 108	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 128 / 110	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 127 / 103	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 127 / 101	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
By Elevator / 125	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 120 / 124	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 116 / 121	Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
Room 116 / 122	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 116 / 123	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 302	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Vending Room / 304	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Printer Room / 306	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 307	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 309	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 105 / 308	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 106 / 313	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hall by Restroom / 310	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 312	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 111 / 314	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 110 / 317	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 110 / 315	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 109 / 316	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 109 / 318	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 320	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 107 / 325	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 107 / 327	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 108 / 328	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 108 / 326	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Room 108 / 324	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 322	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Hallway / 321	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Center Exit Stairs / 360	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hallway / 334	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 228 / 336	Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Room 228 / 338	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 227 / 331	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 227 / 329	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall / 335	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 229 / 337	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 229 / 339	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 226 / 332	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 226 / 330	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 225 / 340	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall / 342	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 230 / 343	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall Restrooms / 344	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall / 345	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 231 / 346	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall / 347	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 221 / 348	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 220 / 352	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall / 354	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 216 / 351	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 216 / 349	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 216 / 350	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 205 / 364	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 355	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 214 / 362	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 363	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 365	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall by Restrooms / 367	Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Room 206 / 369	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 368	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 370	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 211 / 373	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 211 / 371	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 376	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 207 / 380	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall / 377	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 209 / 374	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 209 / 372	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 208 / 379	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 208 / 381	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / North Stairs / 140	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NW North Room / 135	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Middle North Room / 137	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NE North Room / 139	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SE North Room / 138	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Middle North Room / 136	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SW North Room / 134	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / West Stairwell / 130	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Hall Middle Room / 131	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / East Middle Room / 132	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Middle Room / 133	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SE Middle Room / 129	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SW Middle Room / 128	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Hall by Fire Doors / 120	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Hall by Restrooms / 123	Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
3rd / By Elevators / 118	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / West Offices / 116	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / By South Fire Doors / 119	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room NE / 111	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room NE / 112	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room SW / 109	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room by Storeroom / 110	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SW Stairwell / 108	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room Middle / 104	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room NW / 102	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room SW / 101	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room South Exit / 103	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room SE / 105	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / South Room NE / 106	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Elevator Equipment Room	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Top of Elevator Shaft	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Top of Elevator Shaft	Heat Detector	Not	-
		Tested	

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Elevator	Relay	Passed	-
Location	Type/Maker/Model	Result	Number
Elevator	Relay	Passed	-
Location	Type/Maker/Model	Result	Number
NW Stairwell	Door Holder	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Room 126	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 129	Horn/Strobe	Passed	-

Location	Type/Maker/Model	Result	Number
Room 125	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 130	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 131	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Men's SW Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Women's SW Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hall by Room 131	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 121	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 121	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 120	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 120	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 116	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Restroom 118	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Restroom 119	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Men's Restroom by 132	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Women's Restroom by 132	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 132	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
1st / By Room 114	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 114	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 105	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 105	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 106	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Men's Restroom by 112	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Women's Restroom by 112	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Men's Restroom NW	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Women's Restroom NW	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 205	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 205	Horn/Strobe	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Center Men's Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Center Women's Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / By Elevator	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 216	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Men's Restroom 219	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Women's Restroom 218	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 220	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Hall by Room 221	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 221	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by 221	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 231	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Men's Restroom W Center	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Women's Restroom W Center	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 230	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Room 225	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 229	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 226	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Hall by Stairs	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 228	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 227	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 128	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 127	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by Room 127	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Storage by Room 127	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Stairs N Exit	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NW Day Room	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NE Day Room	Horn/Strobe	Passed	-

Location	Type/Maker/Model	Result	Number
3rd / NW Stairs	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NE Office	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Conference Area	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / NE Bathroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Center Hall by Elevator	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / By Elevator	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / West Office SE Office	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Hall West Office	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / West Office Conference Area	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / East Central Office	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Break Room	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Hall Outside Breakroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Men's Center Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / Women's Center Restroom	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SE Work Area	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SW Stairs	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SE Day Room	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SE Day Room by Exit	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
3rd / SW Day Room	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 208	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 209	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Hall by 209	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 207	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 210	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 211	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 206	Horn/Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Room 111	Horn/Strobe	Passed	-

Location	Type/Maker/Model	Result	Number
Room 107	Horn/Strobe	Passed	-
Room 110	Horn/Strobe	Passed	-
Hall by Room 110	Horn/Strobe	Passed	-
Room 109	Horn/Strobe	Passed	-
Room 109	Horn/Strobe	Passed	-
Room 108	Horn/Strobe	Passed	-
Basement / Center Hall	Horn/Strobe	Passed	-
West Wall	Strobe	Passed	-
NE Wall	Strobe	Passed	-
North Wall	Strobe	Passed	-
North Equipment Room	Horn/Strobe	Passed	-
SW MCCRIM West Wall	Strobe	Passed	-
SW MCCRIM East Wall	Strobe	Passed	-
SW Stairwell	Horn	Passed	-
SW Stairwell	Strobe	Passed	-
South Restroom	Horn/Strobe	Passed	-
South Maintenance Office	Horn/Strobe	Passed	-
Center Stairwell	Horn	Passed	-
Center Stairwell	Strobe	Passed	-
Center AHU Room	Horn/Strobe	Passed	-
East Equipment Room	Horn/Strobe	Passed	-
East Equipment Room	Horn/Strobe	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested **Tested May 17, 2022**	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 10:13:05

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
L Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 10:13 AM
Date

665

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 10:13 AM
Date

Control Unit

Location

Location
L Building / Front Entry

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/11/2018	Gel	26.6v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Annunciator

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
2nd / Middle Area	-	Passed	-

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Main Entrance	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Main Entrance / 01	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Entrance Corridor / 02	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
1st / NE Back Exit Corridor / 03	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / NE Back Exit Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Breakroom	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / Breakroom AHU	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / Breakroom AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Back Exit Corridor / 15	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Back Exit Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Conference Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / Conference Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / Conference Room Back Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / South Corridor / 16	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Living Area / 58	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Kitchen	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / South Kitchen Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / South Corridor / 18	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor / 22	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 4 South Corridor / 25	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 5 South Corridor / 26	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 6 South Corridor / 23	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 3 South Corridor / 24	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Exit Hall / 21	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
1st / South Corridor Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Room 7 / 20	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Room 2	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Janitorial	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Housekeeper Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Room 1 / 17	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor / 04	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor / 06	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor Office #1 / 05	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor Office #2 / 07	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor near Restrooms / 08	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor near Exit / 09	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor West Exit / 10	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices / 11	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices / 14	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices / 13	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices / 12	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices West Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices East Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Main Entry Stairs	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Main Entry Stairs Top / 55	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / By Elevator / 27	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Middle Area / 28	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Middle Area Janitorial	Heat Detector	Not Tested	-
2nd / Middle Area Office by Elevator	Heat Detector	Not Tested	-
2nd / Middle Area Offices Janitorial	Heat Detector	Not Tested	-
2nd / Middle Area Office #1	Heat Detector	Not Tested	-
2nd / Middle Area Office Corridor / 42	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / Middle Area Office Corridor / 41	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor / 29	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Kitchen	Heat Detector	Not Tested	-
2nd / North Corridor / 31	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Exit Hall / 34	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Exit Hall	Manual Pull Station	Passed	-
2nd / North Corridor Stairs / 54	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor / 37	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Room 3 / 39	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Room 4 / 38	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Room 5 / 36	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Room 2 / 35	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Closet	Heat Detector	Not Tested	-
2nd / North Corridor Room 1 / 33	Smoke Detector / System Sensor / 2WB	Passed	-
2nd / North Corridor Room #1 Restroom	Heat Detector	Not Tested	-
2nd / North Corridor #6 / 32	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / North Corridor #7 / 30	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / North Corridor Laundry Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor / 43	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Living Area	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Kitchen	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Kitchen Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor / 48	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Exit Hall / 47	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Stairs / 53	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Room #4 / 49	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Room #5 / 50	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Room #6 Restroom / 51	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor #6A / 52	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Room #2 / 46	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Laundry Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / South Corridor Room #1	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Middle Area Stairs	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Sprinkler Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / AHU Room	Duct Smoke Detector	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Basement / Sprinkler Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Sprinkler Room	Sprinkler Tamper Switch / Valve	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Sprinkler Room	Water Flow	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Entrance Corridor	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Entrance Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Conference Room	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Conference Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor East Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor near Restrooms	Strobe / System Sensor / SWL	Passed	-

Location	Type/Maker/Model	Result	Number
1st / North Corridor near Exit	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor RR Near Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor West Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Back Offices	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Middle Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Middle Area office Corridor	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Horn/Strobe / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor #6 Restroom	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor #3 Restroom	Horn/Strobe / System Sensor / P2WL	Passed	-

Comments/Images

Number	Comments
1	Annual Inspection, 100% Smoke Test

Images



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 16:07:41

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Laundry	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Wednesday, May 18, 2022 4:07 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 4:12 PM
Date

Control Unit

Location

Location

Laundry Building / By North Entrance

Specification

Type/Maker/Model

Spectronics / 641

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Disconnect Switch

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Ground-Fault Monitoring

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Batteries

Battery Date

18/05/2021

Standby Mode (hrs)

-

Battery Type

Gel

Alarm Mode (mins)

-

Nominal Voltage

27.4v

Amps/Hour Rating

7ah

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Auxiliary Power Supply

Location

Specification

Primary
Power

Overcurrent
Protection

Visual/ Functional
Batteries

Visual/
Functional

Result

Notes

Location	Type/Maker/Model	Nominal Voltage	Type	Auxiliary Power Supply	Battery Date	Load Voltage	Result	Number
Laundry Building / By North Entrance	Kidde/Edwards / BPS6A	120v Amps	- Amps	Tested functionally	18/11/2018	Tested	Passed	-
			Location	Lamps/LEDs/LCDs	Battery Type	Charge Test		
			-	Tested	Gel	Tested		
			Disconnecting means location	functionally	Nominal Voltage	functionally		
			-	Fuses	26.4v	Discharge Test		
				Tested	Amps/Hour Rating	Tested		
				functionally	7ah	functionally		
				Trouble Signal	Standby Mode (hrs)	Battery Condition		
				Tested	-	Tested		
				functionally	Alarm Mode (mins)	functionally		
				Disconnect Switch	-			
				Tested				
				functionally				
				Ground-Fault Monitoring				
				Tested				
				functionally				

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
North Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Restroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Restroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Room Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Center Room Area	Heat Detector	Not Tested	-

Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Center Room Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Rear Exit South Side / 12	Type/Maker/Model Smoke Detector	Result Passed	Number -
Location South Supply Area Closet	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area Men's Restroom	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location South Supply Area Women's Restroom	Type/Maker/Model Heat Detector	Result Not Tested	Number -

Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Plumbing Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Gen Vault	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Storage Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Storage Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Storage Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Storage Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Storage Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
NE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
S Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Stairwell Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
SW Ramp Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
NW Exit	Manual Pull Station	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
South Open Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Open Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Stairwell Exit	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Supply Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
South Supply Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Center Room Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
Center Room Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
North Room Area	Horn/Strobe / System Sensor / P2WL	Passed	-
Location	Type/Maker/Model	Result	Number
North Room Area	Horn/Strobe / System Sensor / P2WL	Passed	-

Comments/Images

Number	Comments
1	Annual Inspection, 100% Smoke Tested.

Images



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 15:31:39

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Power Plant	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Wednesday, May 18, 2022 3:31 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 3:32 PM
Date

Control Unit

Location

Location
Power Plant / By Tool Rack

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/11/2018	Gel	27.5v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
By FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
Office/Breakroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
North Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
North Overhead Door	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
South Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
SW Exit	Manual Pull Station	Passed	-
Generator Room	Heat Detector	Result	Number
		Not	-
		Tested	
Generator Room	Heat Detector	Result	Number
		Not	-
		Tested	
Generator Room	Heat Detector	Result	Number
		Not	-
		Tested	
Generator Room	Heat Detector	Result	Number
		Not	-
		Tested	
Generator Restroom	Heat Detector	Result	Number
		Not	-
		Tested	
Generator Parts Storage	Heat Detector	Result	Number
		Not	-
		Tested	

Alarm Notification Appliance

Location	Specification	Result	Notes
Generator Room	Bell	Result	Number
Generator Room	Strobe / System Sensor / SWL	Passed	-
Generator Room	Strobe / System Sensor / SWL	Result	Number
Generator Room	Strobe / System Sensor / SWL	Passed	-
Generator Room	Horn / System Sensor / HWL	Result	Number
Generator Room	Horn / System Sensor / HWL	Passed	-
Boiler Room	Bell	Result	Number
Boiler Room	Bell	Passed	-
Boiler Room	Strobe / System Sensor / SWL	Result	Number
Boiler Room	Strobe / System Sensor / SWL	Passed	-
Boiler Room	Strobe / System Sensor / SWL	Result	Number
Boiler Room	Strobe / System Sensor / SWL	Passed	-
Boiler Room	Horn	Result	Number
Boiler Room	Horn	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested.	

Location	Specification	Result	Notes
Location Lower Level / Corridor 33 Duct Supply Return / 141	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Lower Level / #1 / 144	Type/Maker/Model Elevator Shunt Trip	Result ● Passed	Number -
Location Lower Level / 145	Type/Maker/Model Elevator Hat Flash	Result ● Passed	Number -
Location Lower Level / 146	Type/Maker/Model Elevator Alt	Result ● Passed	Number -
Location Lower Level / 147	Type/Maker/Model Elevator Main	Result ● Passed	Number -
Location Lower Level / Duct by Conference Room 057 / 150	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Lower Level / Duct Main Room 030 / 151	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location 2nd / Duct Comm 229 Supply / 159	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location 2nd / Duct Store Room 230 / 160	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Penthouse / AHU 1 / 168	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Penthouse / AHU 2 / 169	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Penthouse / AHU 3 / 170	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location Penthouse / AHU 4 / 171	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location 1st / Card Access Drop 1 / 185	Type/Maker/Model Relay	Result ● Passed	Number -
Location 1st / Card Access Drop 2 / 186	Type/Maker/Model Relay	Result ● Passed	Number -
Location Control 2 / 179	Type/Maker/Model Elevator Shunt Trip	Result ● Passed	Number -
Location Lower Level / Spare Elevator Relay #1 / 180	Type/Maker/Model Relay	Result ● Passed	Number -
Location Lower Level / Spare Elevator Relay #2 / 181	Type/Maker/Model Relay	Result ● Passed	Number -
Location Lower Level / Spare Elevator Relay #3 / 182	Type/Maker/Model Relay	Result ● Passed	Number -

Alarm Notification Appliance

Location	Specification	Result	Notes
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Location	Type/Maker/Model	Result	Number
Lower Level / SW Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Mother's Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Mother's Room Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Large Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Large Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Large Classroom Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SW Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SW Conference Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Small Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / SE Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / South Corridor by Elevators	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / West Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NW Breakroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Computer Lab	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Computer Lab Hallway	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NW Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NW Large Classroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NW Office	Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
Lower Level / Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Corridor Open Office Entrance	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Open Office Hallway	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / Open Office Electrical Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Maintenance Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Corridor Maintenance Room Vestibule	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / E. Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Breakroom Conference Room Entrance	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Breakroom Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / South Corridor by Staircase	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Mechanical Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Mechanical Room	Horn/Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
Lower Level / NE Maintenance Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE Conference Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / NE High Density File Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / North Open Office	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / North Open Office	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / North Corridor Mechanical Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / West Electrical Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Lower Level / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / By Elevator	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Break Area	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / SE Private Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / SE Corridor	Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
1st / Hospital / SE Private Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Nurses Station Reception	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Nurses Station Reception Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Exam Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Combined Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Private Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / Private Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Combined Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Conference Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Private Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hospital / South Corridor	Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
1st / Hospital / South Private Office	Strobe	● Passed	-
1st / Hospital / South Corridor Restroom	Strobe	● Passed	-
1st / Hospital / Therapy Room	Strobe	● Passed	-
1st / Hospital / Central Corridor Restroom	Strobe	● Passed	-
1st / Reception Desk Restroom	Strobe	● Passed	-
1st / Private Office Restroom	Strobe	● Passed	-
1st / East Corridor	Strobe	● Passed	-
1st / East Conference Room	Strobe	● Passed	-
1st / East Interview Room 1	Strobe	● Passed	-
1st / East Combined Office	Strobe	● Passed	-
1st / NE Interview Room 2	Strobe	● Passed	-
1st / NE Interview Room 2 Restroom	Strobe	● Passed	-
1st / East Corridor Restroom	Strobe	● Passed	-
1st / NE Combined Office	Strobe	● Passed	-
1st / West Breakroom	Strobe	● Passed	-
1st / West Corridor Restroom	Strobe	● Passed	-
1st / West Corridor	Strobe	● Passed	-
1st / West Combined Office	Strobe	● Passed	-
1st / NW Combined Office	Strobe	● Passed	-
1st / Hall between West & East Corridors	Strobe	● Passed	-
1st / Dental Entrance Corridor	Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
1st / Dental Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Private Office	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
1st / Dental X Ray Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Lab	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Lab	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Breakroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Surgery	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Locker Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Corridor	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
1st / North Corridor	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
Hospital / SE Corridor	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
Hospital / Nurses Station Lab	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
Hospital / Waiting Area	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
Hospital / South Corridor	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
Hospital / South Corridor	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
Hospital / South Corridor	Horn/Lamp	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Central Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Central Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / West Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / West Combined Office	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental Exam Hall	Horn/Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
1st / Dental Recovery Hall	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
1st / Dental East Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Copier Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Open Office	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / South Open Office	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / SE Corridor Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Private Office	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / SE Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Hallway	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / By Elevators	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / South Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Private Office	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / South Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Central Corridor	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / East Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor	Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
2nd / North Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Combined Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Central Corridor W.	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / Central Corridor Break	Strobe	● Passed	-
Area			
Location	Type/Maker/Model	Result	Number
2nd / West Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / West Corridor	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / West Corridor	Strobe	● Passed	-
Breakroom			
Location	Type/Maker/Model	Result	Number
2nd / West Conference	Strobe	● Passed	-
Room			
Location	Type/Maker/Model	Result	Number
2nd / North Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Private Office	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Open Office Restroom	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Strobe	● Passed	-
Restroom			
Location	Type/Maker/Model	Result	Number
2nd / Break Room	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Open Office	Horn/Strobe	● Passed	-
Area			
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Central Corridor	Horn/Strobe	● Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Central Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Conference Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Conference Room	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Open Office Area	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Open Office Area	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Horn/Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Penthouse / Mechanical	Strobe	● Passed	-
Location	Type/Maker/Model	Result	Number
Penthouse / Mechanical	Horn/Strobe	● Passed	-

Comments

Number	COMMENT	IMAGE (OPTIONAL)
1	Annual Inspection, 100% Smoke Tested **Tested May 17, 2022**	



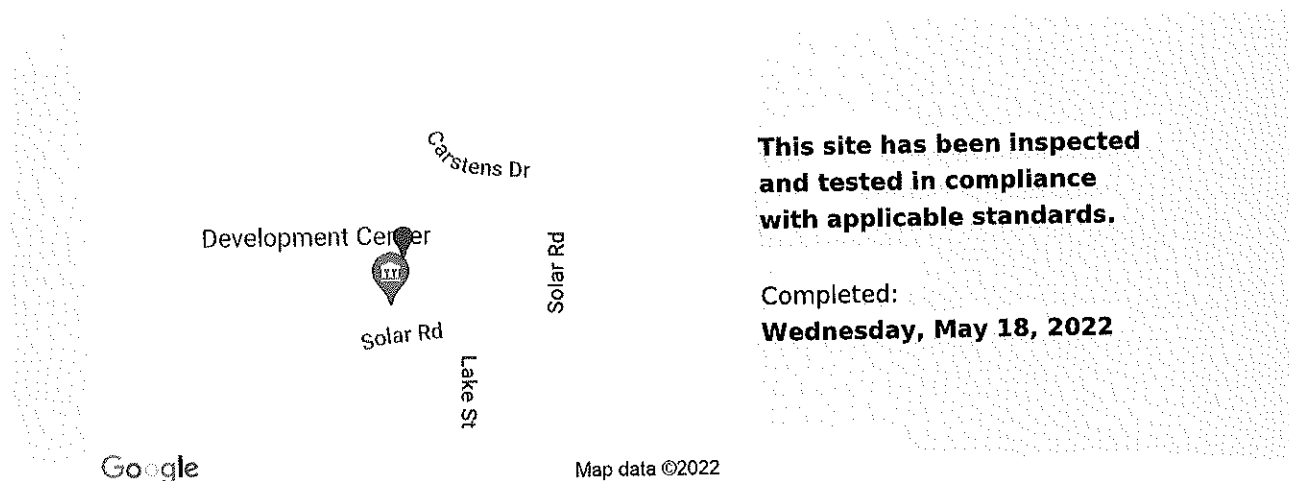
MIDWESTALARM SERVICES

Tech connected. Lives protected.

Inspection and Testing Certificate

Presented To
State of Nebraska

For
Admin Building
3000 Lincoln St
Beatrice, NE 68310



**This site has been inspected
and tested in compliance
with applicable standards.**

Completed:
Wednesday, May 18, 2022

Tested By:
Georg Schutte
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:
Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310



Inspection Information

CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

BUILDING INFORMATION

Name:	Admin Building	Occupancy Type:	Not determined
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	563-359-3200		

TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Alarm Initiated Device	55	50 (90.91%)	50 (90.91%)	0 (0.00%)
Alarm Notification Appliance	177	177 (100.00%)	177 (100.00%)	0 (0.00%)
Annunciator	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Auxiliary Device	22	22 (100.00%)	22 (100.00%)	0 (0.00%)
Auxiliary Power Supply	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Control Unit	1	1 (100.00%)	1 (100.00%)	0 (0.00%)
Supervising Station Monitoring	0	0 (0.00%)	0 (0.00%)	0 (0.00%)
Supervisory Signal Device	22	22 (100.00%)	22 (100.00%)	0 (0.00%)

Fire Alarm System - NFPA 72 (2013)

Tested By:



Georg Schutte
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Accepted By:



Mike Balderson
State of Nebraska
3000 Lincoln St
Beatrice, NE 68310

Control Unit

Location

Location
Admin Building / By Switchboard

Specification

Type/Maker/Model
ESL

Software Firmware

Revision Number

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage
120v

Amps

-

Overcurrent Protection

Type

Amps

Location

Disconnecting Means Location

-

-

-

-

Visual/ Functional

Control Unit
Tested functionally
Disconnect Switch
Tested functionally

Lamps/LEDs/LCDs
Tested functionally
Ground-Fault Monitoring
Tested functionally

Fuses
Tested functionally

Trouble Signal
Tested functionally

Batteries

Battery Date
18/11/2018
Standby Mode (hrs)

Battery Type
Gel
Alarm Mode (mins)

Nominal Voltage
26.5v

Amps/Hour Rating
7ah

Visual/ Functional

Load Voltage
Tested functionally

Charge Test
Tested functionally

Discharge Test
Tested functionally

Battery Condition
Tested functionally

Result

- Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Above FACP / 001	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
1st / Reception Fire Curtain / 002	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
1st / Reception Fire Curtain / 003	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
1st / Corridor / 130 Fire Door / 004	Smoke Detector	• Passed	-
Location	Type/Maker/Model	Result	Number
1st / Corridor / 130 Fire Door / 005	Smoke Detector	• Passed	-

Location	Specification	Result	Notes
Location 1st / Corridor / 136 Elevator Fire Door / 006	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 1st / Elevator / Lobby Fire Door / 007	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 1st / Corridor / Elevator Lobby / 008	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 1st / Elevator / Lobby Fire Door / 009	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 1st / Waiting Room Elevator Fire Door / 010	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 1st / Corridor 136 / Return / 012	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location 1st / Corridor 136 / Supply / 013	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location 1st / Corridor 136 / Exhaust / 014	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Lower Level / Elevator Lobby Fire Door / 018	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Elevator Lobby / 019	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Elevator Lobby Fire Door / 020	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Corridor 33 Return / 021	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Lower Level / Corridor 33 Supply / 022	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Lower Level / Elevator Equip Room / 023	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Maintenance Room 030 / 026	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Corridor 46 Fire Door / 027	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Lower Level / Corridor 46 Fire Door / 028	Type/Maker/Model Smoke Detector	Result ● Passed	Number -

Location	Specification	Result	Notes
Location 2nd / Storeroom 230 - Exhaust / 032	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location 2nd / Comm Room 229 Supply / 032	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location 2nd / Elevator Lobby Fire Door / 035	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 2nd / Elevator Lobby / 034	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 2nd / Elevator Lobby Fire Door / 033	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 2nd / Store Room 216 Fire Door / 040	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 2nd / Store Room Fire Door / 039	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location 2nd / Top of Elevator North Shaft / 037	Type/Maker/Model Smoke Detector	Result ● Passed	Number -
Location Penthouse / AHU 1 / 041	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Penthouse / AHU 2 / 042	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Penthouse / AHU 3 / 043	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Penthouse / AHU 4 / 044	Type/Maker/Model Duct Smoke Detector	Result ● Passed	Number -
Location Lower level / Elevator Equip Room / 045	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 1st / Corridor / 169 Fire Door / 015	Type/Maker/Model -	Result Not Tested	Number -
Location 1st / Corridor / 172 Fire Door / 016	Type/Maker/Model -	Result Not Tested	Number -
Location Lower Level / Elevator Equip Room / 046	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location Top of Elevator / 047	Type/Maker/Model Heat Detector	Result Not Tested	Number -
Location 1st / West Exit / 134	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / West Stair Exit / 135	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -

Location	Specification	Result	Notes
Location 1st / Janitor Closet 137 Exit / 136	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / South Stair Exit / 137	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / South Exit / 138	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / North Exit / 139	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location Lower Level / Center Stairs / 143	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location Lower Level / South Stairs / 148	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location Lower Level / North Stairs / 156	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 2nd / Center Staircase / 162	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 2nd / South Staircase / 163	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 2nd / North Staircase / 166	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location Penthouse / Mechanical Room / 167	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / Main Entrance / 174	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location 1st / North Staircase / 175	Type/Maker/Model Manual Pull Station	Result ● Passed	Number -
Location Lower Level / North System / 189	Type/Maker/Model Water Flow	Result ● Passed	Number -

Supervisory Signal Device

Location	Specification	Result	Notes
Location 127	Type/Maker/Model Sprinkler Post Indicator Valve	Result ● Passed	Number -
Location 1st / South System / 128	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 1st / South System / 129	Type/Maker/Model Sprinkler Tamper Switch / Valve	Result ● Passed	Number -
Location 2nd / South System / 164	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 2nd / South System / 165	Type/Maker/Model Tamper Switch	Result ● Passed	Number -

Location	Specification	Result	Notes
Location 2nd / South System / 164	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 2nd / South System / 164	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 2nd / South System / 164	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location Penthouse / 172	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location Penthouse / 173	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location 2nd / North System / 183	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 2nd / North System / 184	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location 1st / North System / 187	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location 1st / North System / 188	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location Lower Level / South System / 152	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location Lower Level / South System / 153	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location Lower Level / North System / 190	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location Main Building / 154	Type/Maker/Model Water Flow	Result ● Passed	Number -
Location Main Building Back Flow / 155	Type/Maker/Model Tamper Switch	Result ● Passed	Number -
Location LL BPS Control / 176	Type/Maker/Model Monitor Module	Result ● Passed	Number -
Location 1st Floor BPS Control / 177	Type/Maker/Model Monitor Module	Result ● Passed	Number -
Location 2nd Floor BPS Control / 178	Type/Maker/Model Monitor Module	Result ● Passed	Number -

Auxiliary Device

Location	Specification	Result	Notes
Location 1st / Reception Fire Curtain / 126	Type/Maker/Model Fire Curtain	Result ● Passed	Number -
Location 1st / Corridor 136 / Supply/Return / 131	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -
Location 1st / Corridor 136 / Exhaust / 133	Type/Maker/Model Fan Shut Down Relay	Result ● Passed	Number -



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 11:18:07

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Carsten Center	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 11:18 AM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 11:18 AM
Date

Control Unit

Location

Location

Carstens Center / By Front Desk

Specification

Type/Maker/Model

Potter / IPA4000

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

18/02/2020

Battery Type

Gel

Nominal Voltage

27.0v

Amps/Hour Rating

7ah

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

Result

Passed

Alarm Initiated Device

Location

Location

Above Fire Panel / 1

Location

East Main Entrance / 2

Location

Kitchen Store Room / 3

Location

Kitchen Exit / 4

Location

South Hallway Exit / 5

Location

Social Center Exit 6

Specification

Type/Maker/Model

Photo Detector / Potter / PAD200-PD

Type/Maker/Model

Manual Pull Station / Potter / PAD100-PSDA

Type/Maker/Model

Manual Pull Station / Potter / PAD100-PSDA

Type/Maker/Model

Manual Pull Station / Potter / PAD100-PSDA

Type/Maker/Model

Manual Pull Station / Potter / PAD100-PSDA

Type/Maker/Model

Manual Pull Station / Potter / PAD100-PSDA

Result

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Result

Passed

Notes

Result

-

Result

-

Result

-

Result

-

Result

-

Result

-

Location	Type/Maker/Model	Result	Number
Pool Pump Room Exit / 7	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
Pool West Exit / 8	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
Pool Hallway North Exit / 9	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
Gym NW Exit / 10	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
Gym NE Exit / 11	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
Kitchen Rangehood / 12	Manual Pull Station / Potter / PAD100-PSDA	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 3 Return	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 3 Supply	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 2 Return	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 2 Supply	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 1 Supply	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 1 Return	Duct Smoke Detector / Potter / PAD200-DUCT	Passed	-
Location	Type/Maker/Model	Result	Number
Fitness Room Exit	Manual Pull Station / Potter / PAD100-PSDA	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
Location	Water Flow / Potter / PAD100-MIM	Passed	-
Location	Type/Maker/Model	Result	Number
Location	Sprinkler Valve / Potter / PAD100-MIM	Passed	-
Location	Type/Maker/Model	Result	Number
Location	Sprinkler Post Indicator Valve / Potter	Passed	-

Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
AHU 3 Shutdown	Fan Shut Down Relay / Potter / PAD100RM	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 2 Shutdown	Fan Shut Down Relay / Potter / PAD100RM	Passed	-
Location	Type/Maker/Model	Result	Number
AHU 1 Shutdown	Fan Shut Down Relay / Potter / PAD100RM	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Gym 103	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-

Location	Type/Maker/Model	Result	Number
1st / Gym 103	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Gym 103	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Gym 103	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 104	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Stairway between 104B and 105	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 105	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 105	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 105	Strobe / Potter / CS24W	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 114	Strobe / Potter / CS24W	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 114	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 116	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 117	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 120	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway 121	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway 121	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway 121	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway 121	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Pool Area 122	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Pool Area 122	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Pool Area 122	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Pool Area 122	Speaker/Strobe / Potter / SPKSTR-24WLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 100	Horn/Strobe / Potter	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 102	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 124	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 125	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 127	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 127	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-

Location	Type/Maker/Model	Result	Number
1st / Room 129	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 129	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 129	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 133	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 134	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Restroom 135	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
Outside Room 143	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 138	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 143	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 144	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Room 145	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway Between 138 & 147	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hallway Between 138 & 147	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Mechanical Room	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Mechanical Room	Speaker/Strobe / Potter / SPKSTR-24CLPW	Passed	-

Comments/Images

Number	Comments
1	Annual Inspection, 100% Smoke Tested

Images



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 12:20:45

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Chapel	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 12:20 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 12:21 PM
Date

Control Unit

Location

Location
Chapel / By Office Area

Specification

Type/Maker/Model
ESL

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/05/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
FACP	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Main Entry	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Office Area	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
North Sanctuary	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
South Sanctuary	Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Main Entry North	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
Main Entry South	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Classroom South Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Sanctuary SW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Sanctuary NW Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Chapel Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Chapel Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Chapel Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Chapel Area	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Storage Behind Alter	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Music Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Office/Conference	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Office	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Office	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Office	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Electrical Room North	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Electrical Room South	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Mezz AHU Room North	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Men's Restroom	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
Women's Restroom	Heat Detector	Not Tested	-

Location	Type/Maker/Model	Result	Number
Classroom	Heat Detector	Not Tested	-
Classroom	Heat Detector	Not Tested	-
Mezz AHU Room South	Heat Detector	Not Tested	-
Chapel Area	Heat Detector	Not Tested	-
Mezz AHU Room North	Duct Smoke Detector	Passed	-
Mezz AHU Room South	Duct Smoke Detector	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
Hallway Offices	Strobe	Passed	-
Chapel Area	Strobe	Passed	-
Chapel Area	Strobe	Passed	-
Chapel Area	Strobe	Passed	-
Chapel Area	Strobe	Passed	-
Classroom	Strobe	Passed	-
Music Room	Horn/Strobe	Passed	-
Chapel Area	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested, Replaced 2 - 12v 7ah Batteries NP7-12 **Tested May 17, 2022**	



Midwest Alarm Services
License: -
3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 13:43:57

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
West Wing & Infirmary	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Georg Schutte
Name
Wednesday, May 18, 2022 1:43 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 1:44 PM
Date

Control Unit

Location

Location
West Wing Building / Center of Building by East Stairs

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number
-

Onsite Location Of Documentation
-

Primary Power

Nominal Voltage
120v

Amps
-

Overcurrent Protection

Type
-

Amps
-

Location
-

Disconnecting Means Location
-

Visual/ Functional

Control Unit
Tested functionally
Disconnect Switch
Tested functionally

Lamps/LEDs/LCDs
Tested functionally
Ground-Fault Monitoring
Tested functionally

Fuses
Tested functionally

Trouble Signal
Tested functionally

Batteries

Battery Date
18/11/2018
Standby Mode (hrs)
-

Battery Type
Gel
Alarm Mode (mins)
-

Nominal Voltage
26.6v

Amps/Hour Rating
7ah

Visual/ Functional

Load Voltage
Tested functionally

Charge Test
Tested functionally

Discharge Test
Tested functionally

Battery Condition
Tested functionally

Result

Result
Passed

Auxiliary Power Supply

Location	Specification	Primary Power	Overcurrent Protection	Visual/ Functional	Batteries	Visual/ Functional	Result	Notes
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Location	Type/Maker/Model	Nominal Voltage	Type	Auxiliary Power Supply	Battery Date	Load Voltage	Result	Number
West Wing Building / By FACP	Kidde/Edwards / BPS6A	120v Amps	- Amps	Tested functionally	18/10/2021	Tested functionally	Passed	-
			Location	Lamps/LEDs/LCDs	Battery Type	Charge Test		
			-	Tested	Gel	Tested		
			Disconnecting means location	Fuses	Nominal Voltage	Discharge Test		
			-	Tested	26.5v	Tested		
				functionally	Amps/Hour Rating	functionally		
				Tested	7ah	Tested		
				functionally	Standby Mode (hrs)	Battery Condition		
				Tested	-	Tested		
				functionally	Alarm Mode (mins)	functionally		
				Disconnect Switch	-			
				Tested				
				functionally				
				Ground-Fault Monitoring				
				Tested				
				functionally				

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Walkway to Admin	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Walkway to Admin	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / 1st Floor Elevator	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SW Door	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Door BCG	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Desk BCG	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Hall BCG	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / East Door BCG	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Workshop BCG	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / South Hall Office	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Office West	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Office East	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South MED Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office East Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office West Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office East Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office West Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office East Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Office West Side	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Conference Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Break Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Office East	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Storage East	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Copy Center North	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Copy Center South	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Copy Center Storage	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Mail Room	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Bear Creek RR Hall	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Bear Creek Desk	Smoke Detector / System Sensor / 2WB	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Bear Creek NE	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / OT/PT	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Stairwell Door	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / File Room #2	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / HHS Storeroom	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / HHS File Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / North Hall File Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / North Office West	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / Hall by Door 7	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Hall by Room 14	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Mechanical Room 29	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / PT Area N Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area E Wall	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area Janitor Room	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Activity Center Janitor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / NW Exit	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / AC West Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / A.C. South Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / A.C. East Room Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / IT Room North	Heat Detector	Not	-
		Tested	

Location	Type/Maker/Model	Result	Number
Basement / NE Store Room	Heat Detector	Not Tested	-
Basement / Above Attic	Heat Detector	Not Tested	-
Basement / By Attic	Heat Detector	Not Tested	-
Basement / SE Exit	Manual Pull Station	Passed	-

Supervisory Signal Device

Location	Specification	Result	Notes
Basement	Water Flow	Passed	-
Basement	Water Flow	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
2nd / North Stairwell	Strobe / System Sensor / SWL	Passed	-
2nd / HHS Hallway	Bell	Passed	-
2nd / HHS Hallway	Strobe / System Sensor / SWL	Passed	-
2nd / Hall by Room 4	Bell	Passed	-
2nd / Hall by Door 7	Bell	Passed	-
2nd / Hall by Door 7	Strobe / System Sensor / SWL	Passed	-
2nd / Hall by Door 8	Strobe / System Sensor / SWL	Passed	-
2nd / Inside Room 8	Strobe / System Sensor / SWL	Passed	-
2nd / Inside Room 8	Bell	Passed	-
2nd / Hall by Room 9	Bell	Passed	-
2nd / Hall by Room 13	Bell	Passed	-
2nd / Hall by Room 9	Strobe / System Sensor / SWL	Passed	-
2nd / Hall by 11/12	Strobe / System Sensor / SWL	Passed	-
2nd / Inside Room 11	Strobe / System Sensor / SWL	Passed	-
2nd / Inside Room 12	Strobe / System Sensor / SWL	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / Hall by Room 14	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Inside Room 14	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / South Stairway	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Shower Room 21	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Women's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / Men's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Office	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT NE Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area NW Exit	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area N Wall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area South DR	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Activity Center	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / A.C. Center Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / PT Area	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / A.C. South Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / A.C. East Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / A.C. Center Room	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hall by FACP	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Copy Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Copy Room	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Vending Hall	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Hall by Elevator	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Bear Creek SW Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / Bear Creek SW Hall	Bell	Passed	-

Location	Type/Maker/Model	Result	Number
1st / BC Mate Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Mgr Office	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC NE Storeroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Hall / Counter	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC NE Hall	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC NE Storeroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Men's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Women's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift/Counter	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift / Elec Room	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift Counter	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift Counter	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Men's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Women's Restroom	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift East Exit	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift Studio	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift South Stairwell	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / BC Gift South Stairwell	Strobe / System Sensor / SWL	Passed	-
Location	Type/Maker/Model	Result	Number
Outside West	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / Outside West	Bell	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested	



Tech connected. Lives protected.

Midwest Alarm Services

License: -

3630 W Old Hwy 30
Grand Island, NE 68803
Office: 308-389-3981

Date | 18-May, 2022

Time | 15:15:38

Customer Information

Name	Address	City	State
State of Nebraska	3000 Lincoln St	Beatrice	NE
ZIP	Email	AR#	
68310	mike.balderson@nebraska.gov	1001603	

Site Information

Name	Occupancy Type	Address	City
Y Building	Not determined	3000 Lincoln St	Beatrice
State	ZIP		
NE	68310		

Authority Having Jurisdiction

Name	Address	City	Phone
State of Nebraska Fire Marshal	246 S 14th St	Lincoln	402-471-2027
	State	Postal Code	Email
	NE	68508	-

Monitoring Company

Name	Address	State	City
Per Mar	1910 E Kimberly Rd	IA	Davenport
Phone	ZIP		
563-359-3200	52807		

Technician

Lucas Canfield
Name
Wednesday, May 18, 2022 3:15 PM
Date

Site Representative

Mike Balderson
Name
Wednesday, May 18, 2022 3:16 PM
Date

Control Unit

Location

Location
Y Building / West Entry between ramps

Specification

Type/Maker/Model
Spectronics / 641

Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

Primary Power

Nominal Voltage	Amps
120v	-

Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
18/11/2018	Gel	27.5v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Result

Result
Passed

Annunciator

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / South Corridor	-	Passed	-

Alarm Initiated Device

Location	Specification	Result	Notes
Location	Type/Maker/Model	Result	Number
1st / Above FACP	Smoke Detector / System Sensor / 2WB	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SW Exit near FACP	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / West Corridor Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
1st / North Garage Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / North Garage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Garage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Garage Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Garage Kitchen	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Garage Tool Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Corridor Mower Exit	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Corridor Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Corridor Grill Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Corridor Mulcher Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Appliance Repair	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Appliance Repair	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / North Appliance Repair Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
NE Courtyard Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / NE Bottom of Stairs Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / East Ductwork	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / East Ductwork	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / East AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / East AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North Ductwork	Duct Smoke Detector	Passed	-

Location	Type/Maker/Model	Result	Number
Basement / North Ductwork	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North AHU Room	Duct Smoke Detector	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / North AHU Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Breakroom	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Breakroom	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Breakroom Kitchen	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / East Corridor Office Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor Secretary Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor Supply Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Corridor Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Salvage Work Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / East Salvage Work Room Tool Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / South Corridor Exit	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
1st / SW Overhead Door	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area Hall	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SW Storage Area Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Mixer Room	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Can Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Janitorial	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Office	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor Parts Storage	Heat Detector	Not	-
		Tested	

Location	Type/Maker/Model	Result	Number
1st / SE Carpentry Work Shop	Heat Detector	Not Tested	-
1st / SE Carpentry Work Shop	Heat Detector	Not Tested	-
1st / SE Carpentry Work Shop Storage	Heat Detector	Not Tested	-
1st / SE Stairs Exit	Manual Pull Station	Passed	-
Basement / SE Stairs Exit Storage	Heat Detector	Not Tested	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Duct Smoke Detector	Passed	-
Basement / SE AHU Room	Heat Detector	Not Tested	-
Basement / SE Inventory Storage South Door	Manual Pull Station	Passed	-
Basement / SE Inventory Storage East Exit	Manual Pull Station	Passed	-
Basement / SE Inventory Storage	Heat Detector	Not Tested	-
Basement / SE Inventory Storage	Heat Detector	Not Tested	-
Basement / SE Inventory Storage	Heat Detector	Not Tested	-
Basement / SE Inventory Storage	Heat Detector	Not Tested	-
Basement / SE Inventory Storage	Heat Detector	Not Tested	-

Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage N Exit	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage Tool Closet	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage Ladder Shop	Heat Detector	Not	-
		Tested	
Location	Type/Maker/Model	Result	Number
2nd / SE Top of Stairs	Manual Pull Station	Passed	-

Location	Type/Maker/Model	Result	Number
2nd / SE Building Supplies Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Building Supplies Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Building Supplies Storage Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Repair Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Chemical Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Decoration Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Janitorial	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Office	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor Supply Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Conference Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Conference Room Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / SE Conference Room Entrance	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Workshop	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Workshop Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Label Maker	Heat Detector	Not Tested	-

Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Janitorial	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Cabinet Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor / Wash Room Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Paper Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Paper Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / East Paper Storage Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / NE Top of Stairs	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Workshop	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Workshop	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Workshop Storage	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor Break Room	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Manual Pull Station	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor Supply	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor / Closet	Heat Detector	Not Tested	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor / Storage	Heat Detector	Not Tested	-

Location	Type/Maker/Model	Result	Number
2nd / North Corridor / Janitorial	Heat Detector	Not Tested	-
2nd / North Corridor / Office	Heat Detector	Not Tested	-
2nd / North Storage Area	Heat Detector	Not Tested	-
2nd / North Storage Area	Heat Detector	Not Tested	-
2nd / North Storage Area	Heat Detector	Not Tested	-
2nd / North Storage Area Closet	Heat Detector	Not Tested	-
2nd / North Storage Area Exit	Manual Pull Station	Passed	-

Alarm Notification Appliance

Location	Specification	Result	Notes
1st / West Corridor	Strobe	Passed	-
1st / North Garage	Strobe	Passed	-
1st / North Corridor	Bell	Passed	-
1st / North Appliance Repair Room	Strobe	Passed	-
Basement / NE Bottom of Stairs Exit	Bell	Passed	-
1st / East Breakroom	Bell	Passed	-
1st / East Corridor	Strobe	Passed	-
1st / East Corridor	Bell	Passed	-
1st / East Salvage Work Room	Strobe	Passed	-
1st / South Corridor	Strobe	Passed	-
1st / SW Storage Area	Bell	Passed	-
1st / SW Storage Area	Strobe	Passed	-
1st / SE Paint Shop	Strobe	Passed	-

Location	Type/Maker/Model	Result	Number
1st / SE Paint Shop Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
1st / SE Carpentry Work Shop	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
Basement / SE Inventory Storage	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Building Supplies Storage	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Housekeeping Supply Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / SE Conference Room	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Workshop	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / East Paper Storage	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Workshop	Strobe	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Corridor	Bell	Passed	-
Location	Type/Maker/Model	Result	Number
2nd / North Storage	Strobe	Passed	-

Comments/Images

Number	Comments	Images
1	Annual Inspection, 100% Smoke Tested	

Attachment 7

BSDC Sprinkler Testing

Beatrice State Developmental Center

Fire Sprinkler Testing

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THE UNIVERSITY OF CHICAGO

Sprinkler Inspection Certificate

For

Beatrice State Development East
Apartment
667 31st Street
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development East Apartment
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development East Apartment			Contact: Rick Vogel
Address: 667 31st Street			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Floors-Attic	6
Wet Pipe	Building-	Floors-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	3	20.00%	2	66.67%	2	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	7	46.67%	6	85.71%	6	100.00%	0	0.00%
Totals	15	100%	12	80.00%	12	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development East Apartment

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
Passed				
Building- Dry Pipe, Floors-Attic				
Pressure Switch	Basement Inner Mechanical	Annual	10:14:10 AM	09/23/2022
Pressure Switch	Basement Inner Mechanical	Annual	10:14:18 AM	09/23/2022
Drain	Basement Inner Mechanical	Annual	10:15:14 AM	09/23/2022
Drain	1st Southwest Bathroom	Annual	10:15:29 AM	09/23/2022
Control Valve	Basement Inner Mechanical	Annual	10:16:10 AM	09/23/2022
Dry Pipe Valve	Basement Inner Mechanical	Annual	10:14:35 AM	09/23/2022
Building- Wet Pipe, Floors-				
Waterflow Switch	Basement Inner Mechanical	Annual	10:32:59 AM	09/26/2022
Fire Dep't Connection	Ground East Outside	Annual	10:14:30 AM	09/23/2022
Control Valve	Basement Inner Mechanical	Annual	10:16:18 AM	09/23/2022
Control Valve	Basement Inner Mechanical	Annual	10:16:43 AM	09/23/2022
Control Valve	Basement Inner Mechanical	Annual	10:16:51 AM	09/23/2022
Post Indicator Valve	Ground East Outside	Annual	10:14:22 AM	09/23/2022
Untested				
Building- Wet Pipe, Floors-				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development East					Building-, Floors-			
Apartment								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				2.0	1	<input checked="" type="checkbox"/>	59770065	
Components								
Check Valve								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement Inner Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041427
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770073
Description								
Isolation								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770074
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770075
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59770071	
Type	Size	Position	Status	Number of Turns				

Ground	8"	Open	Locked & Supervised			
<i>Devices</i>						
Fire Dep't Connection						
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770072
Gauge						
Location			Service Date			
Basement Inner Mechanical			12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK
				Air/Water		<input type="checkbox"/>
Piping						
Location	Type	Size	Internal Date			
Basement Inner Mechanical	Steel		01/01/1900			
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID	
Normal	Normal		Tagged	N/A	68041429	

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development East **Building-, Floors-Attic**
Apartment

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770066
High	Supervisory				1	<input checked="" type="checkbox"/>	59770067

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770069

Description

Isolation

Dry Pipe Valve

Manufacturer	Model #	Location	Internal Date	OK	ScanID	
		Basement Inner Mechanical	03/20/2020	<input checked="" type="checkbox"/>	59770068	
Type	Status	Position	Size	Serial #		
Flanged by Grooved	Supervised	Trim Closed	6"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
55	40				09/23/2022	09/14/2024

Devices

Drain

Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	53	52	36		<input checked="" type="checkbox"/>	59770070

Previous Inspections

June 28, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	49	52	40		<input checked="" type="checkbox"/>	59770070

March 29, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
------	----------	------	------------	------------	--------------	-----	----	--------

Main	Basement Inner Mechanical	2"	49	52	40		<input checked="" type="checkbox"/>	59770070
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	1st Southwest Bathroom	2"					<input checked="" type="checkbox"/>	68606389

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.67%	1
Control Valve	Valve	26.67%	4
Drain	Device	13.33%	2
Dry Pipe Valve	Valve	6.67%	1
Fire Dep't Connection	Hose	6.67%	1
Gauge	Device	6.67%	1
Piping	Sprinkler	6.67%	1
Post Indicator Valve	Valve	6.67%	1
Pressure Switch	Alarm	13.33%	2
Waterflow Switch	Alarm	6.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

In Service - 2 Years to 3 Years

Building- Dry Pipe, Floors-Attic

Control Valve	1		Butterfly	Isolation	03/20/2020
Drain	1		Combination		03/20/2020
Drain	1		Main		03/20/2020
Dry Pipe Valve	1		Flanged by Grooved		03/20/2020
Pressure Switch	1		High	Supervisory	03/20/2020
Pressure Switch	1		Low	Supervisory	03/20/2020

Building- Wet Pipe, Floors-

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Isolation	03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Floors-Attic</i>				
1	Dry Pipe Valve	Basement Inner Mechanical	Passed	59770068
	Partial trip on this date			
2	Drain	1st Southwest Bathroom	Passed	68606389
	Low point was drained on this date and should be during freezing temps			
<i>Building- Wet Pipe, Floors-</i>				
3	Check Valve	Basement Inner Mechanical		68041427
	Check valve moves freely at this time			
4	Gauge	Basement Inner Mechanical		68041428
	3 gages replaced on this date			
5	Piping	Basement Inner Mechanical		68041429
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #424
715 Solar Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Sep 26, 2022

Building: Beatrice State Development Cottage #424
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #424			Contact: Rick Vogel
Address: 715 Solar Dr.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Beatrice State Development Cottage #424
Inspector: Travis Billesbach	Contact: Rick Vogel

Travis Billesbach Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #424

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st West Laundry	Annual	11:52:03 AM	09/26/2022
Drain	1st West Laundry	Annual	11:52:17 AM	09/26/2022
Fire Dep't Connection	Ground West Outside	Annual	11:52:10 AM	09/26/2022
Control Valve	1st West Laundry	Annual	11:52:34 AM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #424					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770060	
Components								
Check Valve								
Type	Location	Internal Date			Size	OK	ScanID	
Grooved	1st West Laundry	12/31/1969			4"	<input type="checkbox"/>	68041420	
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770059
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	51	53	27		<input checked="" type="checkbox"/>	59770061
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	53	51	23		<input checked="" type="checkbox"/>	59770061
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	51	52	25		<input checked="" type="checkbox"/>	59770061
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770062	
Gauge								
Location					Service Date			

1st West Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041418
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041419		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #424					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #424

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	1st West Laundry	Check valve moves freely at this time	68041420
2	Gauge	1st West Laundry	1 gage replaced on this date	68041418
3	Piping	1st West Laundry	No sign of corrosion or blockage at this time	68041419

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #422
723 Solar Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #422
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #422			Contact: Rick Vogel
Address: 723 Solar Dr.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #422				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st East Laundry	Annual	11:53:23 AM	09/26/2022
Drain	1st East Laundry	Annual	11:53:36 AM	09/26/2022
Fire Dep't Connection	Ground East Outside	Annual	11:53:29 AM	09/26/2022
Control Valve	1st East Laundry	Annual	11:53:51 AM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	1st East Laundry			
Piping	1st East Laundry			
Check Valve	1st East Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #422					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770058	
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	1st East Laundry	12/31/1969	4"	<input type="checkbox"/>	68041417			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	53	50	32		<input checked="" type="checkbox"/>	59770057
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	51	49	38		<input checked="" type="checkbox"/>	59770057
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	50	52	41		<input checked="" type="checkbox"/>	59770057
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770056		
Gauge								
Location	Service Date							

1st East Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041415
Piping							
Location	Type	Size	Internal Date				
1st East Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041416		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #422

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #422

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	1st East Laundry		68041417
	Check valve moves freely at this time			
2	Gauge	1st East Laundry		68041415
	1 gage replaced on this date			

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #420
743 Solar Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #420
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #420			Contact: Rick Vogel
Address: 743 Solar Dr.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Cottage #420

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #420				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st West Laundry	Annual	12:07:18 PM	09/26/2022
Drain	1st West Laundry	Annual	12:07:57 PM	09/26/2022
Fire Dep't Connection	Ground West Outside	Annual	12:07:38 PM	09/26/2022
Control Valve	1st West Laundry	Annual	12:07:44 PM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #420					Building-, Building-					
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>										
Alarms										
Waterflow Switch										
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID			
Vane				4.0	1	<input checked="" type="checkbox"/>	59770052			
Components										
Check Valve										
Type	Location		Internal Date			Size	OK	ScanID		
Grooved	1st West Laundry		12/31/1969			4"	<input type="checkbox"/>	68041414		
Control Valve										
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID		
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055		
Description										
Main Control										
Devices										
Drain										
Current Inspection										
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID		
Main	1st West Laundry	2"	49	50	34		<input checked="" type="checkbox"/>	59770053		
Previous Inspections										
June 28, 2022										
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID		
Main	1st West Laundry	2"	50	47	35		<input checked="" type="checkbox"/>	59770053		
March 29, 2022										
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID		
Main	1st West Laundry	2"	49	51	36		<input checked="" type="checkbox"/>	59770053		
Fire Dep't Connection										
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID			
Ground West Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770054			
Gauge										
Location					Service Date					

1st West Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041412
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	680P1413		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #420

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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In Service - 2 Years to 3 Years

Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #420

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	1st West Laundry		68041414
	Check valve moves freely at this time			
2	Gauge	1st West Laundry		68041412
	1 gage replaced on this date			
3	Piping	1st West Laundry		680P1413
	No sign of corrosion or blockage at this point			

Sprinkler Inspection Certificate

For

Beatrice State Development L
Building
748 Wallman
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development L Building
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development L Building			Contact: Rick Vogel
Address: 748 Wallman			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	1
Wet Pipe	Building-	Building-	5
Wet Pipe	Building-	Building- Elevator	2
Wet Pipe	Building-	Floors-1st	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	2	13.33%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	8	53.33%	7	87.50%	7	100.00%	0	0.00%
Totals	15	100%	12	80.00%	12	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development L Building

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development L Building				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Service Main, Building-				
Post Indicator Valve	Ground West Outside	Annual	10:39:18 AM	09/26/2022
Building- Wet Pipe, Building-				
Waterflow Switch	Basement West Mechanical	Annual	10:38:44 AM	09/26/2022
Drain	Basement West Mechanical	Annual	10:40:02 AM	09/26/2022
Fire Dep't Connection	Ground West Outside	Annual	10:41:34 AM	09/26/2022
Control Valve	Basement West Mechanical	Annual	10:40:18 AM	09/26/2022
Control Valve	Basement West Mechanical	Annual	10:40:40 AM	09/26/2022
Building- Wet Pipe, Building- Elevator				
Control Valve	Basement West Mechanical	Annual	10:40:47 AM	09/26/2022
Control Valve	Basement West Mechanical	Annual	10:40:56 AM	09/26/2022
Building- Wet Pipe, Floors-1st				
Waterflow Switch	1st Inner Mechanical	Annual	10:39:03 AM	09/26/2022
Waterflow Switch	2nd Inner Mechanical	Annual	10:39:07 AM	09/26/2022
Control Valve	1st Inner Mechanical	Annual	10:41:17 AM	09/26/2022
Control Valve	2nd Inner Mechanical	Annual	10:41:23 AM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Floors-1st				
Gauge	2nd Inner Mechanical			
Piping	2nd Inner Mechanical			
Check Valve	2nd Inner Mechanical			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development L Building					Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
Alarms									
Waterflow Switch									
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID		
Vane				3.0	1	<input checked="" type="checkbox"/>	59770027		
Components									
Control Valve									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770023	
Description									
Main Control									
Control Valve									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770024	
Description									
Main Control									
Devices									
Drain									
Current Inspection									
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID	
Main	Basement West Mechanical	1.25"	52	51	29		<input checked="" type="checkbox"/>	59770028	
Previous Inspections									
June 28, 2022									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
Main	Basement West Mechanical	1.25"	50	52	33		<input checked="" type="checkbox"/>	59770028	
March 28, 2022									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
Main	Basement West Mechanical	1.25"	46	51	32		<input checked="" type="checkbox"/>	59770028	
Fire Dep't Connection									

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770032

Building: Beatrice State Development L
Building

Building-, Building- Elevator

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770029

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770030

Description

Main Control

Building: Beatrice State Development L
 Building

Building-, Floors-1st

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770034
Vane				3.0	1	<input checked="" type="checkbox"/>	59770036

Components

Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	2nd Inner Mechanical	12/31/1969	3"	<input type="checkbox"/>	68041442

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770033

Description

Isolation

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770035

Description

Isolation

Devices

Gauge

Location			Service Date					
2nd Inner Mechanical			12/31/1969					
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041441	

Piping

Location	Type	Size	Internal Date				
2nd Inner Mechanical	Steel		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze		ScanID	
Normal	Normal		Marked	N/A		68041440	

Private Fire Service Mains

Generated by: BuildingReports.com

Building: Beatrice State Development L Building		Building-, Building-		
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>				
Components				
Post Indicator Valve				
Manufacturer	Model	Location	OK	ScanID
		Ground West Outside	<input checked="" type="checkbox"/>	59770031
Type	Size	Position	Status	Number of Turns
Ground		Open	Locked & Supervised	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development L Building

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.67%	1
Control Valve	Valve	40.00%	6
Drain	Device	6.67%	1
Fire Dep't Connection	Hose	6.67%	1
Gauge	Device	6.67%	1
Piping	Sprinkler	6.67%	1
Post Indicator Valve	Valve	6.67%	1
Waterflow Switch	Alarm	20.00%	3

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Service Main, Building-					
Post Indicator Valve	1		Ground		03/19/2020
Building- Wet Pipe, Building-					
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
Building- Wet Pipe, Building- Elevator					
Control Valve	2		Butterfly	Main Control	03/19/2020
Building- Wet Pipe, Floors-1st					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Isolation	03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	2		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development L Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Wet Pipe, Floors-1st</i>				
1	Check Valve	2nd Inner Mechanical		68041442
	Check valve moves freely			
2	Gauge	2nd Inner Mechanical		68041441
	3 gages replaced on this date			
3	Piping	2nd Inner Mechanical		68041440
	No sign of blockage or corrosion at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #418
753 Solar Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #418
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #418	Contact: Rick Vogel		
Address: 753 Solar Dr.	Phone: 402-239-4678		
Address:	Fax:		
City/State/ZIP Code: Beatrice, Nebraska 68310	Mobile:		
Country: United States of America	Email:		
Inspection Performed By			
Company: NIFCO Mechanical Systems	Inspector: Travis Billesbach		
Address: 500 Blue Heron Dr	Phone: 402-477-0666		
Address:	Fax:		
City/State/ZIP Code: Lincoln, NE 68522-1701	Mobile: 531-220-1687		
Country: United States of America	Email: tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Beatrice State Development Cottage #418
Inspector: Travis Billesbach	Contact: Rick Vogel

Travis Billesbach Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #418				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st East Laundry	Annual	12:36:26 PM	09/26/2022
Drain	1st East Laundry	Annual	12:36:43 PM	09/26/2022
Fire Dep't Connection	Ground East Outside	Annual	12:36:36 PM	09/26/2022
Control Valve	1st East Laundry	Annual	12:37:04 PM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	Ground East Outside			
Piping	Ground East Outside			
Check Valve	Ground East Outside			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #418		Building-, Building-						
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770049	
Components								
Check Valve								
Type	Location	Internal Date			Size	OK	ScanID	
Grooved	Ground East Outside	12/31/1969			4"	<input type="checkbox"/>	68041408	
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770048
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	51	52	35		<input checked="" type="checkbox"/>	59770094
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	52	49	32		<input checked="" type="checkbox"/>	59770094
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"					<input type="checkbox"/>	59770094
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770050	
Gauge								
Location				Service Date				

Ground East Outside			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041410
Piping							
Location	Type	Size	Internal Date				
Ground East Outside	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041409		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #418					
<i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #418

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Wet Pipe, Building-</i>				
1	Check Valve	Ground East Outside		68041408
	Check valve moves freely at this time			
2	Gauge	Ground East Outside		68041410
	1 gage replaced on this date			
3	Piping	Ground East Outside		68041409
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development West
Wing
834 Sheridan
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Sep 22, 2022

Building: Beatrice State Development West Wing
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Beatrice State Development West Wing
Address: 834 Sheridan
Address:
City/State/ZIP Code: Beatrice, Nebraska 68310
Country: United States of America

Contact: Rick Vogel
Phone: 402-239-4678
Fax:
Mobile:
Email:

Inspection Performed By

Company: NIFCO Mechanical Systems
Address: 500 Blue Heron Dr
Address:
City/State/ZIP Code: Lincoln, NE 68522-1701
Country: United States of America

Inspector: Travis Billesbach
Phone: 402-477-0666
Fax:
Mobile: 531-220-1687
Email: tbillesbach@nifcomechanical.com

System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Zone-Attic				
Pressure Switch	Basement Inner Mechanical North	Annual	12:18:03 PM	09/22/2022
Pressure Switch	Basement Inner Mechanical North	Annual	12:18:06 PM	09/22/2022
Drain	Basement Inner Mechanical North	Annual	12:19:33 PM	09/22/2022
Drain	2nd North Office	Annual	12:19:57 PM	09/22/2022
Control Valve	Basement Inner Mechanical North	Annual	12:20:22 PM	09/22/2022
Dry Pipe Valve	Basement Inner Mechanical North	3 Year Service	12:22:17 PM	09/22/2022
Building- Wet Pipe, Building-				
Waterflow Switch	Basement Inner Mechanical South	Annual	12:17:35 PM	09/22/2022
Drain	Basement Inner Mechanical South	Annual	12:19:15 PM	09/22/2022
Fire Dep't Connection	Ground West outside North	Annual	12:18:54 PM	09/22/2022
Fire Dep't Connection	Ground West Outside South	Annual	12:18:58 PM	09/22/2022
Control Valve	Basement Inner Mechanical North	Annual	12:20:05 PM	09/22/2022
Control Valve	Basement Inner Mechanical North	Annual	12:20:13 PM	09/22/2022
Control Valve	Basement Inner Mechanical South	Annual	12:20:32 PM	09/22/2022
Control Valve	Basement Inner Mechanical South	Annual	12:20:41 PM	09/22/2022
Post Indicator Valve	Ground West outside	Annual	12:18:10 PM	09/22/2022
Post Indicator Valve	Ground West Mechanical Outside	Annual	12:18:17 PM	09/22/2022
Building- Wet Pipe, Floors-2				
Isolation Valve	2nd Inner Mechanical south of break rooms	Annual	12:18:45 PM	09/22/2022
Building- Wet Pipe, Floors-2nd				
Waterflow Switch	Basement Inner Mechanical south	Annual	12:17:59 PM	09/22/2022
Building- Wet Pipe, Zone-1st and 2nd				
Waterflow Switch	Basement Inner Mechanical North	Annual	12:17:56 PM	09/22/2022
Isolation Valve	Basement Inner Mechanical North	Annual	12:18:30 PM	09/22/2022
Building- Wet Pipe, Zone-Basement				
Waterflow Switch	Basement Inner Mechanical North	Annual	12:17:53 PM	09/22/2022
Isolation Valve	Basement Inner Mechanical North	Annual	12:18:37 PM	09/22/2022
<i>Untested</i>				
Building- Dry Pipe, Zone-Attic				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
Building- Wet Pipe, Building-				
Gauge	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing **Building-, Building-**

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003

Components

Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Flanged	Basement Inner Mechanical South	03/19/2020	4"	<input type="checkbox"/>	68041479

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
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OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model		Location		OK	ScanID	
				Ground West outside		<input checked="" type="checkbox"/>	59770020	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
Post Indicator Valve								
Manufacturer		Model		Location		OK	ScanID	
				Ground West Mechanical Outside		<input checked="" type="checkbox"/>	59770105	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical South	2"	55	51	36		<input checked="" type="checkbox"/>	59770022
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical South	2"	57	52	35		<input checked="" type="checkbox"/>	59770022
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical South	2"	57	52	35		<input checked="" type="checkbox"/>	59770022
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside North		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021	
Ground West Outside South		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104	
Gauge								
Location				Service Date				
Basement Inner Mechanical South				03/19/2020				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041481	
Piping								
Location		Type	Size	Internal Date				

Basement Inner Mechanical South	Steel		03/19/2020		
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West
Wing

Building-, Floors-2

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Components

Isolation Valve

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Mechanical south of break rooms	Open	Supervised	3"	<input checked="" type="checkbox"/>	68041741

Building: Beatrice State Development West
Wing

Building-, Floors-2nd

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West Wing

Building-, Zone-1st and 2nd

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

Components

Isolation Valve

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770115

Building: Beatrice State Development West Wing

Building-, Zone-Basement

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

Components

Isolation Valve

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				Building-, Zone-Attic				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59770106	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118	
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	Basement Inner Mechanical North	09/13/2021	4"	<input type="checkbox"/>	68041482			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117
Description								
Isolation								
Dry Pipe Valve								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
		Basement Inner Mechanical North	03/19/2020	<input checked="" type="checkbox"/>	59770111			
Type	Status	Position	Size	Serial #				
Flanged by Grooved	Supervised	Trim Closed	6"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
55	40	5	1:05	1:19	09/13/2022	03/19/2025		
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	56	54	32		<input checked="" type="checkbox"/>	59770107
Previous Inspections								

June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	58	53	41		<input checked="" type="checkbox"/>	59770107
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	58	51	39		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location		Type	Size	Internal Date				
Basement Inner Mechanical North		Steel		03/19/2020				
Hangers	Braces	Fittings	Identified	Antifreeze		ScanID		
Normal	Normal		Tagged	N/A		68041483		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

In Service - 2 Years to 3 Years

Building- Dry Pipe, Zone-Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

Building- Wet Pipe, Building-

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors-2

Isolation Valve	1				03/19/2020
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Building- Wet Pipe, Floors-2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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Building- Wet Pipe, Zone-1 st and 2nd				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
Building- Wet Pipe, Zone-Basement				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Zone-Attic</i>				
1	Check Valve	Basement Inner Mechanical North		68041482
	Check valve moves freely			
2	Dry Pipe Valve	Basement Inner Mechanical North	Passed	59770111
	Full tripped on this date			
3	Gauge	Basement Inner Mechanical North		68041484
	5 gages replaced on this date			
4	Piping	Basement Inner Mechanical North		68041483
	Free of corrosion at this time			
5	Drain	2nd North Office	Passed	68606388
	Was drained on this date			
<i>Building- Wet Pipe, Building-</i>				
6	Check Valve	Basement Inner Mechanical South		68041479
	Did not inspect due to possibility of not seating getting quote to replace			
7	Gauge	Basement Inner Mechanical South		68041481
	1 gage replaced			
8	Piping	Basement Inner Mechanical South		68041480
	No sign of corrosion at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development Food
Service
884 Sheridan Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 22, 2022*

Building: Beatrice State Development Food Service
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Food Service			Contact: Rick Vogel
Address: 884 Sheridan Dr.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Device	2	25.00%	1	50.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	12.50%	0	0.00%	0	0.00%	0	0.00%
Valve	3	37.50%	2	66.67%	2	100.00%	0	0.00%
Totals	8	100%	5	62.50%	5	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Food Service

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Food Service				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	Basement Northwest Basement	Annual	2:36:06 PM	09/22/2022
Drain	Basement Northwest Basement	Annual	2:36:29 PM	09/22/2022
Fire Dep't Connection	Ground Northwest Outside	Annual	2:36:22 PM	09/22/2022
Control Valve	Basement Northwest Basement	Annual	2:37:26 PM	09/22/2022
Post Indicator Valve	Ground North Outside	Annual	2:36:10 PM	09/22/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	Basement Northwest Basement			
Piping	Basement Northwest Basement			
Check Valve	Basement Northwest Basement			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Food Service					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770043	
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Flanged by Grooved	Basement Northwest Basement	12/31/1969	4"	<input type="checkbox"/>	68041433			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Northwest Basement	4"		Supervised	<input checked="" type="checkbox"/>	59770044
Description								
Main Control								
Post Indicator Valve								
Manufacturer	Model	Location	OK	ScanID				
		Ground North Outside	<input checked="" type="checkbox"/>	59770046				
Type	Size	Position	Status	Number of Turns				
Ground		Open	Supervised					
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	55	52	38		<input checked="" type="checkbox"/>	59770045
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	53	54	35		<input checked="" type="checkbox"/>	59770045
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement Northwest Basement	2*	51	55	32		<input checked="" type="checkbox"/>	59770045
Fire Dep't Connection								
Location		Type	Ball/Drip	Rotating Swivels	Size	OK	ScanID	
Ground Northwest Outside		Siamese	Yes	Yes	4*	<input checked="" type="checkbox"/>	59770047	
Gauge								
Location				Service Date				
Basement Northwest Basement				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041434	
Piping								
Location		Type	Size	Install Date				
Basement Northwest Basement		Steel		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Marked	N/A	68041435			

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Food Service					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	12.50%	1		
Control Valve	Valve	12.50%	1		
Drain	Device	12.50%	1		
Fire Dep't Connection	Hose	12.50%	1		
Gauge	Device	12.50%	1		
Piping	Sprinkler	12.50%	1		
Post Indicator Valve	Valve	12.50%	1		
Waterflow Switch	Alarm	12.50%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Flanged by Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Food Service

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	Basement Northwest Basement		68041433
	Check valve moves freely			
2	Gauge	Basement Northwest Basement		68041434
	1 gage replaced on this Date			
3	Piping	Basement Northwest Basement		68041435
	No corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development D
Building
941 Sheridan Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development D Building
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development D Building			Contact: Rick Vogel
Address: 941 Sheridan Dr.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
Totals	18	100%	15	83.33%	15	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems **Building:** Beatrice State Development D Building
Inspector: Travis Billesbach **Contact:** Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development D Building				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
Passed				
Building- Wet Pipe, Building-				
Fire Dep't Connection	Ground West outside	Annual	10:35:09 AM	09/26/2022
Control Valve	Basement East Mechanical	Annual	10:36:58 AM	09/26/2022
Control Valve	Basement East Mechanical	Annual	10:37:06 AM	09/26/2022
Post Indicator Valve	Ground West outside	Annual	10:34:10 AM	09/26/2022
Building- Wet Pipe, Building-Basement				
Waterflow Switch	Basement West Mechanical	Annual	10:34:05 AM	09/26/2022
Control Valve	Basement West Mechanical	Annual	10:36:50 AM	09/26/2022
Building- Wet Pipe, Floors-				
Waterflow Switch	Basement West Mechanical	Annual	10:33:56 AM	09/26/2022
Drain	Basement West Mechanical	Annual	10:35:41 AM	09/26/2022
Building- Wet Pipe, Floors-1st				
Waterflow Switch	1st Inner Housekeeping	Annual	10:33:49 AM	09/26/2022
Control Valve	Basement West Mechanical	Annual	10:36:41 AM	09/26/2022
Control Valve	1st Inner Housekeeping	Annual	10:36:27 AM	09/26/2022
Building- Wet Pipe, Floors-2nd				
Waterflow Switch	2nd Inner Housekeeping	Annual	10:33:42 AM	09/26/2022
Control Valve	2nd Inner Housekeeping	Annual	10:36:08 AM	09/26/2022
Building- Wet Pipe, Floors-3rd				
Waterflow Switch	3rd Inner Housekeeping	Annual	10:33:45 AM	09/26/2022
Control Valve	3rd Inner Housekeeping	Annual	10:36:17 AM	09/26/2022
Untested				
Building- Wet Pipe, Building-				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development D		Building-, Building-						
Building								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Components								
Check Valve								
Type	Location	Internal Date			Size	OK	ScanID	
Grooved	Basement East Mechanical	12/31/1969			4"	<input type="checkbox"/>	68041421	
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
Gauge								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
Piping								
Location	Type	Size	Internal Date					

Basement East Mechanical	Steel		10/14/2021		
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D
Building

Building-, Building-Basement

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

Description

Isolation

Building: Beatrice State Development D
 Building

Building-, Floors-

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

Devices

Drain

Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

Previous Inspections

June 28, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	44	54	33		<input checked="" type="checkbox"/>	59770085

March 28, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	44	51	34		<input checked="" type="checkbox"/>	59770085

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

Description
 Isolation

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

Description
 Isolation

Building: Beatrice State Development D
 Building

Building-, Floors-2nd

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

Description

Isolation

Building: Beatrice State Development D
Building

Building-, Floors-3rd

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

Description

Isolation

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development D Building

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

In Service - 2 Years to 3 Years

Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Carstens Center
3000 Carstens Drive
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Jun 28, 2022*

Building: Beatrice State Development Carstens Center
Contact: Rick Vogel
Title: Contact

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Carstens Center		Contact: Rick Vogel	
Address: 3000 Carstens Drive		Phone: 1	
Address:		Fax:	
City/State/ZIP Code: Beatrice, Nebraska 68310		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Travis Billesbach	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/ZIP Code: Lincoln, NE 68522-1701		Mobile: 531-220-1687	
Country: United States of America		Email: tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	2
Wet Pipe	Building-	Building-	4

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
Totals	6	100%	6	100.00%	6	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems
Inspector: Travis Billesbach

Building: Beatrice State Development Carstens Center
Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Carstens Center

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
Passed				
Building- Service Main, Building-				
Fire Dep't Connection	Ground South Outside	Quarter 2 Test	2:14:42 PM	06/28/2022
Post Indicator Valve	Ground South Outside	Quarter 2 Test	2:14:34 PM	06/28/2022
Building- Wet Pipe, Building-				
Waterflow Switch	1st North Mechanical Closet	Quarter 2 Test	2:14:25 PM	06/28/2022
Drain	1st North Mechanical Closet	Quarter 2 Test	2:15:02 PM	06/28/2022
Control Valve	1st North Mechanical Closet	Quarter 2 Test	2:14:47 PM	06/28/2022
Control Valve	1st North Mechanical Closet	Quarter 2 Test	2:14:54 PM	06/28/2022

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Carstens Center					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				3.0	1	<input checked="" type="checkbox"/>	68605829	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605830
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605831
Description								
Main Control								
Devices								
Drain								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	1st North Mechanical Closet	1.25"	51	50	38		<input checked="" type="checkbox"/>	68605828

Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Beatrice State Development Carstens Center							Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
Components									
Post Indicator Valve									
Manufacturer		Model		Location			OK	ScanID	
				Ground South Outside			<input checked="" type="checkbox"/>	68605827	
Type	Size	Position		Status		Number of Turns			
Ground	6"	Open		Locked & Supervised					
Devices									
Fire Dep't Connection									
Location		Type		BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese		Yes	Yes	4"	<input checked="" type="checkbox"/>	68605826	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Carstens Center					
<i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	33.33%	2		
Drain	Device	16.67%	1		
Fire Dep't Connection	Hose	16.67%	1		
Post Indicator Valve	Valve	16.67%	1		
Waterflow Switch	Alarm	16.67%	1		
Device Type	Qty	Model #	Type	Description	Install Date
In Service - 2 Years to 3 Years					
Building- Service Main, Building-					
Fire Dep't Connection	1		Siamese		06/23/2020
Post Indicator Valve	1		Ground		06/23/2020
Building- Wet Pipe, Building-					
Control Valve	2		Butterfly	Main Control	06/23/2020
Drain	1		Combination		06/23/2020
Waterflow Switch	1		Vane	Alarm	06/23/2020

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #416
3052 Peterson Street
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #416
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Beatrice State Development Cottage #416			Contact: Rick Vogel
Address: 3052 Peterson Street			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	0	0.00%	0	0.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	3	42.86%	3	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Cottage #416

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #416				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st South Laundry	Annual	12:33:34 PM	09/26/2022
Fire Dep't Connection	Ground South Outside	Annual	12:33:40 PM	09/26/2022
Control Valve	1st South Laundry	Annual	12:33:47 PM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Drain	1st South Laundry			
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #416					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770222	
Components								
Check Valve								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041396
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"		Supervised	<input checked="" type="checkbox"/>	59770230
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	48	50	33		<input type="checkbox"/>	59770381
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	48	50	33		<input checked="" type="checkbox"/>	59770381
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	50	51	31		<input checked="" type="checkbox"/>	59770381
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770221	
Gauge								
Location				Service Date				

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041398
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041397		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #416					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #416

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Wet Pipe, Building-</i>				
1	Check Valve	1st South Laundry	Check valve moves freely at this time	68041396
2	Gauge	1st South Laundry	1 gage replaced on this date	68041398
3	Piping	1st South Laundry	No sign of corrosion or blockage at this time	68041397

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #415
3054 Peterson Strret
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Jun 28, 2022*

Building: Beatrice State Development Cottage #415
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #415			Contact: Rick Vogel
Address: 3054 Peterson Strret			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-		6
Wet Pipe	Building-	Building-	1

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #415				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe				
Waterflow Switch	1st Laundry	Quarter 2 Test	2:33:22 PM	06/28/2022
Drain	1st Laundry	Quarter 2 Test	2:33:37 PM	06/28/2022
Control Valve	1st Laundry	Quarter 2 Test	2:33:47 PM	06/28/2022
Building- Wet Pipe, Building--				
Fire Dep't Connection	Ground South Outside	Quarter 2 Test	2:33:32 PM	06/28/2022
<i>Untested</i>				
Building- Wet Pipe				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #415							Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
Alarms									
Waterflow Switch									
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID		
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340983		
Components									
Check Valve									
Type	Location	Internal Date	Size	OK	ScanID				
Grooved	1st Laundry	12/31/1969	4"	<input type="checkbox"/>	68041401				
Control Valve									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340956	
Description									
Main Control									
Devices									
Drain									
Current Inspection									
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID	
Main	1st Laundry	2"	54	52	30		<input checked="" type="checkbox"/>	59340954	
Previous Inspections									
March 29, 2022									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
Main	1st Laundry	2"	52	50	31		<input checked="" type="checkbox"/>	59340954	
December 14, 2021									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
Main	1st Laundry	2"	53	49	30		<input checked="" type="checkbox"/>	59340954	
Gauge									
Location	Service Date								
1st Laundry	12/31/1969								
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID		
	Argco			Air/Water		<input type="checkbox"/>	68041399		

Piping					
Location	Type	Size	Internal Date		
1st Laundry	Steel		10/15/2021		
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID
Normal	Normal		Tagged	N/A	68041400

Building: Beatrice State Development Cottage
#415

Building-, Building-

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340982

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #415

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe					
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Drain	1		Main		01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020
Building- Wet Pipe, Building-					
Fire Dep't Connection	1		Siamese		01/23/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #415

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Wet Pipe</i>				
1	Check Valve	1st Laundry	Check valve moves freely at this time	68041401
2	Gauge	1st Laundry	1 gage replaced on this date	68041399
3	Piping	1st Laundry	No sign of corrosion or blockage at this time	68041400

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #414
3056 Peterson Street
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #414
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Beatrice State Development Cottage #414	Contact: Rick Vogel		
Address: 3056 Peterson Street	Phone: 402-239-4678		
Address:	Fax:		
City/State/ZIP Code: Beatrice, Nebraska 68310	Mobile:		
Country: United States of America	Email:		
Inspection Performed By			
Company: NIFCO Mechanical Systems	Inspector: Travis Billesbach		
Address: 500 Blue Heron Dr	Phone: 402-477-0666		
Address:	Fax:		
City/State/ZIP Code: Lincoln, NE 68522-1701	Mobile: 531-220-1687		
Country: United States of America	Email: tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Cottage #414

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #414

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st South Laundry	Annual	12:35:06 PM	09/26/2022
Drain	1st South Laundry	Annual	12:35:16 PM	09/26/2022
Fire Dep't Connection	Ground South Outside	Annual	12:35:11 PM	09/26/2022
Control Valve	1st South Laundry	Annual	12:35:41 PM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #414		Building-, Building-						
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770218	
Components								
Check Valve								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041402
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770217
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	53	52	31		<input checked="" type="checkbox"/>	59770220
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	54	53	28		<input checked="" type="checkbox"/>	59770220
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	50	51	26		<input checked="" type="checkbox"/>	59770220
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770219	
Gauge								

Location			Service Date				
1st South Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041404
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041403		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #414

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

In Service - 2 Years to 3 Years

Building- Wet Pipe, Building-

Check Valve	1		Flanged by Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #414

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	1st South Laundry	Check valve moves freely at this time	68041402
2	Gauge	1st South Laundry	1 gage replaced on this date	68041404
3	Piping	1st South Laundry	No sign of corrosion or blockage at this time	68041403

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #413
3060 Peterson Blvd.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #413
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #413			Contact: Rick Vogel
Address: 3060 Peterson Blvd.			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Beatrice State Development Cottage #413
Inspector: Travis Billesbach	Contact: Rick Vogel

Travis Billesbach Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #413				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	1st South Laundry	Annual	12:52:58 PM	09/26/2022
Drain	1st South Laundry	Annual	12:53:08 PM	09/26/2022
Fire Dep't Connection	Ground South Outside	Annual	12:53:03 PM	09/26/2022
Control Valve	1st South Laundry	Annual	12:53:33 PM	09/26/2022
<i>Untested</i>				
Building- Wet Pipe, Building-				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #413					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770214	
Components								
Check Valve								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041407
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770213
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	54	52	31		<input checked="" type="checkbox"/>	59770215
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	53	49	37		<input checked="" type="checkbox"/>	59770215
March 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	52	51	35		<input checked="" type="checkbox"/>	59770215
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770216	
Gauge								
Location				Service Date				

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041405
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041406		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #413					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #413

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	1st South Laundry		68041407
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041405
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041406
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #412
3070 stste ave.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #412
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #412	Contact: Rick Vogel		
Address: 3070 stste ave.	Phone: 402-239-4678		
Address:	Fax:		
City/State/ZIP Code: Beatrice, Nebraska 68310	Mobile:		
Country: United States of America	Email:		
Inspection Performed By			
Company: NIFCO Mechanical Systems	Inspector: Travis Billesbach		
Address: 500 Blue Heron Dr	Phone: 402-477-0666		
Address:	Fax:		
City/State/ZIP Code: Lincoln, NE 68522-1701	Mobile: 531-220-1687		
Country: United States of America	Email: tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Cottage #412

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #412					
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>					
Device Type	Location	Service	Time	Date	
<i>Passed</i>					
Building- Wet Pipe, Building-					
Waterflow Switch	1st Southeast Laundry	Annual	12:54:01 PM	09/26/2022	
Drain	1st Southeast Laundry	Annual	12:54:26 PM	09/26/2022	
Fire Dep't Connection	Ground Southeast	Annual	12:54:07 PM	09/26/2022	
Control Valve	1st Southeast Laundry	Annual	12:54:16 PM	09/26/2022	
<i>Untested</i>					
Building- Wet Pipe, Building-					
Gauge	1st Southeast Laundry				
Piping	1st Southeast Laundry				
Check Valve	1st Southeast Laundry				

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #412		Building-, Building-						
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770210	
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	1st Southeast Laundry	12/31/1969	4"	<input type="checkbox"/>	68041394			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Southeast Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770209
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	50	50	25		<input checked="" type="checkbox"/>	59770212
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	48	49	27		<input checked="" type="checkbox"/>	59770212
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	46	47	24		<input checked="" type="checkbox"/>	59770212
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Southeast	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770211		
Gauge								
Location	Service Date							

1st Southeast Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041395
Piping							
Location	Type	Size	Internal Date				
1st Southeast Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041393		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #412					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
In Service - 2 Years to 3 Years					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #412

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Wet Pipe, Building-</i>				
1	Check Valve	1st Southeast Laundry		68041394
	Check valve moves freely at this time			
2	Gauge	1st Southeast Laundry		68041395
	1 gage replaced on this date			
3	Piping	1st Southeast Laundry		68041393
	No sign of corrosion or blockage at this point			

Sprinkler Inspection Certificate

For

Beatrice State Development
Cottage #411
3071 State Street
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Cottage #411
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Cottage #411	Contact: Rick Vogel		
Address: 3071 State Street	Phone: 402-239-4678		
Address:	Fax:		
City/State/ZIP Code: Beatrice, Nebraska 68310	Mobile:		
Country: United States of America	Email:		
Inspection Performed By			
Company: NIFCO Mechanical Systems	Inspector: Travis Billesbach		
Address: 500 Blue Heron Dr	Phone: 402-477-0666		
Address:	Fax:		
City/State/ZIP Code: Lincoln, NE 68522-1701	Mobile: 531-220-1687		
Country: United States of America	Email: tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe		Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Totals	7	100%	4	57.14%	4	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Beatrice State Development Cottage #411

Inspector: Travis Billesbach

Contact: Rick Vogel

Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Wet Pipe, Building-				
Waterflow Switch	1st Laundry	Annual	1:23:39 PM	09/26/2022
Drain	1st Laundry	Annual	1:23:57 PM	09/26/2022
Fire Dep't Connection	Ground Laundry	Annual	1:23:44 PM	09/26/2022
Control Valve	1st Laundry	Annual	1:23:49 PM	09/26/2022
<i>Untested</i>				
Wet Pipe, Building-				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340959	
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	1st Laundry	12/31/1969	4"	<input type="checkbox"/>	68041392			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340960
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	52	47	23		<input checked="" type="checkbox"/>	59340958
Previous Inspections								
June 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	50	45	21		<input checked="" type="checkbox"/>	59340958
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	48	43	20		<input checked="" type="checkbox"/>	59340958
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Laundry	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340957		
Gauge								
Location	Service Date							

1st Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
	Argco			Air/Water		<input type="checkbox"/>	68041391
Piping							
Location	Type	Size	Internal Date				
1st Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041390		

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #411

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Wet Pipe, Building-					
Fire Dep't Connection	1		Siamese		01/23/2020
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Drain	1		Main		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Wet Pipe, Building-</i>				
1	Gauge	1st Laundry		68041391
	1 gage replaced on this date			
2	Piping	1st Laundry		68041390
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development F
building
3104 State Street
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development F building
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development F building			Contact: Rick Vogel
Address: 3104 State Street			Phone: 402-239-4678
Address:			Fax:
City/State/ZIP Code: Beatrice, Nebraska 68310			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Travis Billesbach
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1687
Country: United States of America			Email: tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	10
Wet Pipe	Building-	Building-1st	2
Wet Pipe	Building-	Building-2nd	2
Wet Pipe	Building-	Building-Elevator	2

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development F building				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
Passed				
Building- Wet Pipe, Building-				
Waterflow Switch	Basement South Mechanical	Annual	10:42:41 AM	09/26/2022
Drain	Basement South Mechanical	Annual	10:43:50 AM	09/26/2022
Fire Dep't Connection	Ground East Outside	Annual	10:43:41 AM	09/26/2022
Control Valve	Basement South Mechanical	Annual	10:44:24 AM	09/26/2022
Control Valve	Basement South Mechanical	Annual	10:44:31 AM	09/26/2022
Control Valve	Basement Inner Mechanical	Annual	10:45:19 AM	09/26/2022
Post Indicator Valve	Ground East Outside	Annual	10:43:13 AM	09/26/2022
Building- Wet Pipe, Building-1st				
Waterflow Switch	1st Inner Housekeeping	Annual	10:42:49 AM	09/26/2022
Isolation Valve	1st Inner Housekeeping	Annual	10:43:22 AM	09/26/2022
Building- Wet Pipe, Building-2nd				
Waterflow Switch	2nd Inner Housekeeping	Annual	10:42:57 AM	09/26/2022
Isolation Valve	2nd Inner Housekeeping	Annual	10:43:31 AM	09/26/2022
Building- Wet Pipe, Building-Elevator				
Control Valve	Basement South Mechanical	Annual	10:44:39 AM	09/26/2022
Control Valve	Basement South Mechanical	Annual	10:45:11 AM	09/26/2022
Untested				
Building- Wet Pipe, Building-				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development F building **Building-, Building-**

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770076

Components

Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement Inner Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041430

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770077

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770078

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	68041131

Description

Bypass

Post Indicator Valve

Manufacturer	Model	Location	OK	ScanID
		Ground East Outside	<input checked="" type="checkbox"/>	59770229

Type	Size	Position	Status	Number of Turns

Ground		Open	Locked & Supervised					
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	54	29		<input checked="" type="checkbox"/>	59770227
Previous Inspections								
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	49	50	27		<input checked="" type="checkbox"/>	59770227
December 14, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	46	30		<input checked="" type="checkbox"/>	59770227
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770228		
Gauge								
Location				Service Date				
Basement Inner Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041432	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041431			

Building: Beatrice State Development F
building

Building-, Building-1st

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770079

Components

Isolation Valve

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		1st Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770080

Building: Beatrice State Development F
building

Building-, Building-2nd

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770223

Components

Isolation Valve

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770224

Building: Beatrice State Development F
building

Building-, Building-Elevator

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770225

Description

Isolation

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770226

Description

Isolation

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development F building					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	6.25%	1		
Control Valve	Valve	31.25%	5		
Drain	Device	6.25%	1		
Fire Dep't Connection	Hose	6.25%	1		
Gauge	Device	6.25%	1		
Isolation Valve	Valve	12.50%	2		
Piping	Sprinkler	6.25%	1		
Post Indicator Valve	Valve	6.25%	1		
Waterflow Switch	Alarm	18.75%	3		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Bypass	03/20/2020
Control Valve	2		OS&Y	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020
Building- Wet Pipe, Building-1st					
Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020
Building- Wet Pipe, Building-2nd					
Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020
Building- Wet Pipe, Building-Elevator					
Control Valve	2		Butterfly	Isolation	03/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development F building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	Basement Inner Mechanical		68041430
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical		68041432
	3 gages replaced on this date			
3	Piping	Basement Inner Mechanical		68041431
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Laundry/Warehouse
3363 Goldenrod Dr.
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 26, 2022*

Building: Beatrice State Development Laundry/Warehouse
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information			
Building: Beatrice State Development Laundry/Warehouse		Contact: Rick Vogel	
Address: 3363 Goldenrod Dr.		Phone: 402-239-4678	
Address:		Fax:	
City/State/ZIP Code: Beatrice, Nebraska 68310		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Travis Billesbach	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/ZIP Code: Lincoln, NE 68522-1701		Mobile: 531-220-1687	
Country: United States of America		Email: tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Device	2	22.22%	1	50.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	3	75.00%	3	100.00%	0	0.00%
Totals	9	100%	6	66.67%	6	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Beatrice State Development Laundry/Warehouse
Inspector: Travis Billesbach	Contact: Rick Vogel

Travis Billesbach Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Laundry/Warehouse					
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>					
Device Type	Location	Service	Time	Date	
<i>Passed</i>					
Building- Wet Pipe, Building-					
Waterflow Switch	Basement North Mechanical	Annual	11:50:55 AM	09/26/2022	
Drain	Basement North Mechanical	Annual	11:51:17 AM	09/26/2022	
Fire Dep't Connection	Ground North Outside	Annual	11:51:11 AM	09/26/2022	
Control Valve	Basement North Mechanical	Annual	11:51:32 AM	09/26/2022	
Control Valve	Basement North Mechanical	Annual	11:51:42 AM	09/26/2022	
Post Indicator Valve	Ground North Outside	Annual	11:50:59 AM	09/26/2022	
<i>Untested</i>					
Building- Wet Pipe, Building-					
Gauge	Basement North Mechanical				
Piping	Basement North Mechanical				
Check Valve	Basement North Mechanical				

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development				Building-, Building-				
Laundry/Warehouse								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770040	
Components								
Check Valve								
Type	Location		Internal Date		Size	OK	ScanID	
Grooved	Basement North Mechanical		12/31/1969		4"	<input type="checkbox"/>	68041424	
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770037
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770038
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground North Outside			<input checked="" type="checkbox"/>	59770041	
Type	Size	Position	Status		Number of Turns			
Wall	4"	Open	Locked & Supervised					
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	53	54	29		<input checked="" type="checkbox"/>	59770039

Previous Inspections								
June 29, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	54	52	31		<input checked="" type="checkbox"/>	59770039
March 28, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	51	50	32		<input checked="" type="checkbox"/>	59770039
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground North Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770042		
Gauge								
Location				Service Date				
Basement North Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041426	
Piping								
Location	Type	Size	Internal Date					
Basement North Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041425			

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Laundry/Warehouse

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	11.11%	1
Control Valve	Valve	22.22%	2
Drain	Device	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Gauge	Device	11.11%	1
Piping	Sprinkler	11.11%	1
Post Indicator Valve	Valve	11.11%	1
Waterflow Switch	Alarm	11.11%	1

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building- Wet Pipe, Building-					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Wall		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Laundry/Warehouse

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Building-				
1	Check Valve	Basement North Mechanical		68041424
	Check valve moves freely at this time			
2	Gauge	Basement North Mechanical		68041426
	1 gage replaced on this date other gage was in 3%			
3	Piping	Basement North Mechanical		68041425
	No sign of corrosion or blockage at this time			

Sprinkler Inspection Certificate

For

Beatrice State Development
Administration
843 Wallman Dr.
LINCOLN, Nebraska 68310

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 22, 2022*

Building: Beatrice State Development Administration
Contact: Rick Vogel
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Travis Billesbach
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Beatrice State Development Administration **Contact:** Rick Vogel
Address: 843 Wallman Dr. **Phone:** 402-239-4678
Address: **Fax:**
City/State/ZIP Code: LINCOLN, Nebraska 68310 **Mobile:**
Country: United States of America **Email:**

Inspection Performed By

Company: NIFCO Mechanical Systems **Inspector:** Travis Billesbach
Address: 500 Blue Heron Dr **Phone:** 402-477-0666
Address: **Fax:**
City/State/ZIP Code: Lincoln, NE 68522-1701 **Mobile:** 531-220-1687
Country: United States of America **Email:** tbillesbach@nifcomechanical.com

System Control Unit

System Type	System Location	Protected Area	Devices
Service Main	Building-	Floors-	2
Wet Pipe	Building-	Floors- 1st north	1
Wet Pipe	Building-	Floors- 1st south	3
Wet Pipe	Building-	Floors- 2nd north	2
Wet Pipe	Building-	Floors- 2nd south	2
Wet Pipe	Building-	Floors- basement	7
Wet Pipe	Building-	Floors- basement north	2
Wet Pipe	Building-	Floors- basement south	2
Wet Pipe	Building-	Floors-penthouse	2

Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Administration

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Service Main, Floors-				
Fire Dep't Connection	Ground East Outside	Annual	11:46:17 AM	09/22/2022
Post Indicator Valve	Ground East Outside	Annual	11:46:04 AM	09/22/2022
Building- Wet Pipe, Floors- 1st north				
Waterflow Switch	1st Inner Mechanical	Annual	9:55:10 AM	09/22/2022
Building- Wet Pipe, Floors- 1st south				
Waterflow Switch	1st Inner Mechanical	Annual	9:55:13 AM	09/22/2022
Control Valve	1st Inner Mechanical	Annual	11:46:52 AM	09/22/2022
Control Valve	1st Inner Mechanical	Annual	11:47:05 AM	09/22/2022
Building- Wet Pipe, Floors- 2nd north				
Waterflow Switch	2nd Inner Mechanical	Annual	9:55:03 AM	09/22/2022
Control Valve	2nd Inner Mechanical	Annual	11:46:23 AM	09/22/2022
Building- Wet Pipe, Floors- 2nd south				
Waterflow Switch	2nd Inner Mechanical	Annual	9:55:06 AM	09/22/2022
Control Valve	2nd Inner Mechanical	Annual	11:46:31 AM	09/22/2022
Building- Wet Pipe, Floors- basement				
Waterflow Switch	Basement Inner Mechanical	Annual	9:55:17 AM	09/22/2022
Drain	Basement Inner Mechanical	Annual	11:47:52 AM	09/22/2022
Control Valve	Basement Inner Mechanical	Annual	11:47:09 AM	09/22/2022
Control Valve	Basement Inner Mechanical	Annual	11:47:27 AM	09/22/2022
Building- Wet Pipe, Floors- basement north				
Waterflow Switch	Basement Inner Mechanical	Annual	9:55:00 AM	09/22/2022
Control Valve	Basement Inner Mechanical	Annual	11:46:42 AM	09/22/2022
Building- Wet Pipe, Floors- basement south				
Waterflow Switch	Basement Inner Mechanical	Annual	9:55:26 AM	09/22/2022
Control Valve	Basement Inner Mechanical	Annual	11:47:16 AM	09/22/2022
Building- Wet Pipe, Floors-penthouse				
Waterflow Switch	Penthouse Inner Mechanical	Annual	9:55:52 AM	09/22/2022
Control Valve	Penthouse Inner Mechanical	Annual	11:47:35 AM	09/22/2022
<i>Untested</i>				
Building- Wet Pipe, Floors- basement				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			

Device Type	Location	Service	Time	Date
Check Valve	Basement Inner Mechanical			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Administration				Building-, Floors- 1st north			
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
Alarms							
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770012

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Waterflow Switch

Type	Manufacturer	Model #	Sec.	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770013

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770010

Description

Isolation

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770011

Description

Isolation

Building: Beatrice State Development
Administration

Building-, Floors- 2nd north

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770005

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770004

Description

Isolation

Building: Beatrice State Development
Administration

Building-, Floors- 2nd south

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770007

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770006

Description

Isolation

**Building: Beatrice State Development
Administration**

Building-, Floors- basement

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770014

Components

Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement Inner Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041389

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770017

Description

Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770095

Description

Main Control

Devices

Drain

Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	53	42	37		<input checked="" type="checkbox"/>	59770008

Previous Inspections

March 28, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	51	45	35		<input checked="" type="checkbox"/>	59770008

September 15, 2021

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	68	63	57		<input checked="" type="checkbox"/>	59770008

Gauge

Location			Service Date				
Basement Inner Mechanical			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
System Pressure				Air/Water	1/4	<input type="checkbox"/>	68041485
Piping							
Location	Type	Size	Internal Date				
Basement Inner Mechanical	Steel and cpvc		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041486		

Building: Beatrice State Development
Administration

Building-, Floors- basement north

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770002

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770009

Description

Isolation

Building: Beatrice State Development
Administration

Building-, Floors- basement south

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec.	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770018

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770019

Description

Isolation

Building: Beatrice State Development
Administration

Building-, Floors-penthouse

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane					1	<input checked="" type="checkbox"/>	68041187

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Penthouse Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	68041182

Description

Isolation

Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Beatrice State Development Administration			Building-, Floors-			
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>						
Components						
Post Indicator Valve						
Manufacturer	Model	Location	OK	ScanID		
		Ground East Outside	<input checked="" type="checkbox"/>	59770016		
Type	Size	Position	Status	Number of Turns		
Ground		Open	Locked & Supervised			
Devices						
Fire Dep't Connection						
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Freestanding	Yes	Yes		<input checked="" type="checkbox"/>	59770015

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Beatrice State Development Administration

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	4.35%	1
Control Valve	Valve	39.13%	9
Drain	Device	4.35%	1
Fire Dep't Connection	Hose	4.35%	1
Gauge	Device	4.35%	1
Piping	Sprinkler	4.35%	1
Post Indicator Valve	Valve	4.35%	1
Waterflow Switch	Alarm	34.78%	8

Device Type	Qt	Model #	Type	Description	Install Date
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In Service - 2 Years to 3 Years

Building- Service Main, Floors-

Fire Dep't Connection	1		Freestanding		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020

Building- Wet Pipe, Floors- 1st north

Waterflow Switch	1		Vane	Alarm	03/19/2020
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Building- Wet Pipe, Floors- 1st south

Control Valve	2		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors- 2nd north

Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors- 2nd south

Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors- basement

Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel and cpvc		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors- basement north

Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

Building- Wet Pipe, Floors- basement south

Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
Building- Wet Pipe, Floors-penthouse				
Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Administration

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
Building- Wet Pipe, Floors- basement				
1	Check Valve	Basement Inner Mechanical	Check valve moves freely	68041389
2	Gauge	Basement Inner Mechanical	8 gages were replaced on this date	68041485
3	Piping	Basement Inner Mechanical	Internally inspected on this date no sign or corrosion at this time	68041486

Attachment 8

**BSDC ICF-DD Renewal
Application for State
Building ICF and Solar
Cottage ICF (includes
Nebraska State Fire Marshall
Occupancy Permits for ICF)**

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 18, 2022

ICFDD Renewals
DHHS Public Health Licensure Unit
301 Centennial Mall
P.O. Box 94986
Lincoln, NE 68509-4986

Dear Mr. Luger:

Attached are the Intermediate Care Facilities for Persons with Intellectual Disabilities Licensure Renewal Applications for 400 State Building ICF (**ICFDD07**) and Solar Cottages ICF (**ICFDD14**).

Accompanying each application are the Nebraska State Fire Marshal Occupancy Permits for the ICF.

If you need additional information, please do not hesitate to contact me.

A handwritten signature in blue ink, appearing to read "Corina Harrison".

Corina Harrison, Facility Administrator
Beatrice State Developmental Center
3000 Lincoln Blvd.
Beatrice, NE 68310

ICF	Beds to License	Fee	Coding
Solar Cottages ICF	111	1,950.00	25050131.522100.421
400 State Building ICF	48	1,550.00	25050129.522100.404
		\$3,500.00	Total Approved



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 Licensure Unit

Expiration Date | 3/31/2023

Intermediate Care Facility For Intellectually Disabled Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
 400 Stato Building
 3104, 3070, 3071 STATE AVE
 BEATRICE, NE 68310
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
 c/o: DAWN URBASCHEK, ICF/DD Manager
 400 STATE BUILDING
 3000 LINCOLN BLVD
 BEATRICE NE 68310

LICENSE NO: ICFDD07
 TELEPHONE NUMBER: (402) 239-0993
 FAX NUMBER: (402) 223-6192
 ADMINISTRATOR: DAWN URBASCHEK

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 470491233

4. TOTAL NUMBER OF BEDS TO BE LICENSED: 48

OWNERSHIP INFORMATION

6. OWNERSHIP OF FACILITY: STATE OF NEBRASKA, DEPT OF HEALTH & HUMAN SERVS
 (Legal Name of Individual or Business Organization)

MAILING ADDRESS: P O BOX 95044
 LINCOLN, NE 68509

7. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental (___xxx___ State, ___ District, ___ County, ___ City or Municipal)
- Other (Please Specify) _____

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Corina Harrison, Facility Administrator
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT


 SIGNATURE

1/18/22
 DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11814

Name of Facility: BSDC 400 Building-Apts 402, 404, 406, 408

Type of Facility: ICF-MR

Location: 3104 State & 3071 State St Beatrice

Maximum Occupancy: 36 Beds

Date Issued: 3/9/2021

Inspected By: Susen Lindner

Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11927

Name of Facility: **BSDC-400 Building 3071 State Ave**

Type of Facility: **ICF/MR**

Location: **3071 State Ave Beatrice**

Maximum Occupancy: **12 Beds**

Date Issued: **3/9/2021**

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11924

Name of Facility: BSDC-400 Building 3070 State Ave-Bldg 12

Type of Facility: ICF/MR

Location: 3070 State Ave Beatrice

Maximum Occupancy: 10 Beds

Date Issued: 3/9/2021

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11795

Name of Facility: **Solar Cottages ICF 715**

Type of Facility: **ICF/MR**

Location: **715 Solar Dr Beatrice**

Maximum Occupancy: **14 Beds**

Date Issued: **2/9/2021**

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11796

Name of Facility: **Solar Cottages ICF 723**

Type of Facility: **ICF/MR**

Location: **723 Solar Dr Beatrice**

Maximum Occupancy: **14 Beds**

Date Issued: **2/9/2021**

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11797

Name of Facility: **Solar Cottages ICF 743**

Type of Facility: **ICF/MR**

Location: **743 Solar Dr Beatrice**

Maximum Occupancy: **14 Beds**

Date Issued: **2/9/2021**

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11798

Name of Facility: Solar Cottages ICF 753

Type of Facility: ICF/MR

Location: 753 Solar Dr Beatrice

Maximum
Occupancy: 16 Beds

Date Issued: 2/9/2021

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:



State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11803

Name of Facility: Solar Cottages ICF 3052

Type of Facility: ICF/MR

Location: 3052 Peterson Blvd Beatrice

Maximum Occupancy: 12 Beds

Date Issued: 2/9/2021

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:



State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11653

Name of Facility: Solar Cottage ICF 3054

Type of Facility: ICF/MR

Location: 3054 Peterson Beatrice

Maximum Occupancy: 12 Beds

Date Issued: 4/5/2021

Inspected By: Susen Lindner
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11799

Name of Facility: **Solar Cottages ICF 3056**

Type of Facility: **ICF/MR**

Location: **3056 Peterson Blvd Beatrice**

Maximum Occupancy: **12 Beds**

Date Issued: **2/9/2021**

Inspected By: **Susen Lindner
Deputy State Fire Marshal**

Approved By: *C.B. Full*

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 11800

Name of Facility: Solar Cottages ICF 3060

Type of Facility: ICF/MR

Location: 3060 Peterson Blvd Beatrice

Maximum
Occupancy: 10 Beds

Date Issued: 2/9/2021

Inspected By: **Susen Lindner**
Deputy State Fire Marshal

Approved By:



State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 12262

Name of Facility: **Solar Cottages ICF Lake Street Apartments**

Type of Facility: **ICF/MR**

Location: **667 31st St Apt 103, 104, 205, 206 Beatrice**

Maximum Occupancy: **20 Beds**

Date Issued: **6/15/2021**

Inspected By: **Jim Kenney**
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

Attachment 9

BSDC Solar Cottage ICF Public Health and Fire Marshal Surveys

Beatrice State Developmental Center

Solar Cottage ICF

Public Health Surveys

THE UNIVERSITY OF CHICAGO

1954

1954

Fralin, Russell

From: Urbaschek, Dawn
Sent: Saturday, October 29, 2022 7:42 AM
To: Harrison, Corina
Cc: Fralin, Russell; Stevens, Alecia; Bratt, Julie
Subject: FW: IMPORTANT: Beatrice-Solar cottages complaint Survey results, exit 10-20-2022
Attachments: PS1D11 complaint survey, exit 10-20-2022.docx; PS1D11 2567 W-000 tag, exit 10-20-2022.pdf

Importance: High

Hello,

Please find attached the email with the results/findings for the Solar Complaint Survey.

Thank you,

Dawn Urbaschek | *ICF/DD Manager*
DEVELOPMENTAL DISABILITIES

Nebraska Department of Health and Human Services
OFFICE: 402-239-0993

DHHS.ne.gov | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

From: DHHS DDBH Facilities <DHHS.DDBHFacilities@nebraska.gov>
Sent: Thursday, October 27, 2022 3:43 PM
To: Urbaschek, Dawn <Dawn.Urbaschek@nebraska.gov>
Cc: Luger, Mark <Mark.Luger@nebraska.gov>
Subject: IMPORTANT: Beatrice-Solar cottages complaint Survey results, exit 10-20-2022
Importance: High

Good Afternoon:

PLEASE NOTE: The individual to whom this is addressed is to confirm receipt to sender.

Attached is a copy of the results from the DHHS Health complaint survey recently completed at your facility.

No response is necessary.

Your opinion is important to us and we would like your feedback regarding the survey process. Please complete an evaluation about this survey by clicking on the link below:

<https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d>.

If you have any further questions, please feel free to contact Mark Luger DDBH Program Manger II at mark.luger@nebraska.gov

Sincerely,

Fe Esquivel-Olivares | *Administrative Specialist*

PUBLIC HEALTH

Nebraska Department of Health and Human Services

OFFICE: 402-471-0178

DHHS.ne.gov | **Facebook** | **Twitter** | **LinkedIn**

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

October 27, 2022

Dawn Urbaschek, Administrator
Solar Cottages
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr
Beatrice, NE 68310

Dear Ms. Urbaschek:

An unannounced visit was made to Solar Cottages on October 12-20, 2022, by a representative of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

ALLEGATION:

The facility fails to have systems in place to protect clients from injuries of an unknown origin..

The facility fails to have systems in place to protect clients from clients with adverse behaviors.

The facility failed to have systems in place to prevent clients from being sexually abused.

The facility fails to protect clients from abuse and/or neglect.

FINDINGS:

Observation, record review, and interview revealed the facility had policies and systems in place to investigate, respond to, and address client injuries of an unknown origin. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.

Observation, record review, and interview revealed the facility had policies and systems in place to investigate, respond to, and address client to client incidents of adverse behaviors. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.

Observation, record review, and interview revealed the facility had policies and systems in place to investigate, respond to, and prevent clients from being sexually abused. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.

Observation, record review, and interview revealed the facility had policies and systems in place to investigate, respond to, and address client to client incidents of adverse behaviors. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.



Pete Ricketts, Governor

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

EID: PS1D11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p>INITIAL COMMENTS</p> <p>Representatives of the DHHS, Division of Public Health conducted a onsite Complaint Investigation on 10/12/2022-10/14/2022, 10/17/2022, 10/20/2022 to determine compliance with the Federal regulations at 42 CFR 483, Subpart I, section 483.410-483.480, Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Facility census was 75 at the time of the complaint investigation. The facility was found to be in compliance with these regulations.</p>	W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

September 1, 2022

Dawn Urbaschek, Administrator
Solar Cottages
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr
Beatrice, NE 68310



Pete Ricketts, Governor

Dear Ms. Urbaschek:

An unannounced visit was made to Solar Cottages on August 29-30, 2022, by a representative of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

ALLEGATION:

The facility fails to protect clients from clients with adverse behaviors.

FINDINGS:

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. The facility had an effective system in place to prevent, respond and address incident of peer to peer behaviors.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94986, Lincoln, NE 68509-4986
Email: mark.luger@nebraska.gov

EID:M2C411

Complaint Report Form
Department of Health and Human Services
Division of Public Health
Licensure Unit

Dawn Urbaschek, Administrator
Solar Cottages
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr
Beatrice, NE 68310

License Number: ICFDD14
Provider Number: 28G114
Investigation Number: M2C411
Complaint Number(s): NE00120952, 120953, 120912, 120935, 120517, 120234, 119903, 119807,
119717, 119421

Allegation

The facility fails to protect clients from clients with adverse behaviors.

The facility fails to conduct investigations following client to client incidents.

Dawn Urbaschek, ICFA

X

Facility Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS Representatives of the DHHS, Division of Public Health conducted a onsite Complaint Investigation on 8/29-30/2022 to determine compliance with the Federal regulations at 42 CFR 483, Subpart I, section 483.410-483.480, Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Facility census was 75 at the time of the complaint investigation. The facility was found to be in compliance with these regulations.	W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PLAN OF CORRECTION

Provider/Supplier Name: →	SOLAR COTTAGES	Survey Date ↓
STREET ADDRESS, CITY, ZIP: →	3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 204	5/6/2022
	SURVEY EVENT ID#	GOPV12
	[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W-Tags		
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
W 104	Observations on an environmental tour on 5/4/2022 revealed that the bathroom on unit 723 was under construction and was not being utilized the clients. On 5/2/2022, the facility requested and was granted an extension to the Plan of Correction (POC) by the State Survey Agency. The facility's new POC date for completing the renovation of this bathroom is by 8/31/2022.	8/31/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	In the initial plan of correction submitted on 2/4/2022 it was stated: the ICF Administrator has been in contact with the Facility Maintenance Manager to discuss the issues of not having a functioning bathroom at 723 Solar for the three individuals residing in the adjoining bedrooms. The Facility Maintenance Manager has been in contact with the Department of Administrative Services (DAS) to place bids and secure a contractor to complete the repairs to have a functioning bathroom. As noted in an email sent on 2/14/2022 by the ICF Administrator, the Maintenance Department will be able to complete the repairs to the bathroom with the exception of the shower, this is due to the materials not being available for 4-5 months and the need to secure a contractor.	8/31/2022
	Due to the need for the Maintenance Department to contract with an outside business and to obtain the needed materials, the facility requested and was granted an extension to the Plan of Correction (POC) by the State Survey Agency. The facility's new POC date for completing the renovation of this bathroom is by 8/31/2022.	8/31/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The ICF Administrator will monitor through observation and contact with the Facility Maintenance Manager to ensure completion of this renovation.	8/31/2022

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	8/31/2022
W 104	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observations on an environmental tour on 5/4/2022 revealed that the bathroom on unit 3056 was under construction and was not being utilized the clients. The facility requested and was granted an extension to the Plan of Correction (POC) by the State Survey Agency. The facility's new POC date for completing the renovation of this bathroom is by 6/1/2022.	6/1/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	In the initial plan of correction submitted on 2/4/2022 it was stated: a work order was submitted to the Maintenance Department to inspect and determine what is causing the water damage to the floor in the bathroom at 3056 Peterson creating black spots on the tile. Due to the need for the Maintenance Department to contract with outside business to replace the flooring in the bathroom, the facility requested and was granted an extension to the Plan of Correction (POC) by the State Survey Agency. The facility's new POC date for completing the renovation of this bathroom is by 6/01/2022, as it is expected at this time that the flooring will arrive mid-May and will be replaced.	6/1/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The ICF Administrator will monitor through observation and contact with the Facility Maintenance Manager to ensure completion and replacement of the flooring.	6/1/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	6/1/2022

W 117	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	<p>During the last survey at Solar Cottage ICF - a review of facility contracts/agreements with an outside source to provide services not available at the facility identified the facility had no contract/agreement for the provision of speech/language services. In the initial plan of correction submitted on 2/4/2022 it was stated: the facility has been current making referrals to the Beatrice Community Hospital for speech/language services in regards to swallowing assessments and for recommendations on food and liquid modifications. The facility has expanded it's search to locate a Speech Language Pathologist who can furnish the facility with speech/language therapy, including swallowing assessments and recommendations on food and liquid modifications, as well as the use of speech/language equipment. A contract/agreement for the provision of speech/language therapy services, including swallowing assessments and recommendations on food and liquid modifications, as well as the use of speech/language equipment will be obtained.</p>	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	<p>BSDC medical staff continue to work with and refer individuals to Beatrice Community Hospital for speech/language services, including swallowing assessment and recommendations on food and liquid modifications, as well as the use of speech/language equipment as needed to ensure the individuals needs are met. Currently for speech/language equipment, Beatrice Community Hospital makes referrals to Madonna to assess the needs.</p>	9/30/2022
	<p>The Facility Administrator submitted a Request For Information (RFI) to DAS Procurement on Friday, April 1, 2022 requesting to enlist viable Speech Language Pathologist (SLP) candidates to provide speech/language/therapy services. DAS Procurement forwarded the RFI out to their approved vendors for questions/answers. The RFI and Current Bid Opportunities will be posted with an opening date of May 2, 2022. The ICF Administrator requested an extension for the completion date for this plan of correction. It is expected at this time, that BSDC will be able to obtain a written agreement for Speech/Language services under arrangement by end of September 2022 utilizing the DAS Procurement Process.</p>	9/30/2022
	<p>On 5/2/2022, the facility requested and was granted an extension to the Plan of Correction (POC) by the State Survey Agency. The facility's new POC date for securing a contract/agreement with a Speech Language Pathologist to provide speech/language/therapy services is 9/30/2022.</p>	9/30/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	<p>The ICF Administrator will monitor through contact with the Facility Administrator and DAS Procurement to ensure a contract/agreement is secured for a Speech Language Pathologist to provide speech/language/therapy services.</p>	9/30/2022

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	9/30/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/06/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews, the Governing Body failed to provide the necessary oversight and monitoring of the facility to ensure a clean and well maintained environment. This had the potential to affect all clients residing at the facility. The facility census was 76 at the time of the revisit survey.</p> <p>Observations on an environment tour on 5/4/2022 at 12:00 pm revealed that the bathrooms on unit 723 and 3056 were under construction and were not being utilized by clients.</p> <p>An interview with the facility's administrator (at the entrance conference on 5/4/22 at 9:30am) confirmed the facility had not completed the renovation work on the shower at 723 and the tile on shower units on 3056 had yet to be replaced.</p> <p>On 5/2/22, the facility was granted an extension to their Plan of Correction (POC) by State Survey Agency. The facility's new POC date for completing renovation for these bathrooms is by the end of 8/2022.</p>	W 104			
{W 117}	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(1)</p> <p>If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care. This STANDARD is not met as evidenced by:</p>	{W 117}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dawn Helmschek ICFA* TITLE _____ (X6) DATE *5/18/2022*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/06/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 117}	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to have a written contract/agreement with an outside source to furnish the facility with speech/language therapy services, including swallowing assessments and recommendations on food and liquid modifications. This had the potential to affect all clients with speech/language and swallowing needs. Facility census was 76 at the time of the survey.</p> <p>Findings:</p> <p>An interview with the facility's administrator (at the entrance conference on 5/4/22 at 9:30am) confirmed the facility had not secured a contract with an outside provider, as the did not provide onsite speech/language therapy services.</p> <p>On 5/2/22, the facility was granted an extension to their Plan of Correction (POC) by State Survey Agency. The facility's new POC date for securing a contact for these services is 9/30/22.</p>	{W 117}			

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/06/2022
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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Title 175, Chapter 17</p> <p>Representatives of the DHHS, Division of Public Health conducted a revisit from 5/4/22 through 5/6/22, to a January 2022 Licensure Inspection. This revisit was to determine compliance with the State Licensure regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFIID). The facility census was 76 at the time of the revisit. The facility was found to be in compliance with the two previously cited regulations.</p>	E 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE _____ (X6) DATE 5/18/2022
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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2022
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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Title 175, Chapter 17</p> <p>Representatives of the DHHS, Division of Public Health conducted a revisit from 5/4/22 through 5/6/22, to a January 2022 Licensure Inspection. This revisit was to determine compliance with the State Licensure regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFIID). The facility census was 76 at the time of the revisit. The facility was found to be in compliance with the two previously cited regulations.</p>	E 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dawn Helerschek</i> ICPA	TITLE	(X6) DATE 5/18/2022
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Fralin, Russell

From: DHHS DDBH Facilities
Sent: Wednesday, May 11, 2022 10:06 AM
To: Urbaschek, Dawn
Cc: Fralin, Russell; Luger, Mark; Harrison, Corina
Subject: IMPORTANT: Beatrice-Solar cottages revisit survey results, exit 5/6/2022
Attachments: GOPV12 revisit deficiency letter, exit 5-6-22.docx; GOPV12 2567- E-000 tags licensure.pdf; GOPV12 2567 E-000 tag, exit 5-6-2022.pdf; GOPV12 2567 W-104-W-117 tags, exit 5-6-2022.pdf; GOPV12-W tags exit 5-6-2022.xlsx

Importance: High

Good morning:

PLEASE NOTE: The individual to whom this is addressed is to confirm receipt to sender.

Attached is a copy of the results from the revisit survey recently completed at your facility.

FEDERAL DEFICIENCIES: PLEASE RESPOND TO THE ATTACHED CMS-2567s:

1. Open the attached PDF form of the CMS-2567; print the first page, sign and date and fax to (402)742-2326. There is no need to mail any documents.
2. Use the attached "E-2567 " for providing a response to the deficiencies. Please do not change the formatting of the document including the margins and column sizes.
3. Type each deficiency number cited in the column labeled "ID Prefix Tag". Type your plan of correction in the column labeled "Providers Plan of Correction". The required elements for an acceptable plan of correction are outlined in the attached letter.
4. Please copy and paste each element for each deficiency cited. If you need space for additional deficiencies please add lines. The space is unlimited.
5. Save the Health poc as an Excel document.
6. Attach the poc document in an email and send to DHHS.DDBHfacilities@nebraska.gov. Please complete this form and submit within 10 calendar days of receipt of this email.

Your opinion is important to us and we would like your feedback regarding the survey process. Please complete an evaluation about this survey by clicking on the link below:

<https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMvQ%3d%3d>.

If you have any further questions, please feel free to contact Mark Luger DDBH Program Manger II at mark.luger@nebraska.gov

Sincerely,

Fe Esquivel-Olivares | *Administrative Specialist*

PUBLIC HEALTH

Nebraska Department of Health and Human Services

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NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

May 11, 2022

Dawn Urbaschck, Administrator
Solar Cottages
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr
Beatrice, NE 68310



Pete Ricketts, Governor

Dear Ms. Urbaschek:

On May 6, 2022, DHHS representatives conducted an onsite revisit to verify that your facility had achieved and maintained compliance with the deficiencies cited during a survey conducted . During the revisit survey, the original cited deficiencies (E-030, E-110, W-220, W-242, W-249, W-260, W-426, Tags) were found to be in compliance, however, deficiencies W-104 and W-117 were still cited as you will see on the enclosed CMS-2567.

PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to DHHS.DDBHFacilities@nebraska.gov **NO LATER THAN 10 calendar days** after receipt of the CMS-2567. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

An acceptable POC must include:

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or June 20, 2022.

NOTE: Remember to attach copies of any auditing tools; education; revised or new policies/procedures.

SIGNATURE ON FIRST PAGE OF THE 2567's: The first page must be signed by the facility Administrator or representative.

We will notify you whether your plan of correction is or is not acceptable via email.

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Page 2,

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

EID: GOPV12

PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV11
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W-Tags		3/7/2022
W 104	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Environmental observations were conducted at the Solar Cottage homes on 1/12/22 and revealed the homes were not well maintained and kept clean.	3/7/2022
	a. The ICF Administrator has been in contact with the Facility Maintenance Manager to discuss the issues of not having a functioning bathroom at 723 Solar for the three individuals residing in the adjoining bedrooms. The Facility Maintenance Manager has been in contact with the Department of Administrative Services (DAS) to place bids and secure a contractor to complete the repairs and have a functioning bathroom. The ICF Administrator is also reviewing all other homes at the facility for possible placement of individuals impacted on a temporary basis until such time as the the bathroom is functioning.	3/7/2022
	b. Work orders have been submitted to the Maintenance Department to repair the wall in the client bedrooms, hallways, dining rooms and living rooms located in the homes at 715, 723, 743, 753 Solar and 3060, 3054, 3056 and 3052 Peterson. The work orders are specific for each home identified to repair chipped paint, missing and chipped drywall, black scuff marks, scrapes, gouge marks, scratches, marred and missing trim boards, large white marks on walls and to include repainting of the areas identified.	3/7/2022
	c. Work orders have been submitted to Developmental Therapy to repair four identified shower chairs with mesh seating and backing that is frayed and rough to the touch. The chairs will be cleaned to remove any discoloration of the white chair frames.	3/7/2022
	d. Multiple recliners (facility and client owned) that are damaged and in need of repair will be removed from the homes and the facility will ensure adequate seating is available at the homes.	3/7/2022
	e. Work orders to repair or replace the wooden storage cabinets located in the bathrooms of 3052, 3054 and 3056 Peterson have been submitted.	3/7/2022
	f. Work order has been submitted to Developmental Therapy to replace the padding on the gate trainer located at 743 Solar.	3/7/2022
	**A work order has been submitted to re-caulk around the base of the toilet in the bathroom located between rooms 2 & 5 at 743 Solar.	3/7/2022

	g. Work order has been submitted to the Maintenance Department to inspect and determine what is causing the water damage to the floor at 3056 Peterson and to replace the tile in the bathroom located in front of the shower between rooms 2 & 5, as well replace the tile located near the wall separating the toilet from the shower.	3/7/2022
	h. Work order has been submitted to repair the floor behind the toilet and replace the tile located in the bathroom between rooms 19 & 22 at 715 Solar.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Environmental observations were conducted at the Solar Cottage homes on 1/12/22 and revealed the homes were not well maintained and kept clean.	3/7/2022
	a. The ICF Administrator has been in contact with the Facility Maintenance Manager to discuss the issues of not having a functioning bathroom at 723 Solar for the three individuals residing in the adjoining bedrooms. The Facility Maintenance Manager has been in contact with the Department of Administrative Services (DAS) to place bids and secure a contractor to complete the repairs and have a functioning bathroom. The ICF Administrator is also reviewing all other homes at the facility for possible placement of individuals impacted on a temporary basis until such time as the the bathroom is functioning.	3/7/2022
	b. Work orders have been submitted to the Maintenance Department to repair the wall in the client bedrooms, hallways, dining rooms and living rooms located in the homes at 715, 723, 743, 753 Solar and 3060, 3054, 3056 and 3052 Peterson. The work orders are specific for each home identified to repair chipped paint, missing and chipped drywall, black scuff marks, scrapes, gouge marks, scratches, marred and missing trim boards, large white marks on walls and to include repainting of the areas identified.	3/7/2022
	c. Work orders have been submitted to Developmental Therapy to repair four identified shower chairs with mesh seating and backing that is frayed and rough to the touch. The chairs will be cleaned to remove any discoloration of the white chair frames.	3/7/2022
	d. Multiple recliners (facility and client owned) that are damaged and in need of repair will be removed from the homes and the facility will ensure adequate seating is available at the homes.	3/7/2022
	e. Work orders to repair or replace the wooden storage cabinets located in the bathrooms of 3052, 3054 and 3056 Peterson have been submitted.	3/7/2022
	f. Work order has been submitted to Developmental Therapy to replace the padding on the gate trainer located at 743 Solar.	3/7/2022
	**A work order has been submitted to re-caulk around the base of the toilet in the bathroom located between rooms 2 & 5 at 743 Solar.	3/7/2022
	g. Work order has been submitted to the Maintenance Department to inspect and determine what is causing the water damage to the floor at 3056 Peterson and to replace the tile in the bathroom located in front of the shower between rooms 2 & 5, as well replace the tile located near the wall separating the toilet from the shower.	3/7/2022
	h. Work order has been submitted to repair the floor behind the toilet and replace the tile located in the bathroom between rooms 19 & 22 at 715 Solar.	3/7/2022

	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility will monitor through environmental observations to ensure the Solar Cottage homes are well maintained and kept clean. Results of the environmental observations will be reviewed at IRT. Any identified concerns will be addressed in timely corrective action as part of the ongoing facility quality improvement process.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022
W 117	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	In review of the facility contracts/agreements with outside sources to provide services not available at the facility, it was identified that the facility had no contract/agreement for the provision of speech/language therapy services.	3/7/2022
	The facility has been currently making referrals to Beatrice Community Hospital for speech/language services in regards to swallowing assessments and for recommendations on food and liquid modifications. The facility has expanded its search to locate a Speech Language Pathologist who can furnish the facility with speech/language therapy, including swallowing assessments and recommendations on food and liquid modifications, as well as the use of speech/language equipment. A contract/agreement for the provision of speech/language therapy services will be obtained.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	The facility has been currently making referrals to Beatrice Community Hospital for speech/language services in regards to swallowing assessments and for recommendations on food and liquid modifications. The facility has expanded its search to locate a Speech Language Pathologist who can furnish the facility with speech/language therapy, including swallowing assessments and recommendations on food and liquid modifications, as well as the use of speech/language equipment. A contract/agreement for the provision of speech/language therapy services will be obtained.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	The facility has been currently making referrals to Beatrice Community Hospital for speech/language services in regards to swallowing assessments and for recommendations on food and liquid modifications. The facility has expanded its search to locate a Speech Language Pathologist who can furnish the facility with speech/language therapy, including swallowing assessments and recommendations on food and liquid modifications, as well as the use of speech/language equipment. A contract/agreement for the provision of speech/language therapy services will be obtained.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator is the responsible position to monitor and ensure compliance.	3/7/2022
W 220	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	For Client 3, a speech/language assesment will be requested.	3/7/2022
	For all other individuals residing in Solar Cottage ICF, a review of communication and swallowing needs will be completed to determine if the individual's needs require services of a speech/language pathologist.	3/7/2022
	Facility QDDPs will be provided an in-service by the QDDP Coordinator regarding the requirement for at least, an annual review of the Comprehensive Functional Assessments, such as Speech-Language Evaluation to determine the specific services and interventions that will address the individualized needs, such as communication of basic needs, swallowing deficits, dysphagia and modified diets. Additionally, the In-service will include the requirement to update and address changes in status.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	For Client 3, a speech/language assesment will be requested.	3/7/2022
	For all other individuals residing in Solar Cottage ICF, a review of communication and swallowing needs will be completed to determine if the individual's needs require services of a speech/language pathologist.	3/7/2022
	Facility QDDPs will be provided an in-service by the QDDP Coordinator regarding the requirement for at least, an annual review of the Comprehensive Functional Assessments, such as Speech-Language Evaluation to determine the specific services and interventions that will address the individualized needs, such as communication of basic needs, swallowing deficits, dysphagia and modified diets. Additionally, the in-service will include the requirement to update and address changes in status.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	A monitoring system will be developed to ensure a speech/language assessment is completed for those individuals identified to have needs for speech/language services and/or reviewed as part of the Comprehensive Functional Assessment (CFA).	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022
W 242	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	For Client 3, the IDT will meet to discuss and identify a training program to address communication needs.	3/7/2022
	For all other individuals in the Solar Cottages ICF, the QDDP will ensure for those who have needs related to communication/speech language, will have a training program as a prioritized objective.	3/7/2022
	Facility QDDPs will be provided with an in-service by the QDDP Coordinator, regarding W242 and the requirements for the individual program plan to include training to address communication of basic needs for those individuals who lack skills in this area.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	For Client 3, the IDT will meet to discuss and identify a training program to address communication needs.	3/7/2022
	For all other individuals in the Solar Cottages ICF, the QDDP will ensure for those who have needs related to communication/speech language, will have a training program as a prioritized objective.	3/7/2022
	Facility QDDPs will be provided with an in-service by the QDDP Coordinator, regarding W242 and the requirements for the individual program plan to include training to address communication of basic needs for those individuals who lack skills in this area.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	A monitoring system will be developed to ensure that all individuals with communication needs have training programs implemented.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022

W 249	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	For Client 2; Staff F and all other staff who support Client 2 will be in-serviced on appropriate training techniques and ensure proper implementation of the making a choice program and that grasping skills are implemented, incorporated in all aspects of Client 2's day and to be generalized with other procedures and ADLs .	3/7/2022
	For all other individuals residing within Solar Cottages ICF, ICF Management will ensure adequate in-servicing is available to staff members to ensure all individuals training programs are implemented as identified in the client's ISP.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	For Client 2; Staff F and all other staff who support Client 2 will be in-serviced on appropriate training techniques and ensure proper implementation of the making a choice program and that grasping skills are implemented, incorporated in all aspects of Client 2's day and to be generalized with other procedures and ADLs .	3/7/2022
	For all other individuals residing within Solar Cottages ICF, ICF Management will ensure adequate in-servicing is available to staff members to ensure all individuals training programs are implemented as identified in the client's ISP.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	A monitoring system will be developed to ensure implementation of training programs identified in the ISP thorough observation and integrity checks.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022
W 260	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	For Client 4, the IDT met on January 19, 2022 to discuss current medical needs/changes resulting from a discharge from a hospital admission on January 5, 2022. The meeting provided documentation which included nutritional services, meal time program, and speech and language information in the ISP through an IDT meeting.	3/7/2022
	The facility QDDPs will review current ISPs for all other individuals in the Solar Cottage ICF to identify needs to respond to significant changes which have occurred since the last ISP and to ensure accurate and timely documentation.	3/7/2022
	The facility QDDPs will be provided an in-service by the QDDP Coordinator regarding identifying changes and ensuring timely ISP team meeting documentation reflecting changes.	3/7/2022

	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	For Client 4, the IDT met on January 19, 2022 to discuss current medical needs/changes resulting from a discharge from a hospital admission on January 5, 2022. The meeting provided documentation which included nutritional services, meal time program, and speech and language information in the ISP through an IDT meeting.	3/7/2022
	The facility QDDPs will review current ISPs for all other individuals in the Solar Cottage ICF to identify needs to respond to significant changes which have occurred since the last ISP and to ensure accurate and timely documentation.	3/7/2022
	The facility QDDPs will be provided an in-service by the QDDP Coordinator regarding identifying changes and ensuring timely ISP team meeting documentation reflecting changes.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	A monitoring system will be developed to ensure that all client functional changes are discussed and communicated to support staff in a timely manner.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022
W 426	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	A work order was submitted to the Maintenance Department to repair and/or regulate water temperatures in the sinks and showers in the facility for all homes identified.	3/7/2022
	Water temperatures have been regulated at the identified homes: 3052 and 3054 Peterson; and 715, 723, 743 and 753 Solar.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to repair and/or regulate water temperatures in the sinks and showers in the facility for all homes identified.	3/7/2022
	Water temperatures have been regulated at the identified homes: 3052 and 3054 Peterson; and 715, 723, 743 and 753 Solar.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	Staff will be in-serviced to ensure appropriate water temperatures are maintained at 110 degrees F or comfortable temperature before exposing individuals.	3/7/2022

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	GOPV11
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	ACTION	COMPLETION DATE
E-Tags		3/7/2022
E 001	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Staff E will be re-inserviced on the appropriate procedure for the disposal of a wasted medication as specified in BSDC policy and procedure indicating that all medication wasted must be reported to the nurse.	3/7/2022
	For all other staff working in the Solar Cottage ICF, a re-in-service of Operational Guideline "BSDC.Medication Administration" will be conducted through LINK Training with focus on the appropriate procedure for the disposal of a wasted medication.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Staff E will be re-inserviced on the appropriate procedure for the disposal of a wasted medication as specified in BSDC policy and procedure indicating that all medication wasted must be reported to the nurse.	3/7/2022
	For all other staff working in the Solar Cottage ICF, a re-in-service of Operational Guideline "BSDC.Medication Administration" will be conducted through LINK Training with focus on the appropriate procedure for the disposal of a wasted medication.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	A monitoring system will be developed to ensure that all employees understand and are following the appropriate procedures for the disposal of a wasted medication.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/7/2022

E 110	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Each ICF/MR must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff member. The facility failed to provide evidence that a nurse aide registry check was completed during the hiring process for 4 of 4 unlicensed staff (three direct care and one manager).	3/7/2022
	In interview with HR Associate on 1/20/22, it was confirmed the Nurse Aide Registry was not getting checked prior to staff's employment due to an error within the system as staff responsible for completing background checks were not aware they needed to run Nurse Aide Registry checks upon hire of new unlicensed employees. The error was not identified until an audit of staff background check was initiated are part of the licensure inspection.	3/7/2022
	Hiring Managers are now aware of the need to ensure Nurse Aide Registry checks are completed during the hiring process and before unlicensed employees begin employment. HR will include the nurse aide registry checks with the background checks in the ICF Approval information for ICF Administrator approval.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Each ICF/MR must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff member. The facility failed to provide evidence that a nurse aide registry check was completed during the hiring process for 4 of 4 unlicensed staff (three direct care and one manager).	3/7/2022
	In interview with HR Associate on 1/20/22, it was confirmed the Nurse Aide Registry was not getting checked prior to staff's employment due to an error within the system as staff responsible for completing background checks were not aware they needed to run Nurse Aide Registry checks upon hire of new unlicensed employees. The error was not identified until an audit of staff background check was initiated are part of the licensure inspection.	3/7/2022
	Hiring Managers are now aware of the need to ensure Nurse Aide Registry checks are completed during the hiring process and before unlicensed employees begin employment. HR will include the nurse aide registry checks with the background checks in the ICF Approval information for ICF Administrator approval.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	Hiring Managers will ensure all pre-employment background and registry checks are completed on each unlicensed direct care staff member. ICF Administrator will ensure the nurse aide registry checks are included with the background checks in the ICF Approval information received from HR.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

	The ICF Administrator is the responsible position to monitor and ensure compliance.	3/7/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	DESCRIPTION	COMPLETION DATE
E-Tags		3/7/2022
E 030	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	In review of the facility's Emergency Preparedness Plan, it identified it included a "Departmental Succession Contacts" list as part of the plan. In review of the list, Solar Cottages was absent from the list and Lake Street was attached to State Building. Lake Street ICF merged with Solar Cottages on 7/1/2021 and is no longer in existence.	1/24/2022
	The Departmental Succession Contact list has been revised to include Solar Cottages and to remove Lake Street from the State Building title. The facility's Emergency Preparedness Plan and COOP manuals have all been updated with a revised Departmental Succession Contact list.	1/24/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	In review of the facility's Emergency Preparedness Plan, it identified it included a "Departmental Succession Contacts" list as part of the plan. In review of the list, Solar Cottages was absent from the list and Lake Street was attached to State Building. Lake Street ICF merged with Solar Cottages on 7/1/2021 and is no longer in existence.	1/24/2022
	The Departmental Succession Contact list has been revised to include Solar Cottages and to remove Lake Street from the State Building title. The facility's Emergency Preparedness Plan and COOP manuals have all been updated with a revised Departmental Succession Contact list.	1/24/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The facility's Emergency Preparedness Plan and COOP plan and resources are updated annually. Revisions to the plan and resource will continue to be made throughout the year as needed.	1/24/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

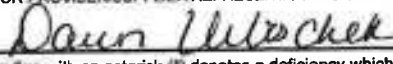
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	1/24/2022
	<p>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</p>	
	<p>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p>	
	<p>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</p>	
	<p>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</p>	
	<p>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</p>	
	<p>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p>	
	<p>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</p>	

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews, the Governing Body failed to provide the necessary oversight and monitoring of the facility to ensure a clean and well maintained environment. This had the potential to affect all clients residing at the facility. The facility census was 79 at the time of the survey.</p> <p>Findings:</p> <p>Observations conducted in each living unit on 1/12/2022 started at 10:00am revealed the facility was not well maintained and kept clean.</p> <p>a) 723 Solar. Observations revealed the bathroom (Jack-and-Jill style) shared by three clients residing in Rooms 25 and 28 failed to have a functioning shower, sink, and toilet for clients to access for personal hygiene. These clients had to utilize the other three bathrooms (also Jack-and-Jill style) on the living unit for personal hygiene care and treatment. This resulted in the three clients having to walk through their roommates private bedrooms in order to enter and exit the bathroom.</p> <p>b) The surface of the walls in client bedrooms, hallways, dining rooms, and living rooms located in the living units of 715, 723, 743, and 753 Solar and 3060, 3056, 3054, and 3052 Peterson had chipped paint, missing and chipped drywall, black scuff marks, scrapes, gouge marks, scratches,</p>	W 104			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 *JCEA* *2/4/2022*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	<p>Continued From page 1</p> <p>marred and missing trim boards, and large white marks on the walls where drywall was repaired but not repainted.</p> <p>c) The mesh seating and backing 4 of 12 shower chairs was frayed and rough to the touch. The shower chairs were not clean as they had a black and orange substance on portions of the white plastic chair frames.</p> <p>d) Multiple recliners (facility and client owned) had rips, tears, and were worn through the fabric surface of the recliner seat and/or arm rests exposing the padding and wooden frames. Recliners located in the living rooms of the 3052 Peterson and 715 Solar living units had foot rests which were damaged and broken causing the foot rest not to align with the recliner properly resulting in a trip hazard. In addition, the leather sofa on the 715 Solar living unit had worn and torn circular section on the arm rest which was about 4-inches in diameter.</p> <p>e) The wooden storage cabinets located in the bathrooms of the 3052, 3054, and 3056 Peterson living units were not in good repair. These cabinets had multiple scratch and gouge marks. Additionally, the surface of the wooden handles on the drawers and the wooden sections surrounding the metal handles of the two cabinet doors was worn through the finish and exposing the bare wood resulting in these cabinets not being a durable and cleanable safe surface.</p> <p>f) 743 Solar. A gate trainer used by clients was found to be in disrepair. The black arm rest pads of the gate trainer were worn thru the leather exposing the padding. The padding of the right arm rest was worn through the leather and when</p>	W 104			

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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	<p>Continued From page 2</p> <p>touched the gray particles of the padding flaked off of the arm rest. A section of caulking was missing from around the base of the toilet in the bathroom located between rooms 2 & 5.</p> <p>g) 3056 Peterson. The tile in the bathroom located between rooms 2 & 5 had two large black spots on the tile in front of the show about 4-feet by 3-feet in diameter. Another large spot about 1-foot in diameter and several small spots (quarter to 2-inches in diameter) were found near the wall separating the toilet from the shower.</p> <p>h) 715 Solar. The floor tile in bathroom located between rooms 19 & 22 was cracked and missing creating a 1" by 2" hole in the floor behind the toilet.</p> <p>In an interview during the observations on 1/12/2022 started at 10:00am, the facility's Home Manager confirmed (a) the damage to walls was pervasive throughout the facility's living units and likely a result of recliners in the living rooms and client wheelchairs rubbing and bumping against the walls; (b) the shower chairs were not clean and the mesh rough to the touch; (c) the wooden cabinets in bathrooms of the three living units identified above were not in good repair; and (d) the arm rest pads of the gate trainer needed to be replaced.</p> <p>In an interview on 1/12/2022 at 2:15pm, the Administrator confirmed the 723 Solar bathroom was in disrepair and the remodeling had not been completed which resulted in clients not being able to utilize the bathroom for personal hygiene needs. According to the Administrator, the bathroom had been in the state of disrepair for six months or more. When asked and shown a photo</p>	W 104			

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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	Continued From page 3 of the damaged bathroom time in the 3056 living unit, the Administrator identified they were not aware of the damaged flooring and that maintenance needed to assess what was causing the apparent water damage.	W 104			
W 117	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(1) If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have a written contract/agreement with an outside source to furnish the facility with speech/language therapy services, including swallowing assessments and recommendations on food and liquid modifications. This had the potential to affect all clients with speech/language and swallowing needs. Facility census was 79 at the time of the survey. Findings: A review of the facility contracts/agreements with outside source to provide services not available at the facility, identified the facility had no contract/agreement for the provision of speech/language services. A 1/13/2021 email from the facility administrator confirmed the facility had was no written contact/agreement with	W 117			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 117	Continued From page 4 an outside source to provide speech/language services. When interviewed on 1/20/21 at 3:40pm, the administrator stated clients would be getting any needed speech language/swallowing assessments through the local hospital but confirmed there was no agreement/contract with the hospital. The administrator stated they did not realize the regulations required an agreement/contract with an outside service provider. Record review of the six clients in the sample found all six had identified needs in the area of speech/language therapy, related to both communication and swallowing deficits.	W 117		
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to assess the current speech/language and swallowing needs of 1 of 6 clients (Client 3) as there was no evaluation by qualified professional. This failure had the potential to affect all clients with speech/language or swallowing needs. The facility census was 79 at the time of the survey. FINDINGS: Client 3	W 220		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 220	<p>Continued From page 5</p> <p>Review of Client 3's records found a speech/language evaluation dated 7/24/2020 (with annual updates on 8/21/19 and 8/29/18) which identified Client 3's expressive and receptive language skills to be "profoundly impaired". The 2020 evaluation recommend a training program to activate a switch. It also identified Client 3 as requiring a modified diet for both food and liquids and recommend "ongoing assessment of [Client 3's] swallow skills."</p> <p>A review of Client 3's 9/1/21 Individual Support Plan (ISP) found no current speech/language evaluation outlining Client 3's current needs or abilities. Review of the ISP revealed no interdisciplinary team (IDT) discussion of Client 3's strengths or needs in the area of speech/language/communication or swallowing. This review also found no evidence of training in the area of speech/language/communication skills.</p> <p>Observation of Client 3 on 1/20/22, 1/11/22 (two observations) identified Client 3 to not speak or respond directly to staff interactions. Observation identified Client 3's expressive and receptive language skills to be profoundly impaired, with Client 3's interaction within their environment being limited to manipulation of hand bells and an activity bar or hand over hand assistance by staff to put a card in an envelope.</p> <p>Interview with Qualified Intellectual Disability Professional (QIDP) B on 1/20/22 at 2:30pm confirmed Client 3 did not have a speech language evaluation prior to this year's ISP. QIDP B stated the facility no longer had speech/language professionals onsite and none</p>	W 220			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2022
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W 220	Continued From page 6 were available at the time Client 3's ISP was being developed. QIDP B confirmed that historically, Client 3 had an annual speech/language evaluation as part of their Comprehensive Functional Assessment (CFA). According to QIDP B the assessment was completed annually due to Client 3's communication needs, swallowing function and modifications to Client 3's food and liquids.	W 220			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide training to address needs related to communication/speech language skill for 1 of 3 clients (Client 3) with observed and documented needs. This failure had the potential to affect all clients who had communication/speech language needs. The facility census was 79 at the time of the survey. Findings: A review of Client 3's 9/1/21 Individual Support Plan (ISP) identified no evidence of training in the	W 242			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

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W 242	<p>Continued From page 7</p> <p>area of speech/language/communication skills. Further review revealed no interdisciplinary team (IDT) discussion of Client 3's strengths or needs in the area of communication or if training was warranted</p> <p>Review of the ISP Agenda dated 9/1/21 identified that Client 3 had a training program to "activate a switch to communicate." According to the agenda, this training program was going to be discontinued "due to challenges with consistent implementation due to equipment concerns." The agenda did not include evidence that Client 3 no longer had a need for training in the area of communication skill.</p> <p>Review of the ISP revealed no current speech/language evaluation assessing Client 3's current needs or abilities. Client 3's last speech/language evaluation dated 7/24/2020 identified Client 3's expressive and receptive language skills to be "profoundly impaired".</p> <p>Observation of Client 3 on 1/20/22, 1/11/22 (two observations) identified Client 3 to not speak or respond directly to staff interactions. Observation identified Client 3's expressive and receptive language skills to be profoundly impaired, as identified in the 2020 speech/language evaluation.</p> <p>Interview with Qualified Intellectual Disability Professional (QIDP) B on 1/20/22 at 2:30pm confirmed Client 3 did not have a training program in the area of communication skills and "consistent implementation due to equipment concerns" was not a sufficient rationale to discontinue Client 3's "activate a switch to</p>	W 242			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
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W 242	Continued From page 8 communicate" program.	W 242			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, observations, and interviews, the facility failed to ensure training programs for 1 of 6 clients in the sample (Client 2) were implemented as identified in the client's Individual Support Plan (ISP). This failure had the potential to affect all clients residing at the facility. The facility census was 79 at the time of the survey.</p> <p>Findings:</p> <p>Client 2's 11/18/21 quarterly review of their 3/31/21 ISP revealed Client 2 had training programs designed to be implemented throughout Client 2's day. These programs included:</p> <p>1) A "make a choice" program. According to the program, Client 2 would make a choice between two objects offered by staff and this training was</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

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W 249	<p>Continued From page 9</p> <p>to be "incorporated in all aspects of [Client 2's] day" and "be generalized with other procedures and ADLs".</p> <p>2) Client 2's money program, dining program and medication program all included the skill of learning to grasping an object.</p> <p>Observations on 1/10/22 from 4:15pm- 5:30pm identified Client 2 to be seated in their wheelchair in the center of the living room area on the side of the home where Client 2's bedroom was located. Client 2's eyes were closed and their head was hanging forward. The TV was on and Staff F was seated in the living room area with Client 2. Staff F was watching TV and no activity was provided for Client 2 or other clients in the living room. Staff F reported they were not sure how long Client 2 had been seated in the living room area with their eyes closed and head hanging forward, but that Staff F arrived on the home at 3:00pm and Client 2 had been "sleeping" since that time. Staff F reported they were told to go to Client 2's home and "watch the ladies" until additional staff arrive at 4:30pm. Staff F left at 4:30pm with Client 2 still "sleeping". Client 2 remained "sleeping" until approximately 5:25pm when they were brought to the dining table for the evening meal.</p> <p>Observations on 1/11/22 from 1:10pm - 1:50pm identified Client 2 to be seated in their wheelchair in the living room area on the side where their bedroom was located. Client 2's eyes were closed and their head was hanging forward. Client 2 was facing away from the activity (stuffing cards into envelopes) being ran by Staff F. Staff F was seated in a recliner with the cards and envelopes on a table in front of Staff F. Staff F</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0936-0391

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W 249	Continued From page 10 was completing the act of stuffing the cards into the envelopes, talking to Client 2 and other clients during the process. At no time did Client 2 (or the other clients seated around the activity) actually touch the cards or envelopes. Interview with Staff F on 1/20/22 at 12:31pm confirmed they did not work regularly with Client 2 or the other clients living in the same home. Staff F stated they were told to go to Client 2's home and assist by "watching the ladies". Staff F reported they believed that talking to the clients as they (Staff F) stuffed the cards into the envelope was an appropriate activity. Staff F confirmed they did not know Client 2's training programs. When interviewed on 1/20/22 at 2:00pm, QIDP B confirmed Staff F should have involved Client 2 with the stuffing of the envelopes using hand-over-hand assistance. QIDP B stated Client 2's choice program and the grasping skills included in as part of Client 2's other program should have been implemented/practice during the card stuffing activity. QIDP B confirmed Client 2 would not have engaged in the activity independently and Staff F should have physically engaged Client 2 in the activity; as a means to implement Client 2's programs and to keep Client 2 involved in their environment.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by:	W 260			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

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W 260	<p>Continued From page 11</p> <p>Based on record review, observation, and interview the facility failed to update the Individual Support Plan (ISP) for 1 of 6 clients in the sample who had a significant change of condition (Client 4). This had the potential to affect all clients residing at the facility. The facility census was 79 at the time of the survey.</p> <p>Findings:</p> <p>Observation on 1/10/2022 at 5:40pm on Client 4's living unit 3054 Peterson Blvd, found Client 4 with Staff H eating at the table. Staff H stated Client 4 had not been sleeping well. Client 4's meal was a full liquid diet with 4 different glasses placed in front of Client 4. Client 4 was sitting in a Rifton dining chair, and sat with head lowered almost to Client 4's chest for the majority of the meal. Staff H encouraged Client 4 to sit up, or tilt their head back so that they could take drinks from one of the four glasses. Client 4 was able to reach for and lift each glass to drink. Staff H encouraged Client 4 to finish all of the drinks that had been placed on the table. In between each bite Client 4 would lower their head back to their chest. Staff H, reported that Client 4 was on a "honey thickened" liquid diet, and that Client 4 had been on this diet since Client 4 had returned from the hospital. Staff H was unsure of when that return occurred. At 6:00pm Staff H assisted Client 4 out of their dining chair and into Client 4's wheel chair with the aid of a second staff. Staff H stated Client 4 is a two-person transfer with a gait belt. Staff H stated Client 4 was able to eat, walk and transfer with some independence prior to Client 4's last stay in the hospital around 12/31/2021. During this observation, Client 4 had full assists from staff, except for grasping the glasses to</p>	W 260			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

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W 260	<p>Continued From page 12 drink.</p> <p>Observation on 1/11/2022 at 7:55am found Client 4 had been up until 4:15am and was sleeping as reported by Staff G. Staff G stated they had contacted the nurse who directed staff to allow Client 4 to sleep for a time and would remain on the unit. Staff G reported Client 4 had had multiple manic episodes which effected sleep and other activities.</p> <p>Observation on 1/11/2022 at 11:15am found Staff G had gotten Client 4 up per Nurse C as Client 4 needed nutrition. Nurse C was on site and confirmed the need for a full liquid diet, to keep Client 4's intake of calories consistent.</p> <p>Review of Client 4's records found the following regarding change of condition:</p> <p>-Client 4's dining card found in the facility on line system (THERAP) dated 9/23/2021, identified Client 4 was to have a regular diet, with bite sized pieces. In addition, the card identified Client 4 needed a low fat/low triglyceride diet and included a program for "setting the spoon down" to slow Client 4's rate of eating.</p> <p>Two additional dining cards were provided by the facility, and dated 1/6/2022. They both included the "setting the spoon down" program but identified Client 4 was on a full liquid diet provided in drinking glasses.</p> <p>-General Event Reports (GER) found the following:</p> <p>*12/31/2021-During lunch, Client 4 was spitting out food and not alert. Supplement was provided</p>	W 260			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
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OMB NO. 0938-0391

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W 260	<p>Continued From page 13</p> <p>and Client 4 began gurgling sounds. Nurse was called to assess, who in turn called a medical emergency when vitals could not be taken and Client 4 was listless and unresponsive. 911 was called, Client 4 was transported to ER and was admitted for bilateral pneumonia. Client 4 was released on 1/3/2022.</p> <p>*1/15/2021-Client 4 was observed by staff, breathing fast while sitting in activity chair in living room, head down. Nurse assessed, vitals taken, oxygen saturation was at 78, and Client 4 was placed on oxygen per nasal cannula. 911 was called, and Client 4 was transported to the Emergency room for aspiration/hypoxia.</p> <p>-Individual Support Plans provided by the facility found the following: Two ISP's were provided by the facility on 1/13/2022: a draft copy entered by QIDP A (Qualified Intellectual Disabilities Professional) entered on 12/21/2021; and an approved copy entered on the same date but approved by QIDP A on 1/13/2022. Both ISP's identified the original meeting date for the ISP was on 7/28/2021.</p> <p>Review of approved ISP approved on 1/13/2022 found the following:</p> <p>Client 4 had a meal time program identified in the ISP dated 7/28/2021. This program required Client 4 "put down" spoon in-between bites. The ISP failed to identify that as of 1/05/2022 Client 4's dietary needs were being met through a full liquid diet that required no silverware</p> <p>The nutritional services section in the ISP identified, Client 4's current diet was bite size, texture diet with no raw or crunchy fruits or vegetables; regular calorie servings at all meals.</p>	W 260		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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W 260	Continued From page 14 Consistency of food/liquids: bite size food with regular liquids. There was no mention of a change to a liquid diet with honey thickened consistency. The speech and language section in the ISP, identified Client 4 resided at 3070 State Avenue, not Client 4's current unit 3054 Peterson Blvd. In addition this section addressed nutrition and Client 4's manic episodes, reporting diet is "downgraded" during these episodes to chopped or ground level to "ensure safety" with all by mouth intake. This section did not specify that Client 4 would move to a full liquid diet. Interviews with Staff H on 1/10/2022 at 5:40pm and on 1/11/2022 with Staff G at 7:55am reported Client 4 had been on a full liquid diet since 1/5/2022 when Client 4 returned from the hospital. Interview on 1/19/2022 at 5:00pm confirmed QIDP A reported the changes to Client 4's ISP documentation which included nutritional services, meal time program, and speech and language information had not been addressed until an IDT meeting that was held at 3:30pm on 1/19/2022.	W 260			
W 426	CLIENT BATHROOMS CFR(s): 483.470(d)(3) The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by:	W 426			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
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W 426	<p>Continued From page 15</p> <p>Based on observations and interviews, the facility failed to ensure hot water temperatures did not exceed 110 degrees Fahrenheit (F) for 23 of 31 client bathroom water faucets. This had the potential to affect all clients residing at the facility. The facility census was 79 at the time of the survey.</p> <p>Findings:</p> <p>Observations conducted on 1/12/2022 started at 10:00am revealed the water temperatures for the client bathroom sink faucets to be:</p> <p>3052 Peterson: Bathroom shared by Bedrooms 2 & 5, 111.6 degrees F Bathroom shared by Bedrooms 8 & 11, 111 degrees F Bathroom shared by Bedrooms 19 & 22, 110.9 degrees F</p> <p>3054 Peterson: Bathroom shared by Bedrooms 2 & 5, 114 degrees F Bathroom shared by Bedrooms 8 & 11, 113.3 degrees F Bathroom shared by Bedrooms 19 & 22, 116.9 degrees F Bathroom shared by Bedrooms 25 & 28, 114.9 degrees F</p> <p>715 Solar: Bathroom shared by Bedrooms 2 & 5, sink (a) 110.6 degrees F and sink (b) 114 degrees F Bathroom shared by Bedrooms 8 & 11, sink (a)</p>	W 426			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 426	<p>Continued From page 16</p> <p>116.6 degrees F and sink (b) 117.6 degrees F Bathroom shared by Bedrooms 19 & 22, 117.1 degrees F Bathroom shared by Bedrooms 25 & 28, 116.6 degrees F</p> <p>723 Solar: Bathroom shared by Bedrooms 2 & 5, 112.4 degrees F Bathroom shared by Bedrooms 19 & 22, sink (a) 114 degrees F and sink (b) 114 degrees F Bathroom shared by Bedrooms 25 & 28, 116.6 degrees F</p> <p>743 Solar: Bathroom shared by Bedrooms 19 & 22, 112.8 degrees F Bathroom shared by Bedrooms 25 & 28, 110.6 degrees F</p> <p>753 Solar: Bathroom shared by Bedrooms 2 & 5, 115.3 degrees F Bathroom shared by Bedrooms 8 & 11, 119.3 degrees F Bathroom shared by Bedrooms 19 & 22, 119.6 degrees F Bathroom shared by Bedrooms 25 & 28, 114.1 degrees F</p> <p>In an interview during the observations on 1/12/2022, Client 8 reported that the water at the sink and "at the shower is too hot" while pointing to the bathroom located on the 3054 Peterson unit between Bedrooms 19 & 22.</p> <p>In an interview during the observations on 1/12/2022 started at 10:00am, the facility's Home Manager confirmed that the water temperatures</p>	W 426			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 426	Continued From page 17 obtained from the client bathroom sinks exceeded 110 degree F. According to the Home Manager, the facility had on-going problems with regulating water temperatures.	W 426			

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 001	<p>Initial comments</p> <p>Based on observation, interview and record review, facility staff failed to dispose of a wasted medication (a physician's ordered vitamin) in accordance with facility policy and procedure. This failure had the potential to affect all clients that receive medications provided by facility staff. The facility census was 79 at the time of the licensure inspection.</p> <p>Findings:</p> <p>Observation on 1/14/2022 at 7:50 am during a medication pass for Client 7, Staff E accidentally took out a 4:00 pm Vitamin D3 pill out of its original container. Staff E stated that she made an error, and threw the extra pill into the nearby trash.</p> <p>When interviewed on what the facility's policy was about destroying medication, Staff E stated, "Because this is just a vitamin, I will just throw it away, but if it was any other medication, I would report and give it to the nurse."</p> <p>Record review of the facility's medication destruction policy and procedure indicated that all medication that was wasted must be reported to the nurse. The policy did not make a distinction between prescription medications, supplements or over-the-counter medications.</p>	E 001		
E 110	<p>17-006.03D Criminal Background and Registry Checks</p> <p>Each ICF/MR must complete and maintain documentation of pre-employment criminal</p>	E 110		

Licensure Unit
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dawn Ulbrockek

TITLE

ICFA

(X6) DATE

2/04/2022

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 110	<p>Continued From page 1</p> <p>background and registry checks on each unlicensed direct care staff member.</p> <p>17-006.03D1 Criminal Background Checks: The ICF/MR must complete criminal background checks through a governmental law enforcement agency or a private entity that maintains criminal background information.</p> <p>17-006.03D2 Registry Checks: The ICF/MR must check for adverse findings on the following registries:</p> <ol style="list-style-type: none"> 1. Nurse Aide Registry; 3. Adult Protective Services Central Registry; 4. Central Register of Child Protection Cases; <p>and</p> <ol style="list-style-type: none"> 5. Nebraska State Patrol Sex Offender Registry. <p>17-006.03D The facility must comply with 42 CFR 483.420 (d) (1) (iii) and Appendix J to the State Operations Manual, specifically interpretive guideline W152, in its hiring decisions. The facility must not employ staff with a conviction or prior employment history of child or vulnerable adult abuse, neglect, or mistreatment</p> <p>17-006.03D4 The facility must also:</p> <ol style="list-style-type: none"> 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin prior to receiving the criminal background information; and 3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to individuals' safety or property. <p>17-006.03D4 The facility must not employ staff with adverse findings on the Nurse Aide Registry</p>	E 110		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 3062,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 110	Continued From page 3 completing background checks was not aware they needed to run the Nurse Aide Registry checks upon hire of new unlicensed employees. The HR Associate confirmed the error was not identified until an audit of staff background check was initiated as part of the licensure inspection.	E 110		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD14	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 110	<p>Continued From page 2</p> <p>regarding abuse or neglect of individuals served, or misappropriation of the property of individuals served.</p> <p>This Standard is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide evidence that the nurse aide registry checks were completed during the hiring process for 4 of 4 unlicensed staff (three direct care staff and one manager)(Staff A, Staff B, Staff C, Staff D). This failure had the potential to affect all unlicensed staff employed by the facility. The facility census was 79 at the time of the licensure inspection.</p> <p>Findings: Review of background checks for 4 randomly selected unlicensed staff, employed directly by facility, found no evidence that the nurse aide registry was checked prior to their employments dates. Hire dates for the staff were as follow: Staff A: 6/4/2021 Staff B: 12/13/2021 Staff C: 3/12/2021 Staff D: 12/7/2021</p> <p>Evidence in the staffs' records identified the facility did not check the Nurse Aide Registry for these four staff until 1/11/2022; after their hire dates.</p> <p>Interview with the HR Associate on 1/20/2022 at 9:30 am confirmed the Nurse Aide Registry was not getting checked prior to staffs' employment. According to the HR Associate, there was an error within this system as staff responsible for</p>	E 110		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PÉT BLV 753,743,723,715 SOL DR BEATRICE, NE 68310	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 030	<p>Names and Contact Information CFR(s): 483.475(c)(1)</p> <p>§403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).</p> <p>[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:]</p> <p>(1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.</p> <p>*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers.</p> <p>*[For RNHCIs at §403.748(c);] The communication plan must include all of the following:</p>	E 030		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Urochek TITLE: ICFA (X6) DATE: 2/4/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 030	Continued From page 1 (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers. *[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. *[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices. *[For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. *[For OPOs at §486.360(c):] The communication plan must include all of the following:	E 030			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 030	<p>Continued From page 2</p> <p>(2) Names and contact information for the following:</p> <p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Volunteers.</p> <p>(iv) Other OPOs.</p> <p>(v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA).</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure its Emergency Preparedness Communication Plan was accurate and included Solar Cottages on the contact list. This failure had the potential to affect all clients residing at the facility. The facility census was 79 at the time of the survey.</p> <p>FINDINGS:</p> <p>Review of the facility's Emergency Preparedness Plan, identified it included a "Departmental Succession Contacts" list as part of its plan. Review of this list identified the facility "Solar Cottages" was absent from the list. Further review of the list identified the facility "Lake Street" was attached to the facility "State Buildings".</p> <p>The Lake Street facility merged with the Solar Cottages facility on 7/1/2021 and is no longer in existence.</p> <p>Interview with the Administrator (on 1/20/22 at 3:40pm) confirmed the list was not completed or accurate as the Solar Cottages facility was not included and Lake Street facility was listed with State Building facility.</p>	E 030			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments This facility is in compliance with Emergency Preparedness regulations at E41 [483.73(e)].	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Wilzochek

TCFA

2/4/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

January 27, 2022

Dawn Urbaschek
Solar Cottages
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr
667 31ST ST, APT 103, 104, 205, 206
Beatrice, NE 68310

Dear Mr. Urbaschek:

IMPORTANT NOTICE – PLEASE READ CAREFULLY

On January 10-21, 2022, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to DHHS.DDBHFacilities@nebraska.gov **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

An acceptable POC must include:

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or **March 7, 2022**.

NOTE: Remember to attach copies of any auditing tools; education; revised or new policies/processes.

SIGNATURE ON FIRST PAGE OF THE 2567's: The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.



Pete Ricketts, Governor

Page 2
January 27, 2022

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted, you must submit an addendum to your plan of correction within ten (10) calendar days of the notification.**

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large, looping "M" and "L".

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

EID:GOPV11, GOPV21

Beatrice State Developmental Center

Solar Cottage ICF

Fire Marshal Survey

THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS

1954

Fralin, Russell

From: Fralin, Russell
Sent: Thursday, February 17, 2022 11:21 AM
To: DHHS DDBH Facilities
Cc: Hohbein, Doug; Jinright, Matt; Urbaschek, Dawn
Subject: RE: Revised BSDC Solar Cottage Plan of Correction - Fire Marshal
Attachments: completed awnings.pdf; GOPV21 K Tags, exit 1-21-2022 753 Solar.xlsx; GOPV21 K Tags, exit 1-21-2022 3052 Peterson.xlsx; GOPV21 K Tags, exit 1-21-2022 3054 Peterson.xlsx; GOPV21 K Tags, exit 1-21-2022 3056 Peterson.xlsx; GOPV21 K Tags, exit 1-21-2022 3060 Peterson.xlsx; GOPV21 K Tags, exit 1-21-2022 715 Solar.xlsx; GOPV21 K Tags, exit 1-21-2022 723 Solar.xlsx; GOPV21 K Tags, exit 1-21-2022 743 Solar.xlsx

Attached are the revised responses in regards to tag 351 (sun shades) at the Solar Cottage homes. Also attached is the work orders submitted for the removal of the sun shades from the homes.

We look forward to your approval of this revised plan of correction.

Thank you

Russell Fralin | *Administrative Specialist*
DEVELOPMENTAL DISABILITIES

Nebraska Department of Health and Human Services
OFFICE: 402-223-6600 x2236827

DHHS.ne.gov | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-Tags		3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 715 Solar Drive, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

K-Tags		3/7/2022
K 0100	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 723 Solar revealed a missing electrical outlet faceplate for a receptacle in the southwest dayroom on the wall next to the exit.	3/7/2022
	A work order was submitted to the Maintenance Department to replace the electrical outlet faceplate for a receptacle in the southwest dayroom on the wall next to the exit.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation at 723 Solar revealed a missing electrical outlet faceplate for a receptacle in the southwest dayroom on the wall next to the exit.	3/7/2022
	A work order was submitted to the Maintenance Department to replace the electrical outlet faceplate for a receptacle in the southwest dayroom on the wall next to the exit.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	

	Observation at 723 Solar Drive, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-Tags		3/7/2022
K 0100	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation revealed an un-restrained oxygen cylinder in the Nurse's Office at 743 Solar. The oxygen cylinders failed to be separated and failed to be identified.	3/7/2022
	The Safety Coordinator contacted the Respiratory Therapist. The Respiratory Therapist is securing another oxygen rack for the Nurse's Office to store empty oxygen cylinders. Each storage rack in the Nurse's Office will be identified as "FULL" and "EMPTY". The Respiratory Therapist also replaced the oxygen signage on the Nursing Office door.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation revealed an un-restrained oxygen cylinder in the Nurse's Office at 743 Solar. The oxygen cylinders failed to be separated and failed to be identified.	3/7/2022
	The Safety Coordinator contacted the Respiratory Therapist. The Respiratory Therapist is securing another oxygen rack for the Nurse's Office to store empty oxygen cylinders. Each storage rack in the Nurse's Office will be identified as "FULL" and "EMPTY". The Respiratory Therapist also replaced the oxygen signage on the Nursing Office door.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 743 Solar Drive, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-Tags		3/7/2022
K 0222	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observations revealed the northwest exit door in the dayroom at 753 Solar failed to unlock when the handle was engaged.	3/7/2022
	A work order was submitted to the Maintenance Department to repair the northwest exit door so that it will automatically unlock when the handle is engaged. The internal lock cartridge was broken. Lockset replaced on 1/14/2022 and is now operating correctly.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observations revealed the northwest exit door in the dayroom at 753 Solar failed to unlock when the handle was engaged.	3/7/2022
	A work order was submitted to the Maintenance Department to repair the northwest exit door so that it will automatically unlock when the handle is engaged. The internal lock cartridge was broken. Lockset replaced on 1/14/2022 and is now operating correctly.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	

	Observation at 753 Solar Drive, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-Tags		3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 3052 Peterson, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
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SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
SURVEY EVENT ID#	GOPV21
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CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-Tags		3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 3054 Peterson, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustible.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustible, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustible and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
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PLAN OF CORRECTION

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SOLAR COTTAGES	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST, APT 103, 104, 205, 206	1/21/2022
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K-Tags		3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 3056 Peterson, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
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Provider/Supplier Name: →

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K-Tags		3/7/2022
K 0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation at 3060 Peterson, revealed that a retractable cloth sunshade approximately 16' x 12' attached to the exterior of the building failed to provide sprinkler protection or documentation that the material met the definition of noncombustible or limited combustibile.	3/7/2022
	A request was submitted to the Maintenance Department to provide documentation that the material met the definition of noncombustible or limited combustibile, as the retractable cloth sunshade is not equipped with sprinkler protection. The Facility Maintenance Manager stated that per the manufacturer, the material does not meet the definition of noncombustible or limited combustibile and is currently working with the manufacturer in regards to replacement and looking at other options.	3/7/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A work order was submitted to the Maintenance Department to remove the retractable cloth sunshade from the exterior of the home. The retractable cloth sunshade has been removed.	3/7/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/7/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
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BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:31 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04638
STATUS COMPLETED

BUILDING

Name BSDC
Address 723 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/8/2022 10:00 AM

General Describe as needed removed awning on cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/8/2022 10:10 AM
Repair Category/Code Roof/Awnings Other
removed awning from cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:36 AM

MEDIUM

WO# BSDC-04539

NOT TO EXCEED \$0.00

STATUS COMPLETED

BUILDING

Name BSDC
Address 743 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/8/2022 10:00 AM

General Describe as needed removed awning on cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Apppt N/A
Scheduled Start
PO#

COMPLETION

REQUIRED SIGNATURE

Work Completed 2/8/2022 10:00 AM
Repair Category/Code Roof/Awnings Other
removed awning on cottage

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:40 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04540
STATUS COMPLETED

BUILDING

Name BSDC
Address 753 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/8/2022 11:00 AM

General Describe as needed removed awning from cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/8/2022 11:00 AM
Repair Category/Code Roof/Awnings Other
removed awning from cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:43 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04541
STATUS COMPLETED

BUILDING

Name	BSDC	Contact	Gayle Hawkins
Address	3052 Peterson Boulevard Beatrice, NE 68310	Contact At	Gayle.Hawkins@nebraska.gov
		Phone	402-223-7526
		Fax	

REQUEST

DATE CREATED 2/8/2022 9:30 AM

General Describe as needed removed awning from cottage

ASSIGNMENT

Assigned To	William Lux	Specialty	General Maintenance
Mobile	402.806.7526	Access/Appt	N/A
Email	william.lux@nebraska.gov	Scheduled Start	
		PO#	

COMPLETION

REQUIRED SIGNATURE

Work Completed 2/8/2022 9:35 AM
Repair Category/Code Roof/Awnings Other

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:48 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04542
STATUS COMPLETED

BUILDING

Name BSDC
Address 3054 Peterson Boulevard
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/8/2022 9:00 AM

General Describe as needed removed awning from cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/11/2022 8:49 AM
Repair Category/Code Roof/Awnings Other
removed awning from cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/14/2022 8:51 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04543
STATUS COMPLETED

BUILDING

Name BSDC
Address 3056 Peterson Boulevard
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/8/2022 9:00 AM

General Describe as needed removed awning from cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/8/2022 9:00 AM
Repair Category/Code Roof/Awnings Other
removed awning from cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUF BY 2/19/2022 8:05 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04625
STATUS COMPLETED

BUILDING

Name BSDC
Address 715 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/15/2022 8:05 AM

General Describe as needed Removed the awning on the north side of the cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/15/2022 8:06 AM
Repair Category/Code Roof/Awnings Other
Removed the awning on the north side of the cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/19/2022 8:02 AM

MEDIUM

WO# BSDC-04624

NOT TO EXCEED \$0.00

STATUS COMPLETED

BUILDING

Name	BSDC	Contact	Gayle Hawkins
Address	723 Solar Drive Beatrice, NE 68310	Contact At	Gayle.Hawkins@nebraska.gov
		Phone	402-223-7526
		Fax	

REQUEST

DATE CREATED 2/15/2022 8:02 AM

General Describe as needed Removed the awning on the north side of the collage

ASSIGNMENT

Assigned To	William Lux	Specialty	General Maintenance
Mobile	402.806.7526	Access/Appt	N/A
Email	william.lux@nebraska.gov	Scheduled Start	
		PO#	

COMPLETION

REQUIRED SIGNATURE

Work Completed 2/15/2022 8:03 AM
Repair Category/Code Roof/Awnings Other
 Removed the awning on the north side of the collage

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/19/2022 7:58 AM
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-04623
STATUS COMPLETED

BUILDING

Name BSDC
Address 743 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/15/2022 7:58 AM

General Describe as needed Removed the awning on the north side of the cottage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/15/2022 8:00 AM
Repair Category/Code Roof/Awnings Other
Removed the awning on the north side of the cottage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC
Beatrice State Development Center
3000 Lincoln Blvd
Beatrice, NE 68310

DUE BY 2/19/2022 7:53 AM

MEDIUM

WO# BSDC-04622

NOT TO EXCEED \$0.00

STATUS COMPLETED

BUILDING

Name BSDC
Address 753 Solar Drive
Beatrice, NE 68310

Contact Gayle Hawkins
Contact At Gayle.Hawkins@nebraska.gov
Phone 402-223-7526
Fax

REQUEST

DATE CREATED 2/15/2022 7:53 AM

General Describe as needed Removed the awning on the north side of the collage

ASSIGNMENT

Assigned To William Lux
Mobile 402.806.7526
Email william.lux@nebraska.gov

Specialty General Maintenance
Access/Appt N/A
Scheduled Start
PO#

COMPLETION

Work Completed 2/15/2022 7:51 AM
Repair Category/Code Roof/Awnings Other
Removed the awning on the north side of the collage

REQUIRED SIGNATURE

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Attachment 10

BSDC State Building Public Health and Fire Marshal Surveys

Beatrice State Developmental Center

400 State Building

Public Health Surveys

THE STATE OF TEXAS

CONSTITUTION

ARTICLE I

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

SECTION 8

SECTION 9

SECTION 10

SECTION 11

SECTION 12

SECTION 13

SECTION 14

SECTION 15

SECTION 16

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

September 26, 2022

Ms. Dawn Urbaschek, Administrator
400 State Building
3104, 3070, 3071 State Ave
Beatrice, NE 68310



Pete Ricketts, Governor

Dear Ms. Urbaschek:

An unannounced visit was made to 400 State Building on September 19-21, 2022, by a representative of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

ALLEGATION:

The facility fails to protect clients from clients with adverse behaviors.

The facility fails to ensure residents are free from abuse.

FINDINGS:

Observations revealed no incidents of client to client adverse behaviors. Record review and interview verified the facility had developed and implemented systems and policies to include measures to intervene, investigate, respond to, and address and protect clients from clients with adverse behaviors. Record review and interviews revealed staff were trained and knowledgeable about client service and behavior intervention plans. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. The facility had an effective system in place to, respond and address incidents of abuse during emergency safety interventions.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Page 2;

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large initial "M".

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

EID:CFQG11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2022
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/21/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p>INITIAL COMMENTS</p> <p>A representative of the DHHS, Division of Public Health conducted a Complaint Investigation on 9/19/22 - 9/21/22 to determine compliance with the Federal regulations at 42 CFR 483, Subpart I, section 483.410-483.480, Conditions of Participation for Intermediate Care Facilities for individuals with Intellectual Disabilities. The facility census was 8 at the time of the Complaint Investigation. The facility was found to be in compliance with these regulations.</p>	W 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PLAN OF CORRECTION

Provider/Supplier
Name: →

STREET ADDRESS,
CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	6/3/2022
SURVEY EVENT ID#	5LYM12
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR07

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION
DATE

CITED TAG #		
E-180		
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Based on record review, interview and observations the facility failed to implement its policy to ensure that 1 of 3 sampled clients (Client 4) admitted to the facility has intellectual and developmental disability diagnosis and was in need of active treatment services.	7/15/2022
	Review of the facility policy titled, "Admissions, Transfers, Discharge and ICF Consolidation" (dated 4/22/22) revealed in order to be admitted that a client meet the criteria for Intermediate Care Facilities for Individuals with Intellectual/Developmental Disabilities (ICF/IID) level of care. The policy identifies that clients admitted to the ICF/IID must be in need of and benefit from an active treatment program, be assessed to have developmental deficits and require intensive specialized supports, services and supervision.	7/15/2022
	Based on testimony and evidence presented to the court, Client 4 was admitted to the Beatrice State Developmental Center (BSDC) on 5/3/2022 due to a DDCOA (court order) stating that Client 4 was eligible for DD services and is to be admitted to BSDC to be assessed for 30 days to clarify the client's functional developmental diagnosis; observation period to establish intellectual disability diagnosis (See Attachment 1) and to establish whether intensive multidisciplinary residential services might benefit the client in addressing some recent legal and behavioral problems.	7/15/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Based on testimony and evidence presented to the court, Client 4 was admitted to the Beatrice State Developmental Center (BSDC) on 5/3/2022 due to a DDCOA (court order) stating that Client 4 was eligible for DD services and is to be admitted to BSDC to be assessed for 30 days to clarify the client's functional developmental diagnosis; observation period to establish intellectual disability diagnosis (See Attachment 1) and to establish whether intensive multidisciplinary residential services might benefit the client in addressing some recent legal and behavioral problems.	7/15/2022

	<p>Upon the completion of assessments at BSDC, it has been determined that Client 4 does not meet the requirements for ICF Level of Care. The Beatrice State Developmental Center (BSDC) Administration will meet with Community Based Services to discuss options for Client 4 to find and secure alternative less restrictive living arrangements based on the results of the completed assessments. Once alternative living arrangements are identified, a 60 day transition period will begin for discharge from BSDC.</p>	7/15/2022
	<p>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</p>	
	<p>Upon the completion of assessments at BSDC, it has been determined that Client 4 does not meet the requirements for ICF Level of Care. The Beatrice State Developmental Center (BSDC) Administration will meet with Community Based Services to discuss options for Client 4 to find and secure alternative less restrictive living arrangements based on the results of the completed assessments. Once alternative living arrangements are identified, a 60 day transition period will begin for discharge from BSDC.</p>	7/15/2022
	<p>For all future admissions to the Beatrice State Developmental Center (BSDC), the facility will follow the policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which will include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID. The ICF Administrator will discuss with the Facility Administrator the findings of the pre-admission review to ensure the client meets level of care requirements.</p>	7/15/2022
	<p>DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	7/15/2022
	<p>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</p>	
	<p>The ICF Administrator will be the responsible position to monitor and ensure compliance.</p>	7/15/2022
	<p>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</p>	
	<p>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</p>	

	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: →	400 STATE BUILDING	Survey Date ↓
STREET ADDRESS, CITY, ZIP: →	3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	6/3/2022
	SURVEY EVENT ID#	5LYM12
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR07

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W-117, W-197		
W 117	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	In review of the facility's contracts/agreement with outside sources to provide services, it was identified the facility failed to have a written contract/agreement with an outside source to provide the facility with <u>speech/language therapy services</u> .	9/30/2022
	A Request For Information (RFI) was submitted to DAS Procurement requesting to enlist viable Speech Language Pathologist (SLP) candidates to provide speech/language therapy services. DAS Procurement has forwarded the RFI out to their approved vendors and the Current Bid Opportunities are posted. On April 28, 2022, the Beatrice State Developmental Center (BSDC) requested an extension to obtain a written contract/agreement for Speech/Language services by the end of September 2022 utilizing the DAS Procurement Process. This request was approved on May 2, 2022.	9/30/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	A Request For Information (RFI) was submitted to DAS Procurement requesting to enlist viable Speech Language Pathologist (SLP) candidates to provide speech/language therapy services. DAS Procurement has forwarded the RFI out to their approved vendors and the Current Bid Opportunities are posted. On April 28, 2022, the Beatrice State Developmental Center (BSDC) requested an extension to obtain a written contract/agreement for Speech/Language services by the end of September 2022 utilizing the DAS Procurement Process. This request was approved on May 2, 2022.	9/30/2022
	At this time, BSDC continues to make referrals to the Beatrice Community Hospital for <u>speech/language therapy services</u> as needed. Additional speech/language therapy services are also being referred to Madonna.	9/30/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	

	At this time, BSDC continues to make referrals to the Beatrice Community Hospital for speech/language therapy services as needed. Additional speech/language therapy services are also being referred to Madonna.	9/30/2022
	For Client 1 and Client 2's identified needs in the areas of speech/language therapy in relation to communication and/or swallowing, a referral will be made to the Beatrice Community Hospital should speech/language therapy services be needed.	9/30/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	9/30/2022
W 197	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	For Client 4, during a recent Public Health survey on 6/1 – 6/3/2022, it revealed that Client 4 actively and independently participated in their environment and required little to no staff verbal interventions related to daily living developmental skills. In addition, the observations revealed Client 4 did not display or engage in elopement, self-injurious behaviors, property damage, verbal aggression and physical aggression toward peers, direct support staff and supervisory staff.	7/15/2022
	Review of Client 4's records identified the client (admitted on 5/3/22) was independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's focus being to conduct a 30 day observation period to establish an intellectual disability diagnosis and if Client 4 would benefit from the provision of active treatment and residential services.	7/15/2022
	The Facility Administrator confirmed that Client 4 was admitted on 5/3/22 to the facility due to a court order for a 30 day assessment of Client 4's functional development (IQ testing), developmental deficits, and if the client would benefit from active treatment services at the facility. In addition, these evaluations are to be conducted to help establish eligibility requirements for Medicaid and developmental disabilities services.	7/15/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	The Facility Administrator confirmed that Client 4 was admitted on 5/3/22 to the facility due to a court order for a 30 day assessment of Client 4's functional development (IQ testing), developmental deficits, and if the client would benefit from active treatment services at the facility. In addition, these evaluations are to be conducted to help establish eligibility requirements for Medicaid and developmental disabilities services.	7/15/2022

	<p>Upon the completion of assessments at BSDC, it has been determined that Client 4 does not meet the requirements for ICF Level of Care. The Beatrice State Developmental Center (BSDC) Administration will meet with Community Based Services to discuss options for Client 4 to find and secure alternative less restrictive living arrangements based on the results of the completed assessments. Once alternative living arrangements are identified, a 60 day transition period will begin for discharge from BSDC.</p>	7/15/2022
	<p>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</p>	
	<p>Upon the completion of assessments at BSDC, it has been determined that Client 4 does not meet the requirements for ICF Level of Care. The Beatrice State Developmental Center (BSDC) Administration will meet with Community Based Services to discuss options for Client 4 to find and secure alternative less restrictive living arrangements based on the results of the completed assessments. Once alternative living arrangements are identified, a 60 day transition period will begin for discharge from BSDC.</p>	7/15/2022
	<p>For all other individuals residing at the 400 State Building ICF, a review of developmental needs requiring continuous active treatment services will be completed to determine specific deficits requiring active treatment essential for privacy and independence (including, but not limited to: toileting, personal hygiene, dental hygiene, eating, bathing, dressing, grooming, and communication of basic needs). Should any review indicate that an individual does not meet the requirement for the provision of active treatment, finding will be submitted to the Facility Administrator. The Facility Administrator will discuss with the Chief Operating Officer, Director of Developmental Disabilities and any others applicable to the situation to develop plans for referral out of BSDC.</p>	7/15/2022
	<p>DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	7/15/2022
	<p>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</p>	
	<p>The ICF Administrator will be the responsible position to monitor and ensure compliance.</p>	7/15/2022
	<p>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</p>	

	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD07	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/02/2022
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NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING	STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310
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E 180	<p>17-006.05 Admission and Retention</p> <p>The facility must develop and implement admission and retention policies and procedures to ensure admission only of individuals who have mental retardation or related conditions and are in need of an active treatment program and retention only of those individuals who have mental retardation or related conditions and are receiving and benefiting from active treatment unless the following exception applies to the individual.</p> <p>This Standard is not met as evidenced by:</p> <p>Based on record review, interviews, and observations the facility failed to implement its policy and ensure that 1 of 3 sampled clients admitted to the facility (Client 4) had an intellectual and developmental disability diagnosis and was in need of active treatment services. This failure had the potential to affect all clients residing at the facility. Facility census was 6 at the time of the survey.</p> <p>Findings:</p> <p>(A) Review of the facility policy titled, "Admissions, Transfers, Discharge, and ICF Consolidation" (dated 4/22/22) revealed in order to be admitted that a client meet the criteria for Intermediate Care Facilities for Individuals with Intellectual/Developmental Disabilities (ICFIID) level of care. The policy identified that clients admitted to the ICFIID must be in need of and benefit from an active treatment program, be assessed to have developmental deficits and require intensive specialized supports, services, and supervision. The policy identified that the</p>	E 180		

Licensure Unit
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dawn Uleschell

TITLE

ICFA

(X6) DATE

6/24/2022

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD07	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/02/2022
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E 180	<p>Continued From page 1</p> <p>facility would conduct Pre-Admission evaluations which included review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client eligible for placement at the ICFIID.</p> <p>(B) Review of Client 4's record identified the client was admitted to the facility on 5/3/22. Review of the following records revealed Client 4 did not have developmental deficits and was independent and/or capable of demonstrating basic developmental and daily living skills.</p> <p>1) Review of the facility's assessment titled "Psychological Assessment" (dated 5/3/22) revealed Client 4 to be diagnosed with unspecified bipolar disorder, Attention Deficit Hyperactive Disorder (ADHD) and borderline intellectual functioning. This assessment identified that all of Client 4's scores were consistently above a 70 for the Adaptive Behavior Assessment System test (ABAS-3) which were not consistent with the diagnosis of an intellectual disability.</p> <p>2) Review of the facility assessment titled, "Independent Living Skills Assessment" (ILSA, dated 5/5/22, updated 5/25/22) identified Client 4 had no developmental deficits as the client had the capacity to independently complete basic skills of toileting, bathing, personal hygiene/grooming, dressing, and oral hygiene, eating/dining, drinking, communication of basic needs and wants, food preparations, clothing care, household care/cleaning, medication administration, maintaining personal privacy, self-advocacy, self-help, and social development skills. Client 4's cognitive skill capacity included the ability to read, write, identify numbers and</p>	E 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD07	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/02/2022
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E 180	<p>Continued From page 2</p> <p>colors, and understand time and money concepts.</p> <p>3) Review of the "BSDC Nursing Evaluation" (dated 5/24/22) identified no intellectual disability diagnosis as Client 4's diagnoses included agitation, bipolar disorder, and psychosis. Client 4 had been physically health since admission (5/3/22), independently ambulated and communicated verbally, and utilized no adaptive equipment.</p> <p>4) Review of Client 4's admission Individual Support Plan (ISP, dated 5/9/22) identified the client was court ordered to the facility for assessment of a functional intellectual disability diagnosis and to determine if the client could benefit from the provision of active treatment services and intensive multidisciplinary residential treatment (habilitation services, medication management, and behavioral stabilization). Further review of Client 4'S ISP identified Client 4 was independent in completing personal hygiene, grooming, showering, toileting, clothing-care, meal preparation, social and recreation skills, physical transfers, ambulation, and mobility. Client 4 independently communicated choices, wants, needs, and was able to self-advocate.</p> <p>(C) The following interviews verified Client 4 was admitted to the facility but did not meet the facility's policy or regulatory requirements to be admitted to the ICFIID based on functional behavioral diagnosis and developmental deficits necessitating the provision of active treatment services.</p> <p>1) Interview on 6/2/22 at 3:00pm with Client 4's Qualified Intellectual Disabilities Professional</p>	E 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ICFDD07	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/02/2022
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E 180	<p>Continued From page 3</p> <p>(QIDP-A) confirmed Client 4 was admitted to the facility due to a court order specifying that Client 4 be assessed to clarify the client's functional developmental disabilities diagnosis. When asked if based on the "Psychological Assessment" and "Independent Living Skills Assessment" if Client 4 belonged at and qualified to receive at active treatment services at the facility, QIDP-A confirmed "No" that Client 4 did not meet the criteria of intellectual disabilities and active treatment deficits to receive services at the ICFIID facility.</p> <p>2) Interviews on 6/1/22 at 9:30am, 1:05pm, 2:09pm the facility Administrator confirmed Client 4 was admitted to the facility on 5/3/22 due to a court order for a 30-day assessment of Client 4's functional development (IQ testing), developmental deficits, need and benefit from active treatment services, and to establish eligibility requirements for Medicaid and Developmental Disabilities Services. The Administrator verified the facility's Psychological and ILSA assessments identified that Client 4's IQ was above 70 and the client was independent in completing basic independent living skills and no developmental deficits.</p> <p>(D) Refer to CMS 2567 citation regulation W197 for additional observations, interviews and record review regarding the facility's failure to admit Client 4 to the facility when the client did not meet admission criteria and no had developmental deficits requiring continuous active treatment services.</p>	E 180		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/02/2022
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{W 117}	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(1)</p> <p>If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to (1) have a written contract/agreement with an outside source to provide the facility with speech/language therapy services This had the potential to affect all clients with speech/language, swallowing, and occupational therapy needs. The facility census was 6 at the time of the survey.</p> <p>Findings are:</p> <p>The facility provided no evidence of a contract and/or agreement with an outside source for the provision of speech/language services not available at the facility.</p> <p>Review of the records for the three clients in the sample, Client 1 and 2 identified the client's had needs in the area of speech/language therapy, related to communication, and/or swallowing needs.</p> <p>In an interview on 6/1/22 at 9:30am, the Administrator confirmed the facility did not have a speech/language therapist who provided services onsite. In addition, the Administrator verified the facility had not secured a contract or agreement with the local hospital or another entity in order to</p>	{W 117}			

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Dawn Ulbrock

TITLE

ICFA

(X6) DATE

6/24/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 117}	Continued From page 1 provide speech and language services to the clients residing at the facility.	{W 117}			
{W 197}	ACTIVE TREATMENT CFR(s): 483.440(a)(2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews the facility failed to ensure that 1 of 3 sampled clients (Client 4) admitted to the facility had developmental needs requiring continuous active treatment services. This failure had the potential to affect all clients residing at the facility. Facility census was 6 at the time of the survey. Findings: (1) Observations conducted on 6/1/22 (at 11:30am and 4:45pm) and 6/2/22 (at 11:20am) revealed Client 4 actively and independently participated in their environment and required little to no staff verbal interventions related to daily living and developmental skills. The observations identified the facility provided Client 4 with constant 1:1 supervision levels ranging. These observations identified Client 4: A) Independently verbally communicated clearly and effectively with direct support staff and the	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	Continued From page 2 surveyor regarding their wants, needs, current events, activity schedule, work tasks, meals, past history of placement and community living. Client 4 verbally communicated to staff how to cook items such as tacos, fajitas, and steak meals. Client 4 verbally communicated effectively with the surveyor regarding the treatment and supports being provided by the facility, the client's independent abilities, and plan to move back into community. B) Possessed basic developmental skills of drinking, meal preparations, cooking, dressing, toileting, grooming, maintaining privacy, and personal hygiene. C) Used leisure time appropriately to choose recreational activities, engage in watching television, talking with staff, playing board games, or went for brief walks. D) Independently retrieved items to prepare lunch, used microwave, and cleaned place setting and table after lunch meals. Client 4 independently read, followed directions, and prepared a container of microwavable macaroni and cheese. E) Independently operated microwave, stove, oven, television, and computer (explained how to and accessed internet and you-tube videos). Staff provided verbal prompts to Client 4 only after the client asked for assistance with using correct cook time and temperature settings for the microwave, stove, and oven. Observations on 6/1/22 at 5:00pm revealed Client 4 independently (with limited staff verbal prompts) prepared sliced cucumbers and carrots, cooked	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	<p>Continued From page 3</p> <p>french-fries on a cookie sheet in the oven, and fried a hamburger in a skillet. Then independently set the table, prepared their plate and drink, and ate their meal.</p> <p>F) Client 4 was able to read, write, identify numbers, and tell time. During lunch breaks client retrieved hard back books from recycling bin and read out loud to staff the contents of the books. Client 4 read basic narrative out loud and would ask staff for assistance with difficult words. Client 4 independently read out loud to staff their dining card, activity schedule, and portions of the client's ISP.</p> <p>G) Independently complete vocational cleaning tasks (clean/wipe down tables and windows, empty garbage containers, and vacuum) with minimal staff verbal prompts/reminders to transition to next task or complete a missed step of the task.</p> <p>H) Observations revealed Client 4 did not display or engaged in elopement, self-injurious behaviors, property damage, verbal aggression, and physical aggression toward peers, direct support staff, and supervisory staff.</p> <p>(2) Review of Client 4's record identified the client (admitted on 5/3/22) was independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's focus being to conduct a 30-day observation period to establish an intellectual disability diagnosis and if Client 4 would benefit from the provision of active treatment and residential service.</p> <p>A) Review of a letter titled "Developmental</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	<p>Continued From page 4</p> <p>Disability Court-Ordered Custody and Treatment Plan" (dated 4/21/22, signed by a psychologist with DHHS-DDD) to the courts revealed that Client 4 receiving services from a mental health center. Client 4 was diagnosed with Bipolar Disorder, ADHD, specific learning disorder (reading impairment), depression, anxiety, and obsessive-compulsive disorder. The letter identified based on previous documentation Client 4's IQ scores fell in the mild to moderate functioning range of intellectual disabilities. The letter recommended that Client 4 "undergo a 30-day evaluation" at the facility to assess functional developmental, behavioral, social, health, and nutrition to determine if the facility could meet the clients and determine what developmental needs were prohibiting the client from living independently in the community. The letter also identified that Client 4's application for DHHS-Developmental Disability Division services was declined in September 2021 "due to lack of support for a developmental disability diagnosis."</p> <p>B) Review of a court document titled "In the District Court of Madison County, Nebraska" (dated 4/27/22) identified the motion and request (as identified above) was granted to transfer Client 4's placement from a state operated mental health center to the BSDC-400 State ICFIID facility. The court order identified the transfer was to occur in order to conduct further assessment of Client 4's intellectual disability status and until the least restrictive placement could be found.</p> <p>C) Review of the facility's assessment titled "Psychological Assessment" (dated 5/3/22) revealed Client 4 was referred for admission for functional developmental diagnosis. This</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	<p>Continued From page 5</p> <p>assessment identified and determined Client 4's diagnoses to be: unspecified bipolar disorder, Attention Deficit Hyperactive Disorder (ADHD) and borderline intellectual functioning. This assessment further identified that all of Client 4's scores were consistently above a 70 for the Adaptive Behavior Assessment System (ABAS-3) test which were not consistent with the diagnosis of an intellectual disability.</p> <p>D) Review of the facility assessment titled, "Independent Living Skills Assessment" (ILSA, dated 5/5/22, updated 5/25/22) identified Client 4 had no developmental deficits as the client had the capacity to independently complete all basic skills of toileting, bathing, personal hygiene/grooming, dressing, and oral hygiene, eating/dining, drinking, and communication of basic needs and wants. The ILSA revealed Client 4 had the independent skill set to complete in food preparations, clothing care, household care/cleaning, and medication administration. Client 4's cognitive skill capacity included the ability to read, write, manage money, identify numbers and colors, and understand time concepts. Client 4's ISLA also identified that the client was independent in maintaining personal privacy, self-advocacy, self-help, social development skills, and human sexuality.</p> <p>E) Review of the "BSDC Nursing Evaluation" (dated 5/24/22) identified no intellectual disability diagnosis as Client 4's diagnoses included agitation, bipolar disorder, and psychosis. Client 4 had been physically health since admission (5/3/22), independently ambulated and communicated verbally, and utilized no adaptive equipment.</p>	{W 197}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	Continued From page 6 F) Review of the facility assessment titled, "Evaluation and Management" (dated 5/10/22) stated Client 4 "was recently admitted for a 30-day observation period to establish diagnosis and establish where intensive multidisciplinary residential services might benefit her in addressing some of the recent legal and behavioral problems." G) Client 4's admission Individual Support Plan (ISP, dated 5/9/22) identified the client was court appointed to the facility for "DD services at CSU-BSDC." The ISP further identified that Client 4 had or was: 1) Admitted for a 30-day observation period to establish an intellectual disability diagnosis and if problems experienced at previous placements were a result of problems related to an underlying disorder of developmental disability. 2) Admitted to determine whether or not Client 4 could benefit from intensive multidisciplinary residential services. 3) Admitted for review and assessment of habilitative services, medication management, and behavioral stabilization. 4) An effective verbal and receptive communicator. Client 4 independently communicated choices, wants, needs and expressed likes, dislikes, and preferences. 5) Independent with personal hygiene, grooming, showering, clothing-care, and meal preparation but needed reminders for some self-help and home living skills. 6) Client 4 had skills which included shopping, watching YouTube and Tic-Tok videos online, and that Client 4 considered themselves a "social butterfly." 7) The physical therapy section identified Client 4 was independent in transfers, ambulation,	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	<p>Continued From page 7</p> <p>mobility, the client's gait was functional and safe, and the client had good balance and strength of lower extremities.</p> <p>8) A safety plan which revealed the client had multiple maladaptive behaviors which included a history of elopement, use of sharps as weapons, physical and verbal aggression, self-harm, assaultive behaviors, and property destruction. Client 4 required the following safety interventions: 1:1 supervision, contact alarms on back door of living unit, physical intervention/restraint, mechanical restraints, buckle boss vehicle safety belt, window/child safety locks engaged in vehicles, visual supervision during toileting and bathing/showering, and implementation of elopement and suicidal/homicidal protocols as necessary. The safety plan further identified rights restrictions specific to behavioral and safety precautions including: psychotropic medications (Depakote ER, Haloperidol, and Atarax), 1:1 supervision, and visual monitoring during personal hygiene, no access to sharps, limited access to the kitchen, no off-campus activities, on-person and area searches with removal of items, limited soda consumption, and no access to cords, belts, scarves, and strings.</p> <p>H) Client 4's "Mental Health/Behavior Crisis Intervention Plan" (MHBCIP, dated 5/4/22) defined a plan to address Client 4's "target problem behavior" of SIB, elopements, physical aggression, property destruction, inappropriate verbal behaviors, suicidal/homicidal ideations, and inappropriate sexual behaviors. This plan included the use of physical interventions, body blocking, physical restraint, and mechanical restraint as needed to ensure Client 4 and others safety.</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 197}	Continued From page 8 (3) The following interviews with Client 4 and facility staff confirmed Client 4 was independent and capable of demonstrating daily living and developmental skills resulting in the client not needing or meeting the criteria of the provision of active treatment services at the ICFIID facility. A) Interview on 6/1/22 at 4:50pm (in the presence of Staff K), Client 4 confirmed they had 1:1 staffing because of their behaviors. Client 4 verified they were independent in dressing, showering, cooking, eating, reading, and could tell staff what they wanted or needed. Client 4 verified they had incontinence issues, but wore briefs or pads, and knew how to toilet themselves. Client 4 reported being placed at the ICFIID facility for treatment because Client 4 had a "traumatic experience with those ladies" and had been in physical altercations with other patients at previous mental health facility placement. Client 4 reported they did not want to be at the facility and wanted to move back to into community in their own apartment. B) Interview on 6/1/22 at 11:40am, Staff E verified Client 4 was independent and did not belong at the facility. Staff E verified Client 4 was independent in cooking (could read and follow recipes), eating, self-medication administration (knew medication and when to take), personal hygiene, dressing, and showering. Staff E confirmed that Client 4 was at the facility for a 30-day assessment to determine the client's developmental disability needs. Staff E stated, "There's nothing I can teach [Client 4]." C) Interview on 6/1/22 at 5:25pm, Staff K	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/02/2022
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{W 197}	<p>Continued From page 9</p> <p>confirmed Client 4 was at the facility for testing and assessment of development disabilities. Staff were to document what basic skills Client 4 could or could not do. According to Staff K, Client 4 displayed self-helplessness for tasks which the client did not want to participate in but was capable of completing. When asked about Client 4's level of independence with basic active treatment skills, Staff K confirmed Client 4 was independent in personal hygiene, showering, toileting, eating, meal preparation (minimal verbal prompts), dressing, and grooming. Staff K verified Client 4 did "very well" at completing meal preparation, cooking, eating, and meal time clean up.</p> <p>D) Interview on 6/1/22 at 11:50am and 6/2/22 at 2:33pm, Staff I verified that according to administration Client 4 was placed at the facility for a 30-day assessment and evaluation to determine if Client 4 qualified for developmental disabilities services. Staff I confirmed being told during staff meetings that Client 4's behavioral issues were related to the previous mental health setting environment as the client was being teased by other patients there. Staff I reported Client 4 would report not being able to do self-help or daily living skills because the client did not want to participate. For example, the week prior to the survey Client 4 reported not being able read; however, during observations on 6/1/22 Client 4 was reading out loud to staff their dining card, ISP, and from book. When asked what Client 4's active treatment skill deficits were, Staff I replied "none" as Client 4 was independent in toileting, cooking, eating, communication, oral hygiene, personal hygiene, showering, grooming, dressing, and finances. Staff I further verified Client 4 was independent in medication</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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{W 197}	<p>Continued From page 10</p> <p>administration as the client knew their medications and would usually refuse to take their Depakote.</p> <p>E) Interview on 6/2/22 at 2:00pm, Staff D verified that administrative staff reported during a roll-call meeting that Client 4 was admitted to the facility for observation, assessment, and "because [Client 4] was picked on" while at a mental health center. When asked if Client 4 had active treatment skill deficits, Staff D reported "no" as Client 4 was independent. Staff D confirmed Client 4 was independent in eating and preparing meals (able to get cereal, make coffee, get bowl/plate/silverware, and cook), communicate wants/needs, good advocate for self, client can utilize street slang to explain past history and was "street wise", complete oral hygiene, showering, personal hygiene, dressing, and takes medications. Staff D further reported Client 4 knew the concept of money, working to earn money, and the purchasing power money to get the items they wanted.</p> <p>F) Interview on 6/2/22 at 3:00pm with Client 4's Qualified Intellectual Disabilities Professional (QIDP-A) confirmed:</p> <p>1) Client 4 was admitted to the facility due to a court order specifying that Client 4 be assessed to clarify the client's developmental disabilities diagnosis. In addition, Client 4's placement at the mental health center was not conducive for Client 4's care and treatment and a least restrictive environment was recommended by the courts.</p> <p>2) The "Psychological Assessment" (dated 5/3/22) completed by the facility identified Client 4 had no intellectual or developmental disabilities diagnosis as Client 4 rated with an IQ above 70.</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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{W 197}	<p>Continued From page 11</p> <p>QIDP-A reported second IQ test was administered to Client 4 that identified a different IQ rating; however, the second test was incomplete and inconclusive because Client 4 was uncooperative during the testing. (The facility did not provide a copy of this IQ test during the survey.)</p> <p>3) The "Independent Living Skills Assessment" (ILSA, dated 5/5/22, updated 5/25/22) identified Client 4 had no active treatment developmental deficits as the client independently completed basic toileting, bathing, personal hygiene/grooming, dressing, oral hygiene, eating/dining, drinking, communication, food preparations, clothing care, household care/cleaning, and medication administration.</p> <p>4) When asked if based on the "Psychological Assessment" and "Independent Living Skills Assessment" if Client 4 belonged and qualified to receive at active treatment services at the facility, QIDP-A confirmed "No" that Client 4 did not meet the criteria of intellectual disabilities and active treatment deficits to receive services at the ICFIID facility.</p> <p>G) Interviews on 6/1/22 at 9:30am, 1:05pm, 2:09pm the facility Administrator confirmed: 1) Client 4 was admitted on 5/3/22 to the facility due to a court order for a 30-day assessment of Client 4's functional development (IQ testing), developmental deficits, and if the client could benefit from active treatment services at the facility. In addition, these evaluations were to be conducted to help establish eligibility requirements for Medicaid and developmental disabilities services for Client 4.</p>	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 197}	Continued From page 12 In addition, the Administrator reported that Client 4 was admitted due to previous placement in jail and mental health centers. According to the Administrator, these facilities were not conducive or good placement for Client 4's treatment as the client was teased and provoked into physical aggression by other patients which resulted in the client experiencing "lots of holds and restraints." 2) The "Psychological Assessment" (dated 5/3/22) was completed by the facility and identified that Client 4's IQ was above 70 resulting in the client not qualifying for services at the ICFIID. The Administrator explained a second IQ exam had been conducted but was incomplete and inconclusive due to Client 4's lack of cooperation. (The facility did not provide a copy of this exam at the time of the survey.) 3) The "Independent Living Skills Assessment" (updated 5/25/22) revealed Client 4 was independent in completing basic independent living skills and had no active treatment developmental deficits.	{W 197}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 000	INITIAL COMMENTS A representative of the DHHS, Division of Public Health conducted a Complaint Investigation on 6/1/22 and 6/2/22 (in conjunction with the revisit survey 5LYM12 dated 6/2/22) to determine compliance with the Federal regulations at 42 CFR 483, Subpart I, section 483.410-483.480, Conditions of Participation for Intermediate Care Facilities for individuals with Intellectual Disabilities. The facility census was 6 at the time of the Complaint Investigation. The facility was found to be in compliance with these regulations.	W 000			

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Helmschek

ICFA

6/24/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

IN THE DISTRICT COURT OF MADISON COUNTY, NEBRASKA

IN THE INTEREST OF)
)
DOMINIQUE OWENS)
)
Alleged to be a Developmentally)
Disabled and Dangerous Person.)

Case No. CI 21-474

JOURNAL ENTRY

FILED

_____ A.M. / 1:35 P.M.

NOV - 5 2021

**IN DISTRICT COURT OF
MADISON COUNTY, NEBR.**

This matter came before the Court on November 2, 2021, for hearing upon the Petition filed by the State of Nebraska. The State was represented by Joseph Smith, Madison County Attorney. The subject appeared personally and with counsel, Matthew Headley.

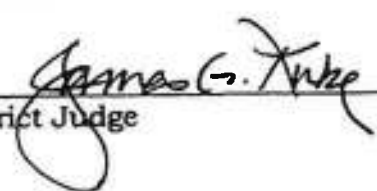
Testimony was provided through the State by Brooklee Tynes, Jean Blank, and Brandy Starman.

Arguments had. Upon consideration of the evidence, the Court finds that the subject constitutes a person with developmental disabilities who poses a substantial risk of serious harm to herself and others and that the least restrictive plan for her at this point is inpatient treatment pursuant to Nebraska statute §71-1119 until such time as a more structured plan.

Ms. Owens shall utilize the psychiatric services for medication management as recommended by her psychiatric practitioner and comply with the medication prescribed to her.

The Court finds that based on the testimony and evidence, the subject does not have the ability to take care of her daily living tasks on her own. The Court finds that the State has sustained the burden to prove that subject is in need of inpatient hospitalization under the Development Disability Act. The Court deems the candidate and is in need of emergency custody.

BY THE COURT:



District Judge



000236261D07



BEFORE THE DISTRICT COURT
OF MADISON COUNTY, NEBRASKA

IN THE INTEREST OF)
)
DOMINIQUE OWENS,)
)
ALLEGED TO BE A DEVELOPMENTALLY)
DISABLED AND DANGEROUS PERSON)

STATE OF NEBRASKA)
) ss.
COUNTY OF MADISON)

CASE NO. _____
PETITION

Joseph M. Smith, Madison County Attorney, alleges as follows:


1. That DOMINIQUE OWENS is a resident and inhabitant of the County of Madison and the incident occurred in Madison County, State of Nebraska.
2. That DOMINIQUE OWENS is a developmentally disabled and dangerous person, and that the Subject does present a substantial risk of harm to others within the near future and is unable to make sound decisions regarding future lawful actions. DOMINIQUE OWENS is over 18 years of age.
3. That neither voluntary hospitalization nor other voluntary treatment alternatives less restrictive of the liberty of DOMINIQUE OWENS, other than a developmental disability treatment commitment are available or would suffice to prevent the harm described below.
4. That DOMINIQUE OWENS did the following:

Subject was admitted to Faith Regional on September 25, 2021, due to disruptive behavior and concerns of possible psychosis. It is reported that the Subject was noted to have agitation and was "acting crazy" at home. She reportedly was up all night and was making statements about giving birth to a baby. Further, Subject was noted to be laying on the floor in the hallway of the apartment, screaming and refusing to get up. Per the ER report, paramedics expressed concern that the patient was possibly responding to hallucinations and was speaking gibberish at the apartment. Subject has previously been diagnosed with ADHD as well as learning disabilities. Subject is noted to have significant anxiety and appears to have emotional reactivity. Subject appears to struggle to understand the environmental factors in her current context and repeats a desire to return home living with her mother; however, it appears that her mother is not able to provide the support needed for the Subject to thrive. Subject is diagnosed with the following: 1) Unspecified Mood Disorder; 2) Intellectual Disability; 3) Probable Posttraumatic Stress Disorder; and 4) Bipolar Disorder, by history.

5. That DOMINIQUE OWENS was placed in emergency protective custody by a peace officer pursuant to Section 71-919, 2004 Supp. Neb. Stat., a copy of such certificate is attached hereto, designated as "Exhibit A" hereof and by this reference incorporated herein as if fully set forth herein. The attached EPC is dated September 14, 2021 and signed by Deputy Elisabeth Delancey of Madison County Sheriff's Office, Madison, Nebraska. The second admission on September 25, 2021, was a voluntary admission to Faith Regional.
6. DOMINIQUE OWENS is currently at Faith Regional Health Services, West Campus -- Behavioral Health Unit, Norfolk, Nebraska.
7. The name and address of the Subject's spouse, legal counsel, guardian or conservator, and next of kin, if known, is: Camilla Jeffries (Subject's mother).
8. The name and address of anyone providing psychiatric or other treatment to the Subject, if known, are: Dr. Brooklee Tynes and Dr. Nathan Herman, of Faith Regional Health Services, Norfolk, Nebraska.
9. The names and address of any person who may have knowledge of the Subject's developmental disability and who may be called as witness at the Developmental Disability Custody Act Hearing, if known, are: all names listed in paragraph 8 above; Deputy Elisabeth Delancey of Madison County Sheriff's Office; and Camilla Jeffries (Subject's mother).

WHEREFORE, your petitioner prays that the Court enter an Order to place DOMINIQUE OWENS into inpatient hospitalization under the provisions of section 71-1119, *et seq.*

Dated this 25th day of October, 2021.



 Joseph M. Smith, #16374
 Madison County Attorney

STATE OF NEBRASKA)
) ss.
 COUNTY OF MADISON)

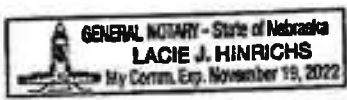
Joseph M. Smith, being first duly sworn upon my oath, deposes and says that I am the petitioner herein; that I have read the same, knows the content thereof, and that the facts and matters contained therein are true as I verily believe and that I do have probable cause to believe and do believe that the Subject herein is developmentally disabled and dangerous to others.





Joseph M. Smith, #16374
Madison County Attorney

Subscribed in my presence and sworn to before me this 25th day of October, 2021.





Notary Public

BEFORE THE DISTRICT COURT
OF MADISON COUNTY, NEBRASKA

IN THE INTEREST OF)
)
DOMINIQUE OWENS,)
)
ALLEGED TO BE A DEVELOPMENTALLY)
DISABLED AND DANGEROUS PERSON)

CASE NO. _____

NOTICE OF HEARING

NOTICE

To: DOMINIQUE OWENS

A petition has been filed against you under the provisions of the Nebraska Developmentally Disabled Act. A hearing on the petition will be held before the District Court of Madison County, Nebraska, on the 2nd day of November, 2021, at the hour of 10:00 A.M. at Madison County District Court, Madison County Courthouse, 1313 North Main, Madison, NE 68748.



Joseph M. Smith, #16374
Madison County Attorney



BEFORE THE DISTRICT COURT
OF MADISON COUNTY, NEBRASKA

IN THE INTEREST OF)
)
DOMINIQUE OWENS,)
)
ALLEGED TO BE A DEVELOPMENTALLY)
DISABLED AND DANGEROUS PERSON)

CASE NO. _____
NOTICE OF RIGHTS

**RIGHTS OF PERSONS DURING PROCEEDINGS UNDER
THE NEBRASKA DEVELOPMENTALLY DISABLED ACT
UNDER NEB.REV.STAT. §71-1122**

A petition has been filed against DOMINIQUE OWENS under the provisions of the Nebraska Developmentally Disabled Act. The above-named DOMINIQUE OWENS is notified that she has the following rights under the Nebraska Mental Health Commitment Act during proceedings under such act:

1. The right to be represented by legal counsel and to have counsel appointed if the subject cannot afford to pay the cost of counsel.
2. The right to have a guardian ad litem appointed to act on the subject's behalf if the court determines that he or she is unable to assist in his or her own defense.
3. The right to have a timely hearing on the merits of the petition before a District Court judge.
4. The right to have reasonable continuances, for good cause shown, in order to properly prepare for a hearing on the petition.
5. The right to testify, subpoena witnesses, require testimony before the court, and offer evidence.
6. The right to confront and cross-examine witnesses.
7. The right to have an expert witness of the subject's own choice to evaluate the subject, testify, and provide recommendations to the court and to have such expert paid for by the county if the subject cannot afford the costs of such expert.
8. The right to have a transcript prepared for the purpose of an appeal, to appeal a final decision of the court, and to have the costs of such transcript and appeal paid for by the county if the subject cannot afford such costs.

JOURNAL ENTRY AND ORDER

IN THE COUNTY COURT OF MADISON COUNTY, NEBRASKA

ST V. DOMINIQUE M OWENS

DOB: 12/09/1995

Case ID: CR 21 1483

Citation:

Printed on 3/08/2022 at 4:28

Room 07C02

Page 1

Date of Hearing 3/08/2022

CHARGES (AMENDMENTS/PLEAS/FINDINGS/PINES/PRESENTENCE/JAIL/DISMISSALS)

<u>CHARGE</u>	<u>STATUTE</u>	<u>DESCRIPTION</u>	<u>CLASS</u>	<u>TYPE</u>
01	28-310.01	Assault by Strangulation or suffocati Charge dismissed on the motion of the prosecutor without prejudice	3A	FEL
02	28-931	Assault ofcr/hlth care prof-3rd degre Charge dismissed on the motion of the prosecutor without prejudice	3A	FEL

APPEARANCES AND ADVISEMENT

Judge Donna F Taylor
 Defendant DOMINIQUE M OWENS in custody
 Defense Counsel Megan E Hoins
 Prosecutor Joseph W Hurd

Defendant previously advised of the nature of the above charges, all possible penalties and rights.

ARRAIGNMENT

Charges dismissed as shown above.

TRIAL / MOTION HEARING

Hearing held on: Prelim Hearing
asslt by strangulation fel jail ZOOM

ADDITIONAL ENTRIES OF RECORD

Hon.

Donna F Taylor
Donna F Taylor



03/08/2022
Date

nrc

Bailiff

Tape Nos. 03/08/2022



CORRECTIONS COPY

FILED BY
Clerk of the Madison County Court
03/08/2022

JOURNAL ENTRY AND ORDER

83-223. Order of commitment where mentally handicapped person is an inmate in a state institution.

Where the person named in the petition for commitment is a resident, patient, or inmate of a state institution, the court may commit the person to the care and custody of the Department of Health and Human Services. The department may, in its discretion, detain the resident, patient, or inmate in the institution in which he or she is a resident, patient, or inmate at the time of the hearing, subject to the rules of that institution, or may transfer him or her to the Beatrice State Developmental Center.

Source: Laws 1921, c. 241, § 3, p. 844; C.S.1922, § 6881; C.S.1929, § 83-404; R.S.1943, § 83-223; Laws 1967, c. 251, § 9, p. 666; Laws 1996, LB 1044, § 938.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

June 15, 2022



Pete Ricketts, Governor

Dawn Urbaschek, Administrator
400 State Building
3104, 3070, 3071 State Ave
Beatrice, NE 68310

Dear Ms. Urbaschek:

The enclosed report documents a finding of noncompliance with the licensure regulations for 400 State Building Intermediate Care Facility For Intellectually Disabled MR following the revisit survey at your facility completed on June 2, 2022 by representatives of the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 calendar days of receipt of this letter. The statement of compliance must include for each deficiency cited:

- 1) Action(s) that will be taken to correct the deficiency;
- 2) The procedure for implementing the corrective action(s);
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected (which should be within 45 days of the exit of the survey); and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

400 State Building	Survey Date ↓
3104, 3070, 3071 STATE AVE, BEATRICE, NE 68310	3/25/2022
SURVEY EVENT ID#	
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #		
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
W 117	In review of the facility contracts/agreements with outside sources to provide services, it was identified the facility failed to (1) have a written contract/agreement with an outside source to provide the facility with speech/language therapy services; and (2) have a contract with an occupational therapist providing services to the facility.	5/13/2022
	(1) A Request For Information (RFI) was submitted to DAS Procurement on Friday, April 1, 2022 requesting to enlist viable Speech Language Pathologist (SLP) candidates to provide speech/language therapy and services. DAS Procurement forwarded the RFI out to their approved vendors on April 1, 2022.	5/13/2022
	(2) Client 3 is currently in the transition process with a tentative discharge date of April 30, 2022.	5/13/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	In review of the facility contracts/agreements with outside sources to provide services, it was identified the facility failed to (1) have a written contract/agreement with an outside source to provide the facility with speech/language therapy services; and (2) have a contract with an occupational therapist providing services to the facility.	5/13/2022
	(1) A Request For Information (RFI) was submitted to DAS Procurement on Friday, April 1, 2022 requesting to enlist viable Speech Language Pathologist (SLP) candidates to provide speech/language therapy and services. DAS Procurement forwarded the RFI out to their approved vendors on April 1, 2022.	5/13/2022
	At this time, BSDC will continue to make referrals to Beatrice Community Hospital for speech/language therapy services as needed.	5/13/2022
	(2) Client 3 is currently in the transition process with a tentative discharge date of April 30, 2022.	5/13/2022

	BSDC will notify the community based provider that use of their weekly therapy sessions are discontinued and that Client 3 will utilize the BSDC facility based occupational therapy services if and as needed. The community based provider occupational therapy services will be provided documentation of any use of the BSDC occupational therapy services and treatment.	5/13/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	For future admissions, a contract/agreement will be secured with any outside community provider who wishes to conduct therapy services while the client is receiving stabilization services through the BSDC Crisis Stabilization Unit at 400 State Building ICF.	5/13/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	5/13/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
W 197	For Client 3, during a recent Public Health survey on 3/21/22 and 3/22/22, it revealed that Client 3 actively and independently participated in their environment and required little to no staff intervention related to daily living and developmental skills. In addition, the observations revealed Client 3 did not display or engage in self-injurious behaviors, property damage, and/or verbal and physical aggression toward direct support staff, supervisory staff, and peers.	5/13/2022
	Review of Client 3's records identified the client (admitted to the facility on 11/9/2021) was independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's focus on the provision of active treatment services being directed at the client's medical needs to gain weight and behavioral supports to address aggressions, compliance and personal safety.	5/13/2022
	The Facility Administrator confirmed that Client 3 was admitted to the facility for medical reasons related to the client being diagnosed with a "failure to thrive". Active treatment programming was initiated to address not eating, pulling out their g-tube, and to address SIB, verbal aggression, physical violence and vehicle safety related to attempts to jump out of a moving vehicle.	5/13/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	

	For Client 3, during a recent Public Health survey on 3/21/22 and 3/22/22, it revealed that Client 3 actively and independently participated in their environment and required little to no staff intervention related to daily living and developmental skills. In addition, the observations revealed Client 3 did not display or engage in self-injurious behaviors, property damage, and/or verbal and physical aggression toward direct support staff, supervisory staff, and peers.	5/13/2022
	Review of Client 3's records identified the client (admitted to the facility on 11/9/2021) was independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's focus on the provision of active treatment services being directed at the client's medical needs to gain weight and behavioral supports to address aggressions, compliance and personal safety.	5/13/2022
	The Facility Administrator confirmed that Client 3 was admitted to the facility for medical reasons related to the client being diagnosed with a "failure to thrive". Active treatment programming was initiated to address not eating, pulling out their g-tube, and to address SIB, verbal aggression, physical violence and vehicle safety related to attempts to jump out of a moving vehicle.	5/13/2022
	Client 3 is currently in the transition process with a tentative discharge date of April 30, 2022.	5/13/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	Client 3 is currently in the transition process with a tentative discharge date of April 30, 2022.	5/13/2022
	For all other individuals residing the 400 State Building ICF, a review of developmental needs requiring continuous active treatment services will be completed to determine specific deficits requiring active treatment essential for privacy and independence (including, but not limited to: toileting, personal hygiene, dental hygiene, eating, bathing, dressing, grooming,, and communication of basic needs). Should any review indicate that an individual did not meet the requirement for the provision of active treatment, findings will be submitted to the Facility Administrator. The Facility Administrator will discuss with the Chief Operating Officer, Director of Developmental Disabilities and any others applicable to the situation to develop plans for referral out of BSDC.	5/13/2022
	DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referral to BSDC is appropriate for ICF/DD Level of Care.	5/13/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	5/13/2022

W 201	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	The facility failed to implement facility policy regarding the transfer move for Client 2. In review of facility policy titled "Admission, Transfers, and Discharge" (dated 4/23/21) identified that a transfer was a permanent or temporary move on a client between the homes of the same ICF/IDD facility. The policy defined a discharge as a permanent movement of an individual to another facility or setting which operated independently from the ICF/IDD. For transfers or discharges, the facility would document evidence of pros and cons of the move, the rationale for the final decision to move, and complete admission and discharge documentation accordingly.	5/13/2022
	In review of Client 2's Individual Support Plan (ISP) (dated 12/13/2021) identified that due to the client's incidents of physical aggression, peer to peer aggression, extreme aggression, lack of sleep and increased irritability to "transfer" Client 2 to 404 Crisis at the 400 State Building ICF/IDD from the Solar ICF/IDD. Client 2 was admitted to 400 State Building ICF/IDD facility on 12/13/21 (same day as the ISP meeting). Further review of Client 2's ISP revealed no evidence of the identified pros and cons of the move and no evidence of a discharge and admission meeting identifying that the client was being discharged from the Solar ICF/IDD to the 400 State Building ICF/IDD.	5/13/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	The facility failed to implement facility policy regarding the transfer move for Client 2. In review of facility policy titled "Admission, Transfers, and Discharge" (dated 4/23/21) identified that a transfer was a permanent or temporary move on a client between the homes of the same ICF/IDD facility. The policy defined a discharge as a permanent movement of an individual to another facility or setting which operated independently from the ICF/IDD. For transfers or discharges, the facility would document evidence of pros and cons of the move, the rationale for the final decision to move, and complete admission and discharge documentation accordingly.	5/13/2022
	In review of Client 2's Individual Support Plan (ISP) (dated 12/13/2021) identified that due to the client's incidents of physical aggression, peer to peer aggression, extreme aggression, lack of sleep and increased irritability to "transfer" Client 2 to 404 Crisis at the 400 State Building ICF/IDD from the Solar ICF/IDD. Client 2 was admitted to 400 State Building ICF/IDD facility on 12/13/21 (same day as the ISP meeting). Further review of Client 2's ISP revealed no evidence of the identified pros and cons of the move and no evidence of a discharge and admission meeting identifying that the client was being discharged from the Solar ICF/IDD to the 400 State Building ICF/IDD.	5/13/2022
	The QDDP Coordinator will work with the Facility QDDPs to complete an appropriate discharge from Solar Cottage ICF/IDD and admission to 400 State Building ICF documentation. The policy "Admissions Transfers, and Discharge" and the operational guideline "Transfer" will be reviewed and revised.	5/13/2022

	Compliance Specialists will review future discharge referral documents to ensure they reflect the pros and cons and the rationale and how it is in the best interest of the client.	5/13/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The QDDP Coordinator will work with the Facility QDDPs to complete an appropriate discharge from Solar Cottage ICF/IID and admission to 400 State Building ICF documentation. The policy "Admissions Transfers, and Discharge" and the operational guideline "Transfer" will be reviewed and revised.	5/13/2022
	Compliance Specialists will review future discharge referral documents to ensure they reflect the pros and cons and the rationale and how it is in the best interest of the client.	5/13/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	5/13/2022

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2022
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E 000	Initial Comments Representatives of the DHHS, Division of Public Health conducted a Survey, from 3/21/22 through 3/25/22 to determine compliance with the Appendix Z, Emergency Preparedness regulations. The facility census was 7 at the time of the Survey. The facility was found to be in compliance with the Federal Emergency Preparedness requirements pertaining to Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFID).	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Unkushok

ICFA

4/16/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 117	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(1)</p> <p>If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to (1) have a written contract/agreement with an outside source to provide the facility with speech/language therapy services; and (2) have a contract with an occupational therapist providing services to the facility. This had the potential to affect all clients with speech/language, swallowing, and occupational therapy needs. The facility census was 7 at the time of the survey.</p> <p>Findings are:</p> <p>1) The facility provided no evidence of a contract and/or agreement with an outside source for the provision of speech/language services not available at the facility.</p> <p>Review of the records for the three clients in the sample, Client 1, 2, and 3, identified the client's had needs in the area of speech/language therapy, related to communication, and/or swallowing needs.</p> <p>In an interview on 3/24/22 at 9:06am, the Administrator confirmed the facility had not secured a contract or agreement with the local hospital or another entity in order to provide</p>	W 117			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Down Ulbrschek

TITLE

TCFA

(X6) DATE

4/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 117	<p>Continued From page 1</p> <p>speech and language services to the clients residing at the facility.</p> <p>2) Review of Client 3's Individual Support Plan (ISP) (dated 12/09/2021) identified the interdisciplinary team decided the client was going to continue to receive "occupational-speech therapy weekly via Zoom session." The ISP further identified that therapy sessions would be conducted with Client 3's occupational therapist utilized while the client was in community based services in order to provide a continuity of services as the occupational therapist was familiar with Client 3's needs. The facility agreed to the treatment services and to set up the therapy sessions in order for the client to continue working toward transition back into community based services.</p> <p>The facility provide no evidence of a contract and/or agreement with an outside occupational therapist for the provision of occupational therapy treatment and speech services not available at the facility.</p> <p>In an interview started at 11:18am on 3/25/22, the Administrator verified the facility did not have a contract or agreement with the occupational therapist providing services to Client 3. The Administrator confirmed they were unaware that regulations required a contract or agreement be in place with any outside service provider who provided an ongoing service to a client residing at the facility's crisis unit.</p>	W 117			
W 197	ACTIVE TREATMENT CFR(s): 483.440(a)(2)	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 2</p> <p>Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review, and interviews the facility failed to ensure that 1 of 3 sampled clients (Client 3) admitted to the facility had developmental needs requiring continuous active treatment services. This failure had the potential to affect all clients residing at the facility. Facility census was 7 at the time of the survey.</p> <p>Findings:</p> <p>1) Observations on 3/21/22 (4:25pm-6:10pm), 3/22/22 (10:10am-11:05pm), 3/23/22 (8:00am-8:20am), and 3/24/22 (3:45pm-4:20pm) revealed Client 3 actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. These observations identified Client 3:</p> <p>a. Verbally communicated clearly and effectively with direct support staff and the surveyor regarding their wants, needs, current events, activity schedule, online stories, and news events. b. Possessed basic developmental skills of drinking, dressing, personal hygiene, toileting grooming, and maintaining privacy. c. Used leisure time appropriately or napped in their bedroom. d. Independently retrieved items for cups to prepare modified supplement shake. Possessed</p>	W 197		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 3</p> <p>the skills to mix and add flavoring to the supplement shake for palatability. Client 3 held the cup and drank independent with no signs of choking or aspiration.</p> <p>e. Independently operated personal gaming devices, use the phone, and computer, including accessing internet websites for music entertainment, shopping, documentaries, and you-tube videos.</p> <p>f. Was able to read, write, identify numbers, and tell time.</p> <p>g. Verbally communicated effectively with the surveyor regarding their treatment and supports being provided by the facility, independent abilities, and plan to move back into community based services.</p> <p>These same observations further identified the facility provided Client 3 with supervision levels ranging from constant 1:1 visual supervision to time alone in Client 3's bedroom with periodic checks (about every 10-15 minutes) by staff.</p> <p>In addition, the observations revealed Client 3 did not display or engaged in self-injurious behaviors, property damage, and/or verbal and physical aggression toward direct support staff, supervisory staff, and peers.</p> <p>2) Review of Client 3's record identified the client (admitted to the facility on 11/9/2021) was independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's focus on the provision of active treatment services being directed at the client's medical needs to gain weight and behavioral supports to address aggressions, compliance, and personal safety.</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMS NO. 0936-0391

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W 197	Continued From page 4 (A) Client 3's Individual Support Plan (ISP, dated 12/9/21 and subsequent meeting dates on 1/25/22, 2/28/22, and 3/16/22) identified the client was or had: -An effective verbal and receptive communicator. Client 3 could communicate wants and needs and express likes, dislikes, and preferences. - Independently able to utilize the restroom do most personal hygiene skills and grooming (used a straight edge disposable razor), bathing/showering, oral hygiene, communicate my wants/needs, able to dress/undress self, drink from a cup, identify am/pm time, identify days of the week/month/seasons, able to write name, and choose recreational activities, an able to advocate for privacy. -A social person, enjoyed being with others, and independently sought others to interact with. -Able to effectively operate a phone, make/receive calls, and enjoyed talking on the phone with family and community based provider. - Capable of demonstrating and had ability to complete clothing care, household care/chores, advocacy skills, community integration, and participate in the administration of medication, occasionally needing minimal staff reminders to provide verbal and/or physical prompting for completion and thoroughness of tasks. -Able to independently ambulate with functional mobility, but would benefit from overall strengthening for balance and activity tolerance. -Independent with repositioning self in bed upright	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 5 after drinking supplement formula and taking medications.</p> <ul style="list-style-type: none"> -Review of behavioral incidents identified two (2) incidents of Client 3 being the aggressor in peer to peer aggression in 90-days which resulted in no injury or harm as staff immediately intervened and separated the clients. -Doing "very well" with behavior supports and no new behavior trends were presented. -Gained weight and was at the ideal 138 pounds. -Requested to increase diet plan to include thickened flavored water. -Met the stairs goal and made significant progress toward having zero rest periods, increased continuous activity tasks without stopping, and progress with attending to day service tasks. According to the ISP if Client 3 maintained their progress the IDT would initiate discussions toward transitioning back to community based services. -Able to identify money, carry money on person, and make small purchases. - Skill training programs to complete task analyses for maintenance of independent skills for medication administration, hygiene tasks (brush teeth, shower, apply deodorant, dress, brush hair, and toileting), home maintenance (sweep, mop, vacuum, and laundry), and to increase participation in day services. -Client 3 had stabilization and transitional goals to: (1) increase participation in my day to increase 	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 6</p> <p>attending to tasks; (2) maintain low frequency of physical restraint; (3) rest time during the day down to zero; (4) go up and down 20 stair steps without use of rail; (4) 30-minutes of continuous activity without rest break; and (5) gain and maintain weight to reach 135 pounds.</p> <p>-Behavior needs for which the facility developed six (6) ISP programs to address the clients behaviors which included goals to increase prosocial requests, follow a daily routine, and goals to decrease or not engage in verbal aggression, physical aggression, self-injurious behaviors, property destruction, and elopement.</p> <p>-A safety plan which identified safety and protection supports to address maladaptive behaviors identified above as well as health issues related to seizures and aspiration/choking risks. Client 3 required safety devices of contact alarms on back door of living unit, buckle boss vehicle safety belt, window and child safety locks engaged in vehicles during travel. The safety plan further identified multiple rights restrictions specific to behavioral and safety precautions including: psychotropic medications (Benztropine, Clonazepam, Haloperidol, Olanzapine, Sertraline, Valproic Acid), 1:1 supervision, 15-minute visual checks, visual monitoring during toileting and personal hygiene, all sharps locked unless in use, DVDs or gaming disks, removal of items which could be fashioned or broken into a weapon (disks, sharps, fire starting items, etc.), monitored phone calls, Fluid restrictions (16 ounces at one time), restricted from solid foods, all cupboards and refrigerator with food or fluids locked. The safety plan addressed utilization of physical holds and restraints.</p>	W 197			

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W 197	<p>Continued From page 7</p> <p>(B) Client 3's "BSP Post Admission Report," (dated 12/2/21) identified that from 11/9/21 to 12/1/21 Client 3 had: no incidents of SIB, verbal aggression; 1 interval each of physical aggression and property destruction; and 8 intervals of elopement. The client was at 99% for pro-social requests and 96% for following routine. This report identified the BSP was implemented to provide supports so that the client would be able to manage their behaviors and decreased targeted aggressive behaviors. The report revealed Client 3 with decreased aggression would be able to return to community based services with the support of a BSP and trained staff.</p> <p>Review of the "Behavior Support Plan Monthly Progress Note" (dated 3/21/22) identified from 2/7/22 to 3/6/22 Client 3 engaged in: no incidents of SIB; 2 intervals of verbal aggression; 2 intervals each of physical aggression; 1 interval of property destruction; and 1 interval of elopement. The client was at 98% for pro-social requests and 99% for following routine. The report identified the client had made progress and graduated from the objective goals related to pro-social behaviors, following routine, verbal aggression, physical aggression, SIB, and property destruction.</p> <p>(C) Client 3's "Independent Living Skills Assessment" (dated 12/8/21) identified the client could independently complete in all or most skills of basic skills of toileting, bathing, personal hygiene/grooming, hand hygiene, dressing, oral hygiene, maintaining privacy, communication, self-advocacy, drinking nutritional supplements from a cup, self-help, social development skills, human sexuality, medication administration,</p>	W 197			

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NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 197	<p>Continued From page 8</p> <p>numbers, time concepts, reading and writing skills. The assessment revealed that Client 3 needed minimal verbal prompts from direct support staff to gather items needed or to ensure completion and thoroughness of the skill or task.</p> <p>(D) Client 3's "Transition Planning: Individual Risks, Protections, Supports and Services" (dated 12/8/21) identified the client ambulated without assistive devices and independently able to complete most daily living skills. This document also identified Client 3 did not require occupational, physical, and recreational therapy services.</p> <p>(E) Client 3's "Psychological Assessment" (dated 11/17/21) identified the following diagnoses: Mild to Moderate Intellectual Disability, Bipolar Disorder NOS, Social Anxiety Disorder, Obsessive Compulsive Disorder, and a History of ADHD.</p> <p>(F) Client 3's "Mental Health/Behavior Crisis Intervention Plan" (MHBCIP, dated 11/3/21) defined a plan to address Client 3's "target problem behavior" of SIB, elopements, physical aggression, property destruction, and inappropriate verbal behaviors. This plan included the use of physical interventions and restraint as needed.</p> <p>3) The following interviews with Client 3 and facility staff confirmed Client 3 was independent and capable of demonstrating daily living and developmental skills resulting in the client not needing the provision of active treatment services at the ICFIID facility.</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2022
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W 197	<p>Continued From page 9</p> <p>(A) Interview on 3/21/22 at 5:00pm and 3/24/22 at 3:45pm (in the presence of Staff D), Client 3 confirmed they were independent in drinking, dressing, completing personal hygiene, and had the ability to communicate their wants and needs to staff. Client 3 verified they had displayed verbal and physical aggression towards peers and staff. Client 3 reported their behaviors had decrease because the client ignored their roommate, stayed away from peers, and/or left the area (home or day services) if peers displayed aggression. Client 3 verified they had been sick with respiratory issues but was stronger now, could utilize stair steps, stayed on task "for a while" and was capable of operating their oxygen concentrator and nebulizer. According to the client, staff were helping Client 3 in learning to prepare nutritional drinks and going to work. Client 3 reported they did not need or want to be at the facility and wanted to move back to community based services in Omaha.</p> <p>(B) Interview on 3/24/22 at 10:31am, Staff C confirmed Client 3 had skills to complete basic self-cares with minimal reminders from staff. Staff C reported Client 3 used being ill, being injured, or faking seizures as means to manipulate and "get attention" from staff or refuse to go to work and do tasks. Staff C verified Client 3 had not been verbally or physically aggressive in several weeks. Client 3 had gained weight and was following their nutritional goals and drinking their supplements.</p> <p>(C) Interview on 3/24/22 at 11:01am, Staff E reported the primary reason Client 3 was receiving services at the facility was due to refusals to drink or eat while having a g-tube resulting in weight loss and aggressive behaviors.</p>	W 197			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 10</p> <p>Staff E verified Client 3 had gained and was maintaining their weight in the 130-140 pound range. Client 3 was able to prepare (with minimal staff assistance) and drank their nutritional supplements every 2-3 hours without issue. According to Staff E, Client 3 displayed less aggression. Staff E confirmed Client 3 was independent in medication administration, toileting, personal hygiene, dressing, operation of the computer and gaming systems, and communicating needs. Staff E reported Client 3's active treatment programming was focused on maintain daily living skills and skill acquisition for drinking/eating safely and managing behaviors.</p> <p>(D) Interview on 3/24/22 at 11:30am, Staff H confirmed Client 3 was "doing good" with their programs and was ready to move back "home" in community based services. Staff H verified Client 3 did not have a g-tube but all nutrition was in a liquid supplement every 2-3 hours. Client 3 was able to prepare the supplement, add flavoring, and participated in pleasure eating which consisted of the client being allowed to have mashed potatoes with gravy prepared at a honey thick consistency. Staff H reported they were aware of Client 3's verbal and physical aggressive behaviors and incidents of peer to peer aggression; however, Staff H had not observed Client 3 be aggressive toward themselves or others since being admitted to the facility. According to Staff H, Client 3 was independent in most basic living skills but needed verbal prompting to complete tasks thoroughly, specifically: cleaning bedroom, doing laundry, sweeping, mopping, toileting, dressing, personal hygiene, tooth brushing, and communicating wants and needs. Client 3 was able to independently operate the computer, television,</p>	W 197			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 11 and the clients gaming devices.</p> <p>(E) Interview on 3/24/22 at 12:02pm, Staff D reported they were part of the team that met and assessed Client 3 for the provision of active treatment at the facility. According to Staff D, Client 3 had health issues related to the client continuously pulling out their g-tubes, weight loss, refusal to participate in day services and follow up with medical appointment, and displayed verbal, physical, and SIB aggressive behaviors. Staff D verified Client 3 now was weighing consistently between 135-138 pounds which was one of the client's goal in order to be able to return to living in the community. Client 3 was able independently ambulate, toilet, oral hygiene, dressing, and communicate their opinion, wants, and needs to staff. Client 3 was able to complete personal hygiene and showering tasks, but due to past behaviors of drinking toilet water staff were to keep visual supervision while the client utilized the bathroom or showered. Staff D confirmed Client 3 had 1:1 supervision and could be in their bedroom alone with 10-15 minute checks. Staff D verified they had not witnessed Client 3 be verbally or physically aggressive toward Staff D, other staff or peers and was not aware of incidents of SIB.</p> <p>(F) Interview on 3/24/22 at 12:40pm, Staff B confirmed that Client 3 was admitted to the facility primarily for medical reasons associated with weight loss and the client's physical and verbal aggressions. Staff B verified that since November 2021, the staff had witness Client 3 being the aggressor in one episode of peer to peer aggression which resulted in no harm. Staff B confirmed Client 3 was independent in most basic living skills and need minimal verbal prompts to</p>	W 197			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 12</p> <p>complete task thoroughly. According to Staff B these included, personal hygiene, shaving (with a disposable) razor, showering, oral cares, dressing, and communication. Staff B reported Client 3 was able to verbal communicate with staff regarding news events, online you-tube videos, casual conversations, and the client's wants and needs. Staff B verified the client was capable of independently operating their oxygen concentrator, nebulizer, television, gaming device, and computer. Staff B reported Client 3 had built up their strength and gained weight which were goals in order for the client to be able to return to community based services.</p> <p>(G) Interview on 3/24/22 at 2:50pm with Client 3's Qualified Intellectual Disabilities Professional (QIDP-A) confirmed Client 3:</p> <p>(1) Was admitted to the facility due to medical issues with not maintaining a healthy weight and aggressive behaviors related to the Client 3's refusal to maintain a gastrostomy tube (g-tube).</p> <p>(2) ISP included a BSP which included six programs to address the client's pro-social communication, verbal and physical aggression, property destruction, SIB, and elopement.</p> <p>(3) ISP included skill training programs to complete task analyses for medication administration, hygiene tasks, home maintenance tasks, and increasing participation in day services. According to QIDP-A the facility was building on and maintaining Client 3's independence in these skills.</p> <p>(4) Was independent in drinking/preparing liquid supplement, communication, toileting, bathing/showering, personal hygiene, dressing/grooming, oral hygiene, and capable of operating Client 3's oxygen concentrator and nebulizer machine as needed to address the</p>	W 197		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	<p>Continued From page 13</p> <p>client's respiratory needs. QIDP-A reported Client 3 occasionally needed supervision to ensure they completed these skills/tasks thoroughly.</p> <p>(5) Met the established ISP goals to independently be able to walk up and down stairs, increased physical stamina to 30-minutes without a rest period, decreased verbal and physical aggression, participated in day services, and was compliant with drinking the nutritional supplement drinks which resulted in the client meeting medical goals to gain and maintain weight.</p> <p>(6) Had reached a point of stabilization resulting in the client's IDT proceeding with discussions regarding Client 3's transition back into community based services.</p> <p>(H) Interview on 3/25/22 at 11:18am, the facility Administrator confirmed Client 3 was admitted to the facility for medical reasons related to the client being diagnosed with "a failure to thrive." According to the Administrator, Client 3 needed active treatment programming to address Client 3's not eating, pulling out their g-tubes, and to address SIB, verbal aggression, physical violence, and vehicle safety related to attempts to jump out of a moving vehicle. The Administrator confirmed Client 3 did not currently and had not had a g-tube since admission which resulted in Client 3 orally drinking their nutritional supplements. The Administrator verified the facility developed active treatment goals to address these behaviors which Client 3 had met. The Administrator confirmed the client was independent in completing basic independent living skills, increased weight, and had decreased verbal and physical aggression and SIB. The Administrator verified that based on Client 3's active treatment progress the IDT was preparing to begin transition return to community based</p>	W 197			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 197	Continued From page 14 services.	W 197			
W 201	<p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(4)(i)</p> <p>If a client is to be either transferred or discharged, the facility must have documentation in the client's record that the client was transferred or discharged for good cause. This STANDARD is not met as evidenced by:</p> <p>Based on interviews, record reviews, and observations the facility failed to implement facility policy regarding the transfer move for 1 of 1 clients in the sample (Client 2). This had the potential to affect all clients residing at the facility. The facility census was 7 at the time of the survey.</p> <p>Findings are:</p> <p>Review of the facility policy titled, "Admission, Transfers, and Discharge" (dated 4/23/21) identified that a "transfer" was a permanent or temporary move of a client between the homes of the same ICFIID facility. The policy defined a discharge as a permanent movement of an individual to another facility or setting which operates independently from the ICFIID. For transfers or discharges, the facility would document evidence of pros and cons of the move, the rationale for the final decision to move, and complete admission and discharge documentation accordingly.</p>	W 201			

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W 201	<p>Continued From page 15</p> <p>Review of the facility policy titled, "Operational Guideline, Transfer" (dated 4/23/21) defined "transfer" as a client moving from one home to another home in the same ICFIID facility.</p> <p>Observations on 3/21/22 at 1:55pm and 4:25pm, 3/22/22 at 10:10am, 3/23/22 at 7:25am, and 3/24/22 at 3:45pm revealed Client 2 was resided at and participated in day services of the 400 State Building ICFIID facility.</p> <p>Review of Client 2's Individual Support Plan (ISP addendum dated 12/13/2021) identified that due to the client's incidents of physical aggression, peer to peer aggression, extreme aggression, lack of sleep, and increased irritability to "Transfer to 404 Crisis" at the 400 State Building ICFIID from the Solar ICFIID. The ISP identified that the QDDP would initiate the "transfer" of Client 2, their personal items, and Therap programs as of 12/13/21. The guardian consented to transfer move and to decrease the client's amount of personal items stored in the client's bedroom. Further review of Client 2's ISP revealed no evidence of the identified pros and cons of the move and no evidence of a discharge and admission meeting identifying that the client was being discharged from the Solar ICFIID to the 400 State Building ICFIID.</p> <p>Review of the document title "Admissions/Discharge" confirmed that Client 2 was admitted to the 400 State Building ICFIID facility on 12/13/21 (same day as the ISP meeting).</p> <p>Interview on 3/25/22 at 11:18am, the Administrator confirmed the facility failed to follow its policy and procedures regarding documenting</p>	W 201			

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W 201	Continued From page 16 and actions for client transfers and discharges.	W 201			

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

April 1, 2022

Dawn Urbaschek, Administrator
400 State Building
3104, 3070, 3071 State Ave
Beatrice, NE 68310



Pete Ricketts, Governor

Dear Ms. Urbaschek:

The enclosed report documents a finding of noncompliance with the licensure regulations for 400 State Building Intermediate Care Facility For Intellectually Disabled following the survey at your facility completed on March 25, 2022 by representatives of the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 calendar days of receipt of this letter. The statement of compliance must include for each deficiency cited:

- 1) Action(s) that will be taken to correct the deficiency;
- 2) The procedure for implementing the corrective action(s);
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected (which should be within 45 days of the exit of the survey); and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

Helping People Live Better Lives



Beatrice State Developmental Center

400 State Building

Fire Marshal Survey

FINANCIAL OVERVIEW

Financial performance highlights

Our financial performance over the period was strong, reflecting the success of our operations and the effective management of our financial resources. Key highlights include:

- Revenue growth of 15% compared to the previous year.
- Operating profit margin of 25%, an improvement from 22% last year.
- Return on Equity (ROE) of 18%, demonstrating strong shareholder value creation.
- Consistent dividend payments, with a 5% increase in the dividend per share.

The primary drivers of our financial success were the expansion of our core business segments and the implementation of cost optimization initiatives. Our strategic investments in research and development have yielded significant long-term benefits, positioning us for sustained growth in the future.

Our financial position remains robust, with a strong balance sheet and a solid track record of debt service. We have successfully managed our capital structure, ensuring that we maintain a healthy level of liquidity and financial flexibility to support our growth strategy.

Looking ahead, we are confident in our ability to continue to deliver strong financial performance and create long-term value for our shareholders. We will continue to focus on operational excellence, innovation, and financial discipline to drive our success in the years ahead.

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE. BEATRICE, NE 68310	3/24/2022
[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

03- 200 Sheridan		
K0200	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation realed the emergency light in Therapy Room for the south exit failed to operate when test button was depressed. A work order was submitted to the Maintenance Department to repair the emergency light in the Therapy Room.	4/4/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation realed the emergency light in Therapy Room for the south exit failed to operate when test button was depressed. A work order was submitted to the Maintenance Department to repair the emergency light in the Therapy Room. The emergency light was replaced and will operate when the test button is depressed.	4/4/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
K0300	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation revealed the fire extinguisher in the Therapy Room was obstructed by two floor buffers. The two floor buffers were relocated and are no longer obstructing the fire extinguisher in the Therapy Room.	4/4/2022

	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation revealed the fire extinguisher in the Therapy Room was obstructed by two floor buffers. The two floor buffers were relocated and are no longer obstructing the fire extinguisher in the Therapy Room.	4/4/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
K0511	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation revealed floor buffers blocking the electrical panel boxes in the Therapy Room. The floor buffers were relocated and are no longer blocking the electrical panel boxes in the Therapy Room.	4/4/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation revealed floor buffers blocking the electrical panel boxes in the Therapy Room. The floor buffers were relocated and are no longer blocking the electrical panel boxes in the Therapy Room.	4/4/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE. BEATRICE, NE 68310	3/24/2022
[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
04 - Carstens Center		
K0211	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation revealed the Kitchen storage room with an exterior exit was obstructed by shelving. The shelving was moved and is no longer obstructing the door marked as an exit.	4/4/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation revealed the Kitchen storage room with an exterior exit was obstructed by shelving. The shelving was moved and is no longer obstructing the door marked as an exit.	4/4/2022
K0300	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
K0300	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
K0300	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Observation revealed the fire extinguisher in the Dish room was obstructed. The obstructions were removed and the fire extinguisher is now accessible.	4/4/2022
K0300	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Observation revealed the fire extinguisher in the Dish room was obstructed. The obstructions were removed and the fire extinguisher is now accessible.	4/4/2022

	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

PLAN OF CORRECTION

Provider/Supplier Name: ➡

STREET ADDRESS, CITY, ZIP: ➡

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE. BEATRICE, NE 68310	3/24/2022
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDDO7

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #		
10 - Administration Building		
K0351	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	Based on observation and interview, the facility failed to assure all areas provided sprinkler protection. This deficient practice would not allow fire to be extinguished and spread throughout. Observation revealed the duct work for AHU#1, failed to provide sprinkler protection. NIFCO was contacted and sprinkler heads were installed. The Facility Maintenance Manager is currently working on getting the invoice for the sprinkler heads that needed to be added to the Administration Building.	4/4/2022
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	Based on observation and interview, the facility failed to assure all areas provided sprinkler protection. This deficient practice would not allow fire to be extinguished and spread throughout. Observation revealed the duct work for AHU#1, failed to provide sprinkler protection. NIFCO was contacted and sprinkler heads were installed. The Facility Maintenance Manager is currently working on getting the invoice for the sprinkler heads that needed to be added to the Administration Building.	4/4/2022
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	The Facility Maintenance Manager will monitor and ensure compliance.	4/4/2022

	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	
	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	
	B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):	
	C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:	
	D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).	

WORK ORDER | BSDC-06101

Completed status: BSDC-West Wing #017 (854 Sheridan 2nd Flr/834 Sheridan 1st Flr)\Floor 1 location
 Map cannot be displayed because WO address cannot be geo-located
 4/4/2022 11:30 AM last updated

Request type: BSDC building
 Gayle Hawkins - Gayle.Hawkins@nebraska.gov contact/contact at
 854 Sheridan 2nd Flr/834 Sheridan 1st Flr Beatrice, NE 68310 address
 Beatrice State Development Center property / workflow

200 Sheridan
K0300

WORK DESCRIPTION	ASSET	TASK	DESCRIPTION	ACTIONS
	Emergency Lighting	Damaged/not working	Replaced the emerge...	

SCHEDULING AND ASSIGNMENT	
Medium priority	N/A access/appl/start
Lighting specialty	0:00 duration
4/5/2022 11:28 AM on-site by	William Lux assigned to
4/7/2022 11:28 AM due by	4/5/2022 11:28 AM acknowledge by

ACTIVITY LOG				
BY	DATE	ACTION	COMMENTS	
Gayle Hawkins	4/4/2022 11:30 AM	Completed	Replaced the emerge...	
Gayle Hawkins	4/4/2022 11:28 AM	Picked Up		
Gayle Hawkins	4/4/2022 11:28 AM	Created		

NOTES				
DATE	BY	NOTE	ACTIONS	
No Records Found				

FINANCIAL USD	
-- expense account	No possible warranty?
-- p.o.number	Non Billable charge code

INTERNAL COSTS	
Pending status	View Details

PROCEDURES							
F...	PROCEDURE	CATEGORY	ASSET	STEPS	STA	ATTAC	ASSO
No Records Found							

ALERTS AND NOTIFICATIONS				
NAME	SENT	SENT TO	ADDRESS	
No Records Found				

COMPLETION AND VERIFICATION	
No equipment record?	Not Verified verification
Electrical repair category	-- verified by
Other	--



verification notes				
CONTACT CUSTOM FIELDS				
WORK ORDER CUSTOM FIELDS				
	NAME	VALUE	ACTIONS	
<i>No Records Found</i>				
BUILDING CUSTOM FIELDS				
	NAME	VALUE	ACTIONS	
<i>No Records Found</i>				
EQUIPMENT WORKED ON				
	EQUIPMENT WORKED ON	COMMENT	ACTIONS	
<i>No Records Found</i>				
SECONDARY ASSIGNEES				
	NAME		CHECKED IN	
<i>No Records Found</i>				
SERVICE PRO QUOTE				
-- quote		None status		
DOCUMENTS				
	TITLE	TYPE	CREATED ON ▼	END DATE ACTIONS
<i>No Records Found</i>				
CHECK IN/OUT LOG				
	BY	CHECK IN ▲	CHECK OUT	ACTIONS
<i>No Records Found</i>				

WORK ORDER | BSDC-05090

Completed status

BSDC-Chapel #029 (3065 Carstens Drive) Equipment location
 3065 Carstens Drive
 Beatrice, NE 68310
 address
 Beatrice State Development Center
 property / workflow

Map cannot be displayed because WO address cannot be geo-located

3/7/2022 9:12 AM
 last updated
 B25-029-01-01 Fire Extinguishers Schedule
 pm/rm schedule

Preventative Maintenance type
 BSDC building
 -- contact/contact at

WORK DESCRIPTION	ASSET	TASK
	B25-029-01-01 Fire Extinguishers	Preventative Maintenance

SCHEDULING AND ASSIGNMENT	
Low priority FLS - PMs specialty 3/21/2022 12:00 AM on-site by 4/1/2022 12:00 AM due by	N/A 3/1/2022 12:00 AM access/app/starts 0:00 duration Daniel Wieden assigned to 3/1/2022 1:25 AM acknowledge by

Missed one fire extinguisher preventative, when fire marshall did inspection this was founded. I went back and checked the fire extinguisher and signed off on the tag.

ACTIVITY LOG			
BY	DATE	ACTION	DESCRIPTION
Gayle Hawkins	4/4/2022 11:12 AM	Note	Missed one fire extinguisher preve...
Daniel Wieden	3/7/2022 9:12 AM	Completed	checked fire ext
Daniel Wieden	3/7/2022 9:10 AM	Picked Up	
PMRM Module	2/27/2022 1:25 AM	Created	

NOTES	
BY	NOTE
4/4/2022 Gayle Hawkins	Missed one fire extinguisher preventative, when fire marshall did inspection this was founded. I...

FINANCIAL USD	
-- expense account	No possible warranty?
-- p.o.number	Non Billable charge code

INTERNAL COSTS

Pending status [View Details](#)

PROCEDURES					
FLAG	PROCEDURE	ASSET	STEPS	STATUS	
	Fire Extinguishers Monthly Proc...	B25-029-01-01 Fire Extinguishers	2 of 2	Done	

ALERTS AND NOTIFICATIONS			
NAME	SENT	SENT TO	
New Work Order Created	2/27/2022 1:26 AM	Failure	

COMPLETION AND VERIFICATION	
No equipment record? PM Regular Maintenance - Monthly repair category -- repair code checked fire ext. completion note	Not Verified verification -- verified by -- verified on -- verification notes

CONTACT CUSTOM FIELDS

WORK ORDER CUSTOM FIELDS	
No Records Found	

BUILDING CUSTOM FIELDS	
NAME	
No Records Found	

EQUIPMENT WORKED ON	
EQUIPMENT WORKED ON	COMMENT
No Records Found	

SECONDARY ASSIGNEES	
No Records Found	

SERVICE PRO QUOTE	
quote	status
	None

DOCUMENTS

CHECK IN/OUT LOG	CHECK IN	CHECK OUT	ACTIONS
<i>No Records Found</i>			

Fralin, Russell

From: Jinright, Matt
Sent: Tuesday, April 5, 2022 6:53 AM
To: Fralin, Russell
Subject: Fire Marshal

Russell,

We are working on getting the invoice for the sprinkler heads that had to be added to A building per the fire marshal, I have talked with her and she is ok with it and knows that Nifco took care of it. Just an FYI.

Matt Jinright

Facility Maintenance Manager | STATE BUILDING DIVISION

Nebraska Department of Administrative Services

3000 Lincoln St, Beatrice, NE 68310

CELL 402-219-3766

matt.jinright@nebraska.gov

das.nebraska.gov | [Facebook](#) | [Twitter](#)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 400 STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - F Building- is a two story building of Type III (200) construction that was approved in 2002 and is fully sprinkled.</p> <p>The facility has 36 certified beds. At the time of the survey the census was 2 residents.</p> <p>400 State Building - Main was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Oliver Ulrochek

TITLE

ICFA

(X5) DATE

04/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 200 SHERIDAN NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K0200	<p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - 200 Sheridan (Bear Creek/Therapy) is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.</p> <p>Means of Egress Requirements - Other CFR(s): NFPA 101</p> <p>Means of Escape Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain emergency lighting. This deficient practice would cause confusion and delay egress the in the event of a power failure; no egress lighting would be available.</p> <p>Findings are: Observation on 3-24-22 at 11:39 am revealed, the emergency light in Therapy Room for the south exit failed to operate when test button was depressed.</p> <p>During an interview on 3-24-22 at 11:39 am,</p>	K0200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Ulroschek

ICPA

04/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 200 SHERIDAN NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0200	Continued From page 1	K0200		
K0300	Administration Staff A confirmed the emergency light failed to work. Protection - Other CFR(s): NFPA 101 Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers were not obstructed. This deficient practice would delay the extinguishment of a fire. Findings are: Observation on 3-24-21 at 11:38 am revealed, the fire extinguisher in the Therapy Room was obstructed by two floor buffers. During an interview on 3-24-22 at 11:38 am, Administration Staff A confirmed the buffers obstructing the fire extinguisher.	K0300		
K0511	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K0511		

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NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0511	Continued From page 2 allowed storage to obstruct access to electrical panel box. This deficient practice could cause injury and delay turning off the power during an electrical emergency. Findings are: Observations on 3-24-22 at 11:34 am revealed, floor buffers blocking the electrical panel boxes in the Therapy room. During an interview on 3-24-22 at 11:34 am, Administration Staff A confirmed the items stored in front of the panel box.	K0511			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - CARSTENS CENTER- NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code. 400 State Building - Carstens is a single story building of Type II (000) construction that was approved in 2002 and is fully sprinkled. 400 State Building - Carstens was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000		
K0211	Means of Egress - General CFR(s): NFPA 101 Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the failed to maintain exit corridors free of obstructions. This deficient practice would delay egress and cause confusion. Findings are: Observation on 3-24-22 at 12:20 pm revealed, the Kitchen storage room with an exterior exit	K0211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Devin Heltschek

ICFA

04/06/2022

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NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0211	Continued From page 1 was obstructed by shelving. During an interview on 3-24-22 at 12:20 pm, Administration Staff A confirmed the items in front of the door marked as an exit. NFPA Standard: 2012 NFPA 101, 18.2.1 Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11. 2012 NFPA 101, 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K0211			
K0300	Protection - Other CFR(s): NFPA 101 Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers were not obstructed. This deficient practice would delay the extinguishment of a fire. Findings are: Observation on 3-24-21 at 12:48 pm revealed, the fire extinguisher in the Dish room was	K0300			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - CARSTENS CENTER- NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0300	Continued From page 2 obstructed. During an interview on 3-24-22 at 11:48 pm, Administration Staff A confirmed the fire extinguisher was obstructed.	K0300		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - CHAPEL NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - Chapel is a single story building of Type V (000) construction that was approved in 2002 and is not sprinkled.</p> <p>400 State Building - Chapel was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Ulbruscheck TITLE: JCPA (X5) DATE: 04/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - ADMINISTRATION BLDG NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code. 400 State Building - Administration is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled. 400 State Building - Administration was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0351	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler System - Installation Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented. In Prompt Evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, shall be permitted. Automatic sprinklers shall not be required in	K0351		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Ulbrock

ICFA

04/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2022
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - ADMINISTRATION BLDG NON-RES B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0351	<p>Continued From page 1</p> <p>closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6.</p> <p>Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system 	K0351		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2022
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - ADMINISTRATION BLDG NON-RES B. WING _____		(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0351	<p>Continued From page 2 according to 9.7.</p> <p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all areas provided sprinkler protection. This deficient practice would not allow fire to be extinguished and spread throughout.</p> <p>Findings are: Observations on 3-24-22 at 11:05 am revealed, the duct work for AHU #1, failed to provide sprinkler protection.</p> <p>During an interview on 3-24-22 at 9:05 am, Administration Staff A confirmed the ductwork failed to provide sprinkler protection.</p>	K0351			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11 - 3071 STATE AVENUE B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2022
NAME OF PROVIDER OR SUPPLIER 400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - 3071 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.</p> <p>The facility has 12 certified beds. At the time of the survey the census was 2 residents.</p> <p>400 State Building - 3071 State was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn Uebrochel

ICFA

04/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Attachment 11

LRC Backflow Testing



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> RPP	Serial #: <u>422963</u> Size: <u>1/2</u> Manufacturer: <u>Watts</u> Model#: <u>009qt</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input checked="" type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> RPP	Serial #: <u>422963</u> Size: <u>1/2</u> Manufacturer: <u>Watts</u> Model#: <u>009qt</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input checked="" type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> RPP	Serial #: <u>422963</u> Size: <u>1/2</u> Manufacturer: <u>Watts</u> Model#: <u>009qt</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input checked="" type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



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Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

Attachment 12

LRC Elevator Testing



E-DOCKET

Maintenance

NO. e-docket :US185603

page 1

US serial number	USV1008514	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4076 - T BLDG #5	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

Technician's comments and recommendations :

Preventative maintenance

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US185603

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				22-Feb-2022	09:45 AM	10:30 AM	

TECHNICIAN SIGNATURE

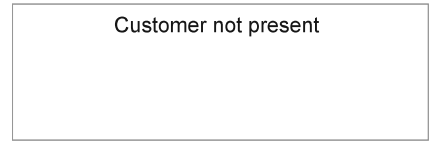
Technician JOSHUA M BEAUDIN



CLIENT SIGNATURE

For the client

Date 22-02-2022





E-DOCKET

Maintenance

NO. e-docket :US210634

page 1

US serial number	USV1008514	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4076 - T BLDG #5	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A

E-DOCKET

Maintenance

NO. e-docket :US210634

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				23-May-2022	01:30 PM	02:30 PM	

TECHNICIAN SIGNATURE

Technician MARK J PREUCIL

CLIENT SIGNATURE

For the client
Date 23-05-2022



Customer not present



E-DOCKET

Maintenance

NO. e-docket :US236320

page 1

US serial number	USV1008514	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4076 - T BLDG #5	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	✔	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236320

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	12:00 PM	12:45 PM	

TECHNICIAN SIGNATURE

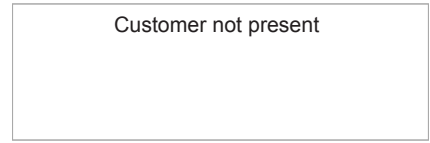
Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022





E-DOCKET

Maintenance

NO. e-docket :US185564

page 1

B5 South Elev (#6)

US serial number	USV1008559	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4071 - #6	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :

Yes

Elevator

Unit Type	Hydraulic
Unit Nickname	4071 - #6
Unit	USV1008559
PERFORMED PREVENTATIVE MAINTENANCE	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:

Technician's comments and recommendations :

Reprogrammed address on phone /preventative maintenance

Material Used :

CLIENT COMMENTS

N/A

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E-DOCKET

Maintenance

NO. e-docket :US185564

page 2

Time And Expense Detail

Line Type	Labor Type	Date	Start Time	End Time	Expense Amount
Labor	1.6	22-Feb-2022	08:15 AM	09:00 AM	0.76

TECHNICIAN SIGNATURE

Technician JOSHUA M BEAUDIN

CLIENT SIGNATURE

For the client

Date 22-02-2022

Customer not present



E-DOCKET

Maintenance

NO. e-docket :US185567

page 1

B5 - North Elev (#1)

US serial number	USV1008536	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	6403 - #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :

Yes

Elevator

Unit Type	Hydraulic
Unit Nickname	6403 - #1
Unit	USV1008536
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:

Technician's comments and recommendations :

Preventative maintenance

Material Used :

CLIENT COMMENTS

N/A

This document contains preliminary information regarding the work performed, and the time allotted for such work. Upon review, final adjustments may be made

Access any information about your equipments.maintenance at <https://us.tkeview.com/webportal/public> or contact your local Branch Office.



E-DOCKET

Maintenance

NO. e-docket :US185567

page 2

Time And Expense Detail

Line Type	Labor Type	Date	Start Time	End Time	Expense Amount
	0				1.7
Labor	1.5	22-Feb-2022	09:09 AM	09:45 AM	2

TECHNICIAN SIGNATURE

Technician JOSHUA M BEAUDIN

CLIENT SIGNATURE

For the client
Date 22-02-2022

Customer not present



E-DOCKET

Maintenance

NO. e-docket :US206460

page 1

US serial number	USV1008559	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4071 - #6	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US206460

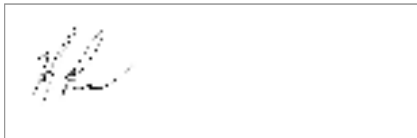
page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				09-May-2022	10:00 AM	11:00 AM	

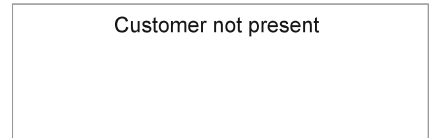
TECHNICIAN SIGNATURE

Technician MARK J PREUCIL



CLIENT SIGNATURE

For the client
Date 09-05-2022





E-DOCKET

Maintenance

NO. e-docket :US206458

page 1

US serial number	USV1008536	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	6403 - #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :

Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	6403 - #1	
Unit	USV1008536	
PERFORMED PREVENTATIVE MAINTENANCE		
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A

E-DOCKET

Maintenance

NO. e-docket :US206458

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				09-May-2022	09:30 AM	10:00 AM	

TECHNICIAN SIGNATURE

Technician MARK J PREUCIL



CLIENT SIGNATURE

For the client

Date 09-05-2022

Collect signature at a later time



E-DOCKET

Maintenance


NO. e-docket :US236249

page 1

US serial number	USV1008559	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	4071 - #6	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :  Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236249

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	09:45 AM	10:30 AM	

TECHNICIAN SIGNATURE

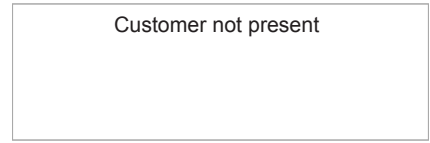
Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022





E-DOCKET

Maintenance

NO. e-docket :US236247

page 1

US serial number	USV1008536	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	6403 - #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	6403 - #1	
Unit	USV1008536	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236247

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	09:00 AM	09:45 AM	

TECHNICIAN SIGNATURE

Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022

Customer not present



E-DOCKET

Maintenance

NO. e-docket :US185641

page 1

US serial number	USV1008504	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7165 - K BLDG #3	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

Technician's comments and recommendations :

Preventative maintenance

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US185641

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				22-Feb-2022	11:15 AM	12:00 PM	

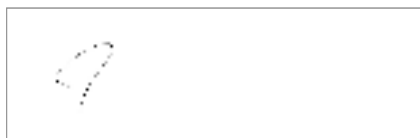
TECHNICIAN SIGNATURE

Technician JOSHUA M BEAUDIN

CLIENT SIGNATURE

For the client

Date 22-02-2022



Customer not present



E-DOCKET

Maintenance

NO. e-docket :US210776

page 1

US serial number	USV1008504	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7165 - K BLDG #3	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US210776

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				24-May-2022	09:00 AM	10:00 AM	

TECHNICIAN SIGNATURE

Technician MARK J PREUCIL

CLIENT SIGNATURE

For the client
Date 24-05-2022

Customer not present



E-DOCKET

Maintenance


NO. e-docket :US236277

page 1

US serial number	USV1008504	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7165 - K BLDG #3	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236277

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	11:15 AM	12:00 PM	

TECHNICIAN SIGNATURE

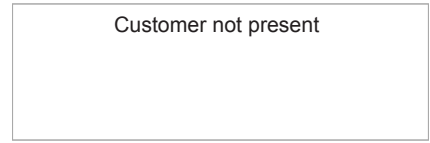
Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022





E-DOCKET

Maintenance

NO. e-docket :US185640

page 1

B10 North Elev #1

US serial number	USV1008088	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7182 - NORTH #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :

Yes

Elevator

Unit Type	Hydraulic
Unit Nickname	7182 - NORTH #1
Unit	USV1008088
PERFORMED PREVENTATIVE MAINTENANCE	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:

Technician's comments and recommendations :

Preventative maintenance

Material Used :

CLIENT COMMENTS

N/A

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E-DOCKET

Maintenance

NO. e-docket :US185640

page 2

Time And Expense Detail

Line Type	Labor Type	Date	Start Time	End Time	Expense Amount
Labor	1.5	22-Feb-2022	10:45 AM	11:15 AM	0.5
	1.7				
	2				

TECHNICIAN SIGNATURE

Technician JOSHUA M BEAUDIN

CLIENT SIGNATURE

For the client

Date 22-02-2022

Customer not present



E-DOCKET

Maintenance

NO. e-docket :US185643

page 1

BD South Ele #2

US serial number	USV1008107	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7183 - SOUTH #2	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic
Unit Nickname	7183 - SOUTH #2
Unit	USV1008107
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:

Technician's comments and recommendations :

Preventative maintenance

Material Used :

CLIENT COMMENTS

N/A

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E-DOCKET

Maintenance

NO. e-docket :US185643

page 2

Time And Expense Detail

Line Type	Labor Type	Date	Start Time	End Time	Expense Amount
	0				
	1.6				
Labor	0.6	22-Feb-2022	12:00 PM	12:30 PM	

TECHNICIAN SIGNATURE

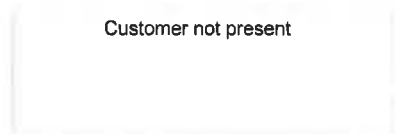
Technician JOSHUA M BEAUDIN



CLIENT SIGNATURE

For the client

Date 22-02-2022





E-DOCKET

Maintenance

NO. e-docket :US210733

page 1

US serial number	USV1008088	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7182 - NORTH #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A

E-DOCKET

Maintenance

NO. e-docket :US210733

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				24-May-2022	07:00 AM	08:00 AM	

TECHNICIAN SIGNATURE

Technician MARK J PREUCIL

CLIENT SIGNATURE

For the client
Date 24-05-2022

Collect signature at a later time



E-DOCKET

Maintenance


NO. e-docket :US210735

page 1

US serial number	USV1008107	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7183 - SOUTH #2	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US210735

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				24-May-2022	08:00 AM	09:00 AM	

TECHNICIAN SIGNATURE

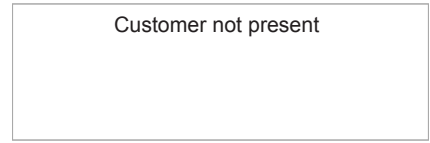
Technician MARK J PREUCIL



CLIENT SIGNATURE

For the client

Date 24-05-2022





E-DOCKET

Maintenance

NO. e-docket :US236365

page 1

US serial number	USV1008088	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7182 - NORTH #1	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236365

page 2

Time And Expense Detail

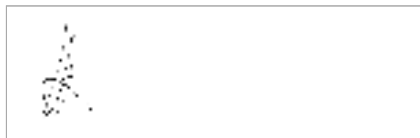
Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	12:45 PM	01:30 PM	

TECHNICIAN SIGNATURE

Technician ANTHONY MOLNAR

CLIENT SIGNATURE

For the client
Date 10-08-2022



Customer not present



E-DOCKET

Maintenance


NO. e-docket :US236441

page 1

US serial number	USV1008107	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	7183 - SOUTH #2	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236441

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	01:30 PM	02:15 PM	

TECHNICIAN SIGNATURE

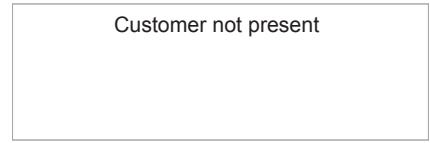
Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022





E-DOCKET

Maintenance

NO. e-docket :US185523

page 1

US serial number	USV1008538	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	10054 - R BLDG #4	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician :



Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	✔	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

Technician's comments and recommendations :

Preventative maintenace

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US185523

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				22-Feb-2022	07:30 AM	08:15 AM	

TECHNICIAN SIGNATURE

Technician JOSHUA M BEAUDIN

CLIENT SIGNATURE

For the client

Date 22-02-2022



Customer not present



E-DOCKET

Maintenance

NO. e-docket :US210635

page 1

US serial number	USV1008538	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	10054 - R BLDG #4	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A

E-DOCKET

Maintenance

NO. e-docket :US210635

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				23-May-2022	02:30 PM	03:30 PM	

TECHNICIAN SIGNATURE

Technician MARK J PREUCIL

CLIENT SIGNATURE

For the client
Date 23-05-2022

Customer not present



E-DOCKET

Maintenance

NO. e-docket :US236250

page 1

US serial number	USV1008538	Customer Name	LINCOLN REGIONAL CENTER
Lift Number	10054 - R BLDG #4	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

Technician's comments and recommendations :

Pm

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US236250

page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				10-Aug-2022	10:30 AM	11:15 AM	

TECHNICIAN SIGNATURE

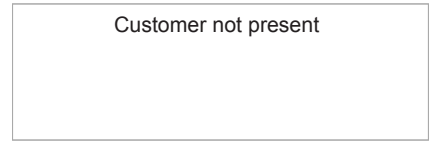
Technician ANTHONY MOLNAR



CLIENT SIGNATURE

For the client

Date 10-08-2022



Attachment 13

LRC Fire Alarm Reports

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 Tamper/ Waterflows)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
⊖ MM	3	0	3	0	0
☰ WF	4	0	4	0	0

Type	Total	Tested	Not Tested	Passed	Failed
⬇ TS	3	0	3	0	0

Zone: Tamper/ Water Flows

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☰ WF	L1M33	1st Floor Custodial				N/A	
⬇ TS	L1M32	1st Flr Custodial				N/A	
⬇ TS	L2M01	2nd Floor Custodial				N/A	
☰ WF	L2M02	2nd Floor Custodial				N/A	
⊖ MM	L1M14	BackFlow				N/A	
⬇ TS	L1M17	BSMT Tamper				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
WF	L1M11	BSMT Waterflow				N/A	
MM	L1M15	PIV				N/A	
MM	L1M16	Riser 1 and 2				N/A	
WF	L1M12	Riser 1 and 2 Waterflow				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

9/2/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/2/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	3	3	0	3	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	15	15	0	15	0
SD-Photo	163	163	0	163	0

Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D15	Activity Room 002I		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D13	Class Room 002J		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D09	Class Room 002K		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D05	Class Room 002L		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D04	Corridor 002		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D07	Corridor 002		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D10	Corridor 002		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D14	Corridor 002		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D12	Corridor 002D		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D20	Corridor 016		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D34	Corridor 016		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D03	Corridor 021		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D36	Corridor 021		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D38	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D42	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D46	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D63	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D68	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D71	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D86	Corridor 130		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D99	Corridor 152		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D47	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D50	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D51	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D55	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D57	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D58	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D97	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D56	Custodial 116		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D24	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D25	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D26	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D27	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D28	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D60	Day Room 108C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D93	Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D94	Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D102	Day Room 152C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D02	Dirty Linen		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D76	Dishwashing 141		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D01	Electrical 005		Semi-Annual	8/15/2022	Pass	
● SD-Photo	L1D49	Electrical 027		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D91	Elevator Lobby		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D80	Elev Corridor		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D41	Elev Equip Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D40	Elev Equip Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D30	Elev Lobby		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D32	Elev Pit		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D92	House Keeping		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D75	Kitchen 140		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D67	Laundry 107		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D98	Linen Storage		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D87	Lobby 131		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D90	Lobby 131		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D85	Locker Room 129		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D89	Mail Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D06	Mech 002H		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D21	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D22	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D23	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D16	Office 002A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D17	Office 002B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D11	Office 002C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D08	Office 002F		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D37	Office 020		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D39	Office 022		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D43	Office 023		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D45	Office 024		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D44	Office 025		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D48	Office 028		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D52	Office 029		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D53	Office 031		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D54	Office 031		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D61	Office 113		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D62	Office 114		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D81	Office 122		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D82	Office 122		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D83	Office 124		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D84	Office 126		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D95	Office 142A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D100	Office 146		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D101	Office 147		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D65	Quiet Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D88	Reception 134		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D74	Rest Room 101A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D69	Rest Room 108A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D66	Rest Room 108B		Semi-Annual	9/2/2022	Pass	
☀ HD	L1D73	Shower 104		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D29	Snack Kitchen 018		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D19	Staff Break Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D77	Staff Lounge 120		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D70	Staff Rest Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D18	Stairs 004		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D35	Storage 011		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D72	Storage 103		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D79	Storage 118		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D64	Tech Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D96	Tech Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D59	Wiring Closet		Semi-Annual	9/2/2022	Pass	

Zone: Loop 1 Devices Page 2

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☒ PS	L1M46	1st Center Stairs		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M37	1st Floor West Stairs		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D116	Above FACP		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M50	BSMT Center North Door		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M31	BSMT East Stair		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M20	BSMT Elev Lobby		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M19	BSMT South Door		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D103	Corridor 147		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D109	Corridor 152		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D112	Corridor 152		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D108	Laundry 154		Semi-Annual	9/2/2022	Pass	
PS	L1M39	Main Entrance		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D105	Patient Room 149		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D104	Quiet Room 150		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D110	Rest Room 152A		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D106	Rest Room 152B		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D115	Rest Room 162		Semi-Annual	9/2/2022	Pass	
HD	L1D114	Shower 157		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D111	Staff Rest Room		Semi-Annual	9/2/2022	Pass	
PS	L1M52	Stairwell 161		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D113	Storage 158		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D107	Tech Station		Semi-Annual	9/2/2022	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D39	2nd Elev Lobby		Semi-Annual	9/2/2022	Pass	
PS	L2M11	2nd Flr Elev Lobby		Semi-Annual	9/2/2022	Pass	
PS	L2M06	2nd Flr Nurse		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D06	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D10	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D16	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D24	Corridor 217		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D28	Corridor 220		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D32	Corridor 220		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D50	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D56	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D61	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D65	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D01	Custodial 216		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D03	Day Room 208C		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D19	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D46	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D47	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D48	Day Room 233		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D55	Day Room 242C		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D21	Dishwashing 232		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D41	Elev Shaft		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D40	Elev Shaft		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D26	Exam Rm 220B		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M16	First Floor Nurse		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D20	Kitchen 231		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D44	Large Conf. Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D45	Large Conf. Rm		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D07	Laundry 207		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D59	Laundry 242		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D49	Linen Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D25	Medical 220A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D37	Nurses Station 230		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D27	Office 220C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D31	Office 222		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D33	Office 223		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D35	Office 224		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D34	Office 225		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D30	Office 227		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D22	Office 233B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D23	Office 233B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D52	Office 239		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D02	Outside Custodial		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D51	Patient Rm 236		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D53	Patient Rm237		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D54	Patient Rm 239		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D05	Patient Room 214		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D57	Quiet Rm 240		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D04	Quiet Room 213		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D09	Report Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D18	RR 201A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D12	RR 208A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D11	RR 208B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D38	RR 230A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D64	RR 242A		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D60	RR 242B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D68	RR 254		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D13	Shower 204		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D63	Shower 247		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D36	Small Conf. Rm 226		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D15	Staff RR 206		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M07	Stairs 200		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D17	Stairs 200		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D43	Stairs 229		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M17	Stairs 251		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D67	Stairs 251		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D14	Storage 203		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D29	Storage 219		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D42	Storage 221		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D66	Storage 248		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D58	Technology Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D08	Tech Station 210		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D62	Whirlpool Rm 245		Semi-Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/15/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/15/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	1	1	0	1	0
PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
FACP	1	1	0	1	0

Zone: Panels

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	NA	BSMT Storage closet across from Electrical Rm		Annual	9/2/2022	Pass	
FACP	NA	Front Entrance		Annual	9/2/2022	Pass	
Amplifier	NA	IN FACP Cabinet		Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

9/2/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/2/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdowns)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Shutdowns

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M28	AHU		Annual	9/2/2022	Pass	
↗ Relay Module	L1M30	AHU		Annual	9/2/2022	Pass	
↗ Relay Module	L1M23	Alternate Recall		Annual	9/2/2022	Pass	
↗ Relay Module	L1M08	BSMT Mech AHU 2		Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M07	BSMT Mech AHU 7		Annual	9/2/2022	Pass	
↗ Relay Module	L2M12	Damper 2nd Floor		Annual	9/2/2022	Pass	
↗ Relay Module	L2M04	Damper 2nd Flr		Annual	9/2/2022	Pass	
↗ Relay Module	L1M48	Damper Day Rm 142		Annual	9/2/2022	Pass	
↗ Relay Module	L1M24	Flash Hat		Annual	9/2/2022	Pass	
↗ Relay Module	L1M13	MAG Lock Doors		Annual	9/2/2022	Pass	
↗ Relay Module	L1M22	Primary Recall		Annual	9/2/2022	Pass	
↗ Relay Module	L1M25	Shunt Trip		Annual	9/2/2022	Pass	
↗ Relay Module	L1M02	Small Mech RM AHU3		Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne
 J13

9/2/2022

No Signature Available

9/2/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/8/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan Flynn

Owner's Phone Number: (402) 479-5451

Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 3 (Detention/Correctional)

Property Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: Per Mar

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: Notifier

Model number: 3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: Type: 12v 26amp

Location: IN FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	11am
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/8/2022
 Time: 11AM

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

[Handwritten Signature]

Date 9/2/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name _____

Owner or Owner's Representative Signature **No Signature Available**

Date 9/2/2022



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Suppression (Generator Suppression
System)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Frequency Of Testing

Frequency:
 Date

Quarterly Semi-Annual Annual
 8/8/2022

Account Information

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Fire Suppression (Generator Suppression System)	Location Code: URVENHG
Service Address: 6775 South 118th Street		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5451
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Panel Information

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
--	---------------------------------	--------------------------	----------------	--

Batteries

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location IN FACP	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
--	---------------------	-----------------------	---------------------------------	---

Cylinder/Tank

Location Generator	Serial Number: Na	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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Devices

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
Initiator - Initiator	Low Air - Low Air	MAINT - Maintenance Switch
MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release	Relay Module - Relay Module
SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SOL - Solenoid
STROBE - Strobes	TOPDIS - Top Discharge	TS - Tamper Switch
VES - VESDA	WF - Waterflow	

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⊗ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
■ ManRel	1	1	0	1	0

Zone: NA

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
■ H/S		Gen Wall Outside		Annual	Pass	
■ H/S		Gen Wall Outside		Annual	Pass	
⊕ Abort		IN Generator		Annual	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
ManRel		IN Generator		Annual	Pass	

Notification Devices

Suppression Questionnaire

Is system connected to Main Fire Alarm System? Yes No

Is the protected room properly sealed? Yes No

Is there a door sweep? Yes No

Do the trouble signals operate correctly from releasing panel and sub panels (if any)? Yes No N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested? Yes No

Is all wiring installed correctly, terminated and in a serviceable working order? Yes No

Are all switches, indicators, meters, and gauges in good working order both physically and functionally? Pass Fail N/A

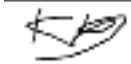
Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems. Yes No N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm? Yes No

Date of Work _____ 8/8/2022 _____

Inspected By: _____ Keith Allen Benne _____

Inspector License: _____ J13 _____

Signature of Inspector:  _____

Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP3 INITIATING DEVICES)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ MM	1	0	1	0	0
● SD-Photo	30	30	0	30	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	2	2	0	2	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D29	CONF. 118		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D30	CONF. 118		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D27	CONF. RM		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M1	CORR 100		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M2	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D1	CORR 100		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D2	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D6	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D9	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D17	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D20	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D22	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D28	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D12	CUST 114		Semi-Annual	8/12/2022	Pass	
⊕ MM	L1M3	FACP	PHONE CALL IN			N/A	
● SD-Photo	L1D13	IT 113		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D11	LOUNGE 112		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D14	M.E. 115		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D3	OFFICE 101		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D4	OFFICE 102		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D8	OFFICE 104		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D7	OFFICE 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D23	OFFICE 119		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D26	OFFICE 120		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D25	OFFICE 121		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D24	OFFICE 122		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D15	OFFICE 123		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D18	OFFICE 124		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D19	OFFICE 125		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D16	OFFICE 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D21	OPEN OFFICE 116		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D5	RR 103		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D10	RR 111		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date	8/12/2022
Owner or Owner's Representative	
Owner or Owner's Representative Name	BEVAN FLYNN
Owner or Owner's Representative Signature	No Signature Available
Date	8/12/2022

Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	6	6	0	6	0
★ STROBE	3	3	0	3	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	6	CONF RM		Semi-Annual	8/12/2022	Pass	
■ S/S	1	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	2	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	3	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	4	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	5	CORR		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	10	OFFICE		Semi-Annual	8/12/2022	Pass	
🔊 SPKR	7	OUTSIDE		Semi-Annual	8/12/2022	Pass	
★ STROBE	8	RR		Semi-Annual	8/12/2022	Pass	
★ STROBE	9	RR		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMP	1	1	0	1	0
DVC	1	1	0	1	0
PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
FACP	1	1	0	1	0

Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	ENTRY	NFS2-640	Semi-Annual	8/12/2022	Pass	
AMP	4	FACP	DAX-3525 PCA	Semi-Annual	8/12/2022	Pass	
BATT	2	FACP	12V 26 X 2	Semi-Annual	8/12/2022	Pass	
DVC	3	FACP		Semi-Annual	8/12/2022	Pass	
PWS	5	FACP	AMPS 24	Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 8/12/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address: 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/12/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date 8/12/2022

11. Owner or Owner's Representative
Owner or Owner's Representative Name BEVAN FLYNN
Owner or Owner's Representative Signature No Signature Available

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 SPRINKLER)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ TS	7	0	7	0	0

Type	Total	Tested	Not Tested	Passed	Failed
☑ WF	5	0	5	0	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ TS	L1M31	BLDG 5				N/A	
☐ TS	L1M33	BLDG 5				N/A	
☐ TS	L1M36	BLDG 5				N/A	
☐ TS	L2M3	BLDG 5				N/A	
☐ TS	L3M22	BLDG 5				N/A	
☐ TS	L3M24	BLDG 5				N/A	
☑ WF	L1M23	BLDG 5				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
WF	L1M30	BLDG 5				N/A	
WF	L2M02	BLDG 5				N/A	
WF	L3M21	BLDG 5				N/A	
WF	L3M23	BLDG 5				N/A	
TS	L1M35	PIV				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 INITIATING
DEVICES)

Company: Omaha Office

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Inspector: Conner Lynn Holsclaw
O30

Date of Work:

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Omaha Office
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Monthly

Date of Work

08/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	4	4	0	4	0
SD-Photo	4	4	0	4	0

Zone: EP3

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	BLDG 5 PULL SATATIONS	LOOP 1 TOTAL 5		Semi-Annual	08/30/2022	Pass	
DD	BLDG 5 DUCTS	LOOP 1 TOTAL 8		Semi-Annual	08/30/2022	Pass	
HD	BLDG 5 HEATS	LOOP 1 TOTAL 36		Semi-Annual	08/30/2022	Pass	



Omaha Office
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	BLDG 5 SMOKES	LOOP 1 TOTAL 52		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 2	LOOP 2 TOTAL 1		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP 2	LOOP 2 TOTAL 5		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 2	LOOP 2 TOTAL 92		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 3	LOOP 3 TOTAL 11		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP 3	LOOP 3 TOTAL 16		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 3	LOOP 3 TOTAL 78		Semi-Annual	08/30/2022	Pass	
① DD	BLDG 5 DUCTS LOOP 4	LOOP 4 TOTAL 2		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 4	LOOP 4 TOTAL 3		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP	LOOP 4 TOTAL 6		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 4	LOOP 4 TOTAL 13		Semi-Annual	08/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Conner Lynn Holsclaw

O30

Date

08/30/2022



Omaha Office

6775 South 118th Street

Omaha, NE 68137

Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

BEVAN FLYNN

No Signature Available

Date

08/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	32	32	0	32	0

Type	Total	Tested	Not Tested	Passed	Failed
★ STROBE	8	8	0	8	0

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ H/S	1	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	2	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	3	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	4	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	5	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	6	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	7	BLDG 5		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ H/S	8	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	9	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	10	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	11	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	12	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	13	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	14	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	15	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	16	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	17	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	18	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	19	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	20	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	21	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	22	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	23	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	24	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	25	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	26	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	27	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	28	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	29	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	30	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	31	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	32	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	33	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	34	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	35	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	36	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	37	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	38	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	39	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	40	BLDG 5		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
PWS PWS	5	5	0	5	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS PWS	3	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	4	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	5	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	6	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
FACP FACP	1	CONTROL RM	NFS2-3030	Semi-Annual	8/30/2022	Pass	
PWS PWS	2	FACP	AMPS-24	Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 SHUTDOWNS)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	18	18	0	18	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M01	AHU 1		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M23	AHU 2		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M21	AHU 3		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M14	AHU 4		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M24	AHU 5		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M22	AHU 6		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M20	AHU 7		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M18	AHU 8		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M19	AHU 9		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M16	AHU 10		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M17	AHU S GYM		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L4M21	BSMT DAMPER		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	1	DOOR HOLDER TUNNEL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	2	DR HOLD ELECTRICAL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	4	DR HOLDS		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	5	DR HOLDS LL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	3	DR HOLD STEAM VEST		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M2	RAF 1		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name
Owner or Owner's Representative Signature

BEVAN FLYNN

No Signature Available

Date

8/30/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (Panel/Batteries)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/30/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan Flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 5 (Detention/Correctional)

Property Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (Panel/Batteries)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: NOTIFER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: CONTROL RM

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/30/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

A handwritten signature in black ink, appearing to be 'B. Flynn', is written above a horizontal line.

Date 8/30/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name BEVAN FLYNN

Owner or Owner's Representative Signature **No Signature Available**

Date 8/30/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	11	11	0	11	0
SD-Photo	66	66	0	66	0

Zone: Loop 1 Detectors

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D61	Admin Reception Area		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D32	Business Office		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D78	Business Office		Semi-Annual	8/11/2022	Pass	
HD	L1D21	Chase		Semi-Annual	8/11/2022	Pass	
HD	L1D19	Closet 123		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D49	Conference Room 145		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D50	Conference Room 145		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D31	Copy Room 128		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M07	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D68	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D71	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D77	Corridor 126		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M05	Corridor 127		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D14	Corridor 127		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D28	Corridor 127		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M06	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D30	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D34	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D39	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D44	Corridor 144		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D65	Corridor 144		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D52	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D57	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D63	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D09	Equipment Room		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D26	Financial Res.		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D27	Financial Res.		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D55	Hall 107		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D59	JC 106		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D35	JC 134		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M04	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D15	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D16	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D17	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D18	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D38	Lounge 137		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D04	Mech/Elec Room		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D05	Mech/Elec Room		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D43	Med Records		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D74	Med Records Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D75	Med Records Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D76	Med Records Storage		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☀ HD	L1D36	Men's Restroom 135		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D22	Men's Restroom		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D24	Museum		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D25	Museum		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D51	Office 100		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D47	Office 102		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D53	Office 102		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D56	Office 108		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D58	Office 109		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D62	Office 110		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D64	Office 111		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D66	Office 112		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D67	Office 113		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D69	Office 114		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D70	Office 115		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D72	Office 116		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D73	Office 117		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D40	Office 140		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D41	Office 141		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D42	Office 142		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D45	Office 146		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D46	Office 147		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D48	Office 148		Semi-Annual	8/11/2022	Pass	
○ DD	L1D79	Penthouse		Semi-Annual	8/11/2022	Pass	
○ DD	L1D81	Penthouse		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D80	Penthouse		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D13	Reception		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D07	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D08	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D10	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D06	Record Storage Office		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D54	Restroom 103		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D33	Room 132		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D29	Server 130		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D60	Storage 105		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D03	Telephone Equip Room		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D01	Tunnel Corr		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D02	Tunnel Corr		Semi-Annual	8/11/2022	Pass	
■ PS	L1M01	Tunnel Entrance		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D23	Vending		Semi-Annual	8/11/2022	Pass	
⚙ HD	L1D37	Women's Restroom 135		Semi-Annual	8/11/2022	Pass	
⚙ HD	L1D20	Women's Restroom		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 26amp	Semi-Annual	8/11/2022	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdown)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Shutdown's

Zone: Shutdown's							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M08	AHU		Semi-Annual	8/11/2022	Pass	
↗ Relay Module	L1M09	AHU		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KA

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/9/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/9/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Kurt Anderson

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: NA

Entity to which alarms are retransmitted: NA

Phone: NA

4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS-320

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: NA

Nominal voltage: FACP

Amps: NA

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: 12v 26amp

4.3.2 Secondary Power: FACP

Type: Lead-acid Nickel-cadmium Primary (dry cell) Sealed lead-acid

Location: Sealed lead-acid

Battery type (if applicable): Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

Other, if required: NA

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Building	8am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	9am
Building management:	Boiler Building	9am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/9/2022
 Time: 9am

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

KB

Date 8/12/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 Tamper Waterflows)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
⊖ MM	1	0	1	0	0
☰ WF	3	0	3	0	0

Type	Total	Tested	Not Tested	Passed	Failed
⬇ TS	9	0	9	0	0

Zone: Loop 1Tampers/ Waterflows

Zone: Loop 1Tampers/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⬇ TS	L1M27	1st and 2nd ISO				N/A	
⬇ TS	L1M33	1st Floor North				N/A	
☰ WF	L1M32	1st Floor North				N/A	
⬇ TS	L1M34	BSMT South Sprinkler				N/A	
⬇ TS	L1M29	BSMT Valve Tamper				N/A	
⬇ TS	L1M35	Corridor 024				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Tamper/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⊖ MM	L1M23	PIV				N/A	
⊖ TS	L1M31	Sprinkler Backflow				N/A	
⊖ TS	L1M26	Sprinkler Drain				N/A	
⊖ TS	L1M20	Sprinkler Volunteer Shop				N/A	
⊖ WF	L1M28	Water Entry				N/A	

Zone: Loop 2 Tamper/ Waterflows

Zone: Loop 2 Tamper/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⊖ TS	L2M21	2nd Floor North				N/A	
⊖ WF	L2M20	2nd Floor North				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KA

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Bevan Flynn

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	4	4	0	4	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	40	40	0	40	0
SD-Photo	131	131	0	131	0

Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D86	Admission Room 114		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D54	BSMT. Activities 014		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D55	BSMT. Activities 014		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D06	Canteen 005		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D07	Canteen 005		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D08	Canteen 005		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D10	Canteen 005		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D15	Canteen 005		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D68	Clinic 107		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D56	Corridor 017		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D59	Corridor 017		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D49	Corridor 20		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D53	Corridor 020		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D33	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D34	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D60	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D24	Corridor 022		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D35	Corridor 024		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D16	Corridor 036		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D67	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D70	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D71	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D72	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D64	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D66	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D73	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D93	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D95	Corridor 148		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D97	Corridor 148		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D94	Corridor 150A		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D81	Corridor 154		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D74	Corridor 154		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D82	Corridor 154		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D28	Deliveries 029		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D29	Dry Food 028		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D30	Dry Food 028		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D01	Elec. Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D65	Elect. Closet 109		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D58	Electrical 016		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D03	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D04	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D05	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D02	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D92	Elevator 1 Lobby		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D91	Elevator 2 Lobby		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D69	Janitor Closet 106B		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D63	Janitor Closet 111A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D89	Janitor Closet 145A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D32	JC 022A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D13	Kitchen 004		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D14	Kitchen 004		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D75	Library 155		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D76	Library 155		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D78	Library 155		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D77	Library Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D83	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D84	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D88	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D85	Life Skills Lab 158		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D99	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D61	Main Entrance Vest.		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D25	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D26	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D27	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D39	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D42	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D43	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D40	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D41	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D44	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D45	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D46	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D47	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D48	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D11	Office 002		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D12	Office 003		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D57	Office 020A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D79	Office 153		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D80	Office 153A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D62	Passage 111		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D37	Patient Storage 010		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D38	Patient Storage 010		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D90	Phone 112		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D17	R.R. 032		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D19	R.R. 033		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D50	Soiled Linen 011		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D96	Staff Break Room		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D09	Storage 005A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D36	Storage 009		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D18	Storage 031		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D20	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D21	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D22	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D23	Storage 038		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D87	Storage 143		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D98	Therapy Room 136		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D51	Volunteer Shop 012		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D31	Wash Room 027A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D52	Water Entry Room 013		Semi-Annual	8/12/2022	Pass	

Zone: Loop 1 Devices Continued

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D116	Activity Room 131		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D117	Activity Room 131		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M12	BSMT Center Stair		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M10	BSMT Stair Well North		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M17	Canteen		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D114	Closet 126A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D106	Closet 141		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M11	Corridor 017 East		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D121	Corridor 30		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M05	Corridor 105 By Stair Well		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D109	Corridor 116A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D112	Corridor 116A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D118	Corridor 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D119	Corridor 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D120	Corridor 126		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M04	Corridor 126 By Stair Well		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D113	Corridor 150A		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M18	Deliveries		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D122	Detector L01D122		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D107	Front Lobby 114		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D108	Front Lobby 114		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M03	Front Lobby		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D104	Hall 140B		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D111	HIM Storage Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D101	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D102	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D110	Mail Room 116		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M01	Main Entrance		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D115	Mothers Room 132		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D105	RT Closet 142		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D103	Self-Car E Group 138		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D100	TR Closet 137		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M06	Vestibule 100A		Semi-Annual	8/12/2022	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D44	Clean Linen 235		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D17	Comfort Room 252		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D02	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D03	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D04	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D05	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D48	Corridor 217		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D51	Corridor 217		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D52	Corridor 217		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D19	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D23	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D45	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D46	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D10	Corridor 238		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D42	Corridor 238		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D38	Corridor 239		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D43	Corridor 239		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D01	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D09	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D26	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D30	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D33	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D37	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D47	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D13	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D18	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D20	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D55	Corridor 249		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D15	Custodian 237A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D11	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D12	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D56	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D49	Dining Room 212		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D50	Dining Room 212		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D34	Elevator 1 039		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D31	Elevator 2 040		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D14	House Keeping Closet		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D22	House Keeping Closet		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D28	Kitchen 210		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D29	Kitchen 210		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D24	Maint. Closet 209		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D16	Patient Laundry 233		Semi-Annual	8/12/2022	Pass	
○ DD	L2D41	Penthouse		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D40	Penthouse		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
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Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	L2M18	Penthouse		Semi-Annual	8/12/2022	Pass	
HD	L2D21	Shower 234A		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D07	South Med Room 256		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D06	Stairs 200		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D27	Stairs 208		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D53	Stairs 216		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D25	Team Leader Office		Semi-Annual	8/12/2022	Pass	
PS	L2M05	Tech Office		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D36	Tech Station		Semi-Annual	8/12/2022	Pass	
PS	L2M04	Tech Station North		Semi-Annual	8/12/2022	Pass	
HD	L2D54	Ward Closet 224		Semi-Annual	8/12/2022	Pass	
HD	L2D08	Whirlpool Room 255		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	2	0	2	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	5	5	0	5	0
PWS	3	3	0	3	0

Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	BSMT	12v 26amp Left Right	Semi-Annual	8/12/2022	Pass	
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Power Supply	PWS 1st Floor Bottom	12v 8amp Left Right	Semi-Annual	8/12/2022	Pass	
BATT	Power Supply	PWS 1st Floor Top	12v 8amp Left Right	Semi-Annual	8/12/2022	Pass	
BATT	Power Supply	PWS BSMT	12v 8amp Left Right	Semi-Annual	8/12/2022	Pass	

Zone: FA Equipment Signals

Zone: FA Equipment Signals							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	FCPS	1st Floor FCPS Bottom		Semi-Annual	8/12/2022	Pass	
PWS	FCPS	1st Floor FCPS Top		Semi-Annual	8/12/2022	Pass	
Amplifier	NA	BSMT Amplifier		Semi-Annual	8/12/2022	Pass	
PWS	FCPS	BSMT FCPS		Semi-Annual	8/12/2022	Pass	
Amplifier	NA	FACP Cabinet		Semi-Annual	8/12/2022	Pass	
FACP	NFS-3030	Front Entrance		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

 Keith Allen Benne
 J13

 KB

 8/12/2022

 Bevan Flynn
 No Signature Available

 8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdown)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	15	0	15	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Loop 1 Shutdowns

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M09	1st Floor Damper		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M39	AHU 1 BSMT		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M15	AHU Fan 1 Shutdown		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M16	AHU Fan 2 Shutdown		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
Relay Module	L1M71	Alternate Recall		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M13	Door Holder		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M14	Door Holder		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M95	Door Holder		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M07	Fan Shut Down		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M73	Flash Hat		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M72	Primary Recall		Semi-Annual	8/12/2022	Pass	
Relay Module	L1M74	Shunt Trip		Semi-Annual	8/12/2022	Pass	

Zone: Loop 2 Shutdowns

Zone: Loop 2 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
Relay Module	L2M10	2nd Floor Dampers		Semi-Annual	8/12/2022	Pass	
Relay Module	L2M01	AHU Shutdown Penthouse		Semi-Annual	8/12/2022	Pass	
Relay Module	L2M03	Door Holder		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name
Owner or Owner's Representative Signature

Bevan Flynn

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/8/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan Flynn

Owner's Phone Number: (402) 309-3231

Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: NA

Entity to which alarms are retransmitted: NA

Phone: NA

4. System Information

4.1 Control Unit: Manufacturer: Notifier

Model number: NFS-3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: Type: 12v 26amp

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	11am
Building management:	Boiler BLDG	11am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	1pm
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/8/2022
 Time: 1pm

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

A handwritten signature in black ink, appearing to be 'KB', is written above a horizontal line.

Date 8/12/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date 8/12/2022



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Suppression (Generator Suppression
System)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Frequency Of Testing

Frequency:
 Date

Quarterly Semi-Annual Annual
 8/8/2022

Account Information

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 6775 South 118th Street		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Panel Information

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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Batteries

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location IN FACP	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
--	---------------------	-----------------------	---------------------------------	---

Cylinder/Tank

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

Devices

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
Initiator - Initiator	Low Air - Low Air	MAINT - Maintenance Switch
MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release	Relay Module - Relay Module
SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SOL - Solenoid
STROBE - Strobes	TOPDIS - Top Discharge	TS - Tamper Switch
VES - VESDA	WF - Waterflow	

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⊗ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
■ ManRel	1	1	0	1	0

Zone: NA

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
⊕ Abort		Generator		Annual	Pass	
⊕ Abort		Generator		Annual	Pass	
⊗ HD		Generator		Annual	Pass	

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 INITIATING
DEVICES)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☀ HD	37	37	0	37	0
● SD-Photo	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	4	4	0	4	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☀ HD	L1D17	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D18	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D20	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D22	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D23	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D24	BOILER RM		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D25	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D26	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D27	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D28	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D29	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D30	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D31	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D32	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D33	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D34	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D35	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D36	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D37	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D38	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D39	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D40	BOILER RM		Semi-Annual	8/12/2022	Pass	
PS	L1M4	BOILER RM		Semi-Annual	8/12/2022	Pass	
PS	L1M5	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D4	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D5	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D6	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D7	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D8	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D9	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D10	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D11	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D13	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D14	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
PS	L1M2	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
PS	L1M3	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D3	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D16	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D19	OFFICE		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D1	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D15	RESTROOM/JANITOR STORAGE		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D21	TUNNEL		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPV MKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	8	8	0	8	0

Type	Total	Tested	Not Tested	Passed	Failed
★ STROBE	5	5	0	5	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	9	BATHROOM 1		Semi-Annual	8/12/2022	Pass	
★ STROBE	10	BATHROOM 2		Semi-Annual	8/12/2022	Pass	
★ STROBE	11	BOILER OFFICE		Semi-Annual	8/12/2022	Pass	
■ S/S	5	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	6	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	7	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	8	BOILER RM		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	12	GROUNDS OFFICE		Semi-Annual	8/12/2022	Pass	
★ STROBE	13	GROUNDS OFFICE		Semi-Annual	8/12/2022	Pass	
■ S/S	1	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	2	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	3	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	4	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> ANNUNCIATOR	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS	1	1	0	1	0

Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> ANNUNCIATOR	3	BOILER OFFICE	NCA-1	Semi-Annual	8/12/2022	Pass	
<input checked="" type="checkbox"/> AMP	5	FACP	DAA2-5025 PCA	Semi-Annual	8/12/2022	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 26 AMP X 2	Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
DVC	4	FACP	DVC	Semi-Annual	8/12/2022	Pass	
PWS	6	FACP	AMPS-24	Semi-Annual	8/12/2022	Pass	
FACP	1	GROUNDS OFFICE	NFS2-640	Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 8/12/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: POTS

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: OFFICE

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/12/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date 8/12/2022

11. Owner or Owner's Representative
Owner or Owner's Representative Name BEVAN FLYNN
Owner or Owner's Representative Signature No Signature Available

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP2 SPRINKLER)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ TS	10	0	10	0	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ WF	6	0	6	0	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ TS	L2M2	1ST FLR TAMPER				N/A	
☐ WF	L2M1	1ST FLR WF				N/A	
☐ TS	L3M12	2ND FLR HALL BY VENDING				N/A	
☐ WF	L3M21	2ND FLR HALL BY VENDING				N/A	
☐ WF	L4M6	3RD FLR FLOW				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
TS	L4M7	3RD FLR TAMPER				N/A	
WF	L4M	4TH FLR FLOW				N/A	
TS	L4M16	4TH FLR TAMPER				N/A	
TS	L1M17	MECH 042				N/A	
TS	L1M18	MECH 042				N/A	
TS	L1M19	MECH 042				N/A	
TS	L1M20	MECH 042				N/A	
WF	L1M23	MECH 042	BLDG 14 WF			N/A	
WF	L4M8	PENTHOUSE FLOW				N/A	
TS	L4M9	PENTHOUSE TAMPER				N/A	
TS	L1M21	PIV				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

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

Signature of Inspector

8/30/2022

BEVAN FLYNN

No Signature Available

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP3 INITIATING)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	16	16	0	16	0
SD-Photo	167	167	0	167	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	146	146	0	146	0
SD-Ion	1	1	0	1	0

Zone: EP3 PG 1

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D32	BED RM 019		Semi-Annual	8/30/2022	Pass	
HD	L2D11	BREAK RM 139		Semi-Annual	8/31/2022	Pass	
HD	L1D27	BREAK RM		Semi-Annual	8/30/2022	Pass	
HD	L1D28	BREAK RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L2D2	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
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Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D3	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D4	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D1	CHASE 134		Semi-Annual	8/31/2022	Pass	
☼ HD	L1D56	CHILLER RM 051A		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D76	CONTRACTOR STORAGE		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D23	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D26	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D29	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D33	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D17	CORRIDOR 028		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D22	CORRIDOR 028		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D8	CORRIDOR 033		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D9	CORRIDOR 033		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D4	CORRIDOR 036		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D7	CORRIDOR 036		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D42	CORRIDOR 36		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D53	CORRIDOR 050		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D57	CORRIDOR 050		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L2D5	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D10	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
☼ HD	L2D12	DINING HALL		Semi-Annual	8/31/2022	Pass	
☼ HD	L1D58	DRYER RM 052		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D61	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D62	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D63	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D64	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D65	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D66	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D67	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D68	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D69	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D80	EAST STAIR HALL		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D75	EAST STAIRS HALL		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D50	EAST STORAGE 44		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D38	ELEC RM 39		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D39	ELEC RM 39		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D40	ELEV EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D41	ELEV EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D43	ELEV LOBBY 040		Semi-Annual	8/30/2022	Pass	
HD	L1D85	ELEV PIT		Semi-Annual	8/30/2022	Pass	
HD	L1D82	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D83	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D84	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D6	HOUSE KEEPING		Semi-Annual	8/30/2022	Pass	
HD	L1D5	HOUSE KEEPING OFFICE		Semi-Annual	8/30/2022	Pass	
HD	L2D6	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D7	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D8	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D9	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L1D54	LAUNDRY 048		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D1	MAIN ELEC RM 038		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D35	MAINT ENTRANCE		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D36	MAINT ENTRANCE		Semi-Annual	8/30/2022	Pass	
HD	L1D60	MAINT OFFICE 054		Semi-Annual	8/30/2022	Pass	
HD	L1D37	MAINT PRINT RM		Semi-Annual	8/30/2022	Pass	
HD	L1D78	MAINT STORAGE		Semi-Annual	8/30/2022	Pass	
HD	L1D30	MECH CHASE		Semi-Annual	8/30/2022	Pass	
HD	L1D31	MECH CHASE		Semi-Annual	8/30/2022	Pass	
HD	L1D34	MECH EQUIP 018		Semi-Annual	8/30/2022	Pass	
DD	L1D24	MECH RM 015		Semi-Annual	8/30/2022	Pass	
HD	L1D25	MECH RM 015		Semi-Annual	8/30/2022	Pass	
HD	L1D48	MECH RM 42		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D47	MECH RM 42		Semi-Annual	8/30/2022	Pass	
HD	L1D46	MECH RM 45		Semi-Annual	8/30/2022	Pass	
HD	L1D44	MECH RM 046		Semi-Annual	8/30/2022	Pass	
DD	L1D72	MECH RM 056B		Semi-Annual	8/30/2022	Pass	
HD	L1D71	MECH RM 056B		Semi-Annual	8/30/2022	Pass	
HD	L1D70	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D73	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D74	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D10	O.T. RM		Semi-Annual	8/30/2022	Pass	
HD	L1D11	O.T. RM		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D12	O.T. RM		Semi-Annual	8/30/2022	Pass	
HD	L1D16	O.T. RR		Semi-Annual	8/30/2022	Pass	
HD	L1D13	O.T. SMALL STORAGE		Semi-Annual	8/30/2022	Pass	
HD	L1D14	O.T. STORAGE RM		Semi-Annual	8/30/2022	Pass	
HD	L1D15	O.T. STORAGE RM		Semi-Annual	8/30/2022	Pass	
HD	L1D55	OPEN RM 049		Semi-Annual	8/30/2022	Pass	
HD	L1D21	PATIENT STORAGE 023		Semi-Annual	8/30/2022	Pass	
HD	L1D20	PATIENT STORAGE 24		Semi-Annual	8/30/2022	Pass	
HD	L1D81	RESTROOM 061		Semi-Annual	8/30/2022	Pass	
HD	L1D59	SEWING RM 051B		Semi-Annual	8/30/2022	Pass	
HD	L1D19	STORAGE 023		Semi-Annual	8/30/2022	Pass	
HD	L1D18	STORAGE 026		Semi-Annual	8/30/2022	Pass	
HD	L1D77	STORAGE 059		Semi-Annual	8/30/2022	Pass	
HD	L1D79	STORAGE 060		Semi-Annual	8/30/2022	Pass	
HD	L1D86	STREET LVL ENTRANCE		Semi-Annual	8/30/2022	Pass	
HD	L1D3	TELEPHONE EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D2	TELEPHONE EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D45	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D49	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D52	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
HD	L1D51	WEST STORAGE 043		Semi-Annual	8/30/2022	Pass	
HD	L2D13	WOMENS RR 171		Semi-Annual	8/31/2022	Pass	

Zone: EP3 PG 2

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D96	ACTIVITIES 151		Semi-Annual	8/31/2022	Pass	
HD	L3D78	BREAK RM 247		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D85	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D87	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D89	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D91	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D49	CHART RM 274		Semi-Annual	8/31/2022	Pass	
HD	L2D90	CHASE 129		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D72	CLOSET		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D118	CONF. 107		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D117	CONF. 108		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D79	CONF. 242		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D51	CONF. 277		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D113	CORRIDOR 108A		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D116	CORRIDOR 108A		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D104	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D105	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D109	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D111	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D92	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D95	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D99	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D100	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D103	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D17	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D21	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D22	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D23	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D26	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D28	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D29	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D34	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D35	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D37	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D40	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D47	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D59	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D64	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D66	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D71	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D77	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D73	CORRIDOR 241B		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D38	CORRIDOR 241G		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D53	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D54	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D55	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D56	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D57	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D18	DAY HALL 175		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D61	DAY RM 298		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D62	DAY RM 298		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D60	DAY RM 299		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D42	DINING 272		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D44	DINING 272		Semi-Annual	8/31/2022	Pass	
● HD	L2D16	DINING RM 168		Semi-Annual	8/31/2022	Pass	
● HD	L2D15	DINING RM 170		Semi-Annual	8/31/2022	Pass	
● HD	L3D36	ELEC. 165		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D88	ELEV. LOBBY		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D63	ELEV LOBBY		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D48	EXAM 275		Semi-Annual	8/31/2022	Pass	
● HD	L3D69	IT 255		Semi-Annual	8/31/2022	Pass	
● HD	L3D67	IT 256		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D31	JC 198		Semi-Annual	8/31/2022	Pass	
● HD	L3D39	KITCHEN 271		Semi-Annual	8/31/2022	Pass	
● HD	L2D119	LAUNDRY 104		Semi-Annual	8/31/2022	Pass	
● HD	L2D19	LAUNDRY 173A		Semi-Annual	8/31/2022	Pass	
● HD	L2D20	LAUNDRY 173B		Semi-Annual	8/31/2022	Pass	
● HD	L3D43	LAUNDRY 270		Semi-Annual	8/31/2022	Pass	
● HD	L2D108	LINEN 113		Semi-Annual	8/31/2022	Pass	
● HD	L3D65	LINEN CLOSET 257		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D32	LOBBY 199		Semi-Annual	8/31/2022	Pass	
● HD	L2D110	LOUNGE 112		Semi-Annual	8/31/2022	Pass	
● HD	L2D27	LOUNGE 179		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D52	MED RM 279		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D33	MEETING RM 192		Semi-Annual	8/31/2022	Pass	
● HD	L2D94	MENS RR 152		Semi-Annual	8/31/2022	Pass	
● HD	L2D14	MENS RR 172		Semi-Annual	8/31/2022	Pass	
● HD	L3D75	MENS RR 251		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D45	NURSES STATION 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D50	PHYSICIAN 276		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D70	PRINTER 252		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D97	REC RM 149		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D98	REC RM 149		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D112	RELIGIOUS RM 109		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D107	SHOWER 114		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D106	SHOWER 115		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D24	SHOWER 177		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D25	SHOWER 178		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D41	SHOWER 269		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D46	STAFF RR 273		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D114	STORAGE 102		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D115	STORAGE 102		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D101	STORAGE 147A		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D102	STORAGE 147B		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D68	STORAGE 254		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D58	STORAGE 295		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D76	VENDING 249		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D93	WOMENS RR 153		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D74	WOMENS RR 250		Semi-Annual	8/31/2022	Pass	

Zone: EP3 PG 3

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D4	BREAK RM 303		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D5	BREAK RM 303		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D22	BREAK RM 310		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D95	CLOSET 225		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D117	CONF. 208		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D85	CONF. 240		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D30	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D31	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D32	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D33	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D34	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D18	CONF. 324		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D26	CONF. 331		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D108	CORRIDOR 201		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D109	CORRIDOR 201		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D80	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D84	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D86	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D88	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D93	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D106	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D2	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D6	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D8	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D10	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D13	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D14	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D15	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D36	CORRIDOR 308		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D17	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D19	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D21	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D24	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D25	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L3D102	DAY RM 202		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D105	DAY RM 202		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D96	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D94	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D100	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Ion	L4D59	EAST CORR		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D53	EAST CORR		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D63	EAST CORR		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D110	ELEC 214		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D81	ELEC. 243		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D92	ELEC RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D7	ELEV LOBBY		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D54	EMERG. PREP		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D111	JC 206		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D104	KITCHEN 217		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L3D107	LINEN CLOSET 204		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D115	LIVING 207		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D116	LIVING 207		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D118	LIVING 207		Semi-Annual	8/31/2022	Pass	
HD	L4D58	MED RECORDS		Semi-Annual	9/2/2022	Pass	
HD	L4D62	MED RECORDS		Semi-Annual	9/2/2022	Pass	
SD-Photo	L3D87	MED RM 233		Semi-Annual	8/31/2022	Pass	
HD	L3D89	MENS RR 231		Semi-Annual	8/31/2022	Pass	
HD	L4D11	MENS RR 335		Semi-Annual	8/31/2022	Pass	
HD	L4D28	MENS RR 337		Semi-Annual	9/2/2022	Pass	
SD-Photo	L3D91	OBSERVATION 230		Semi-Annual	8/31/2022	Pass	
HD	L3D103	PANTRY 218		Semi-Annual	8/31/2022	Pass	
HD	L4D1	RECORDS 333		Semi-Annual	8/31/2022	Pass	
HD	L4D57	RECORDS 348		Semi-Annual	9/2/2022	Pass	
HD	L4D42	RECORDS STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L3D114	RR 211		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D82	RT FITNESS		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D83	RT FITNESS		Semi-Annual	8/31/2022	Pass	
HD	L3D112	SHOWER 213		Semi-Annual	8/31/2022	Pass	
HD	L3D98	SHOWER 228		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D9	STAFFING OFFICE 304		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D3	STAIRWELL		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D27	STAIRWELL		Semi-Annual	9/2/2022	Pass	
HD	L4D20	STORAGE 318		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D35	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D43	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D44	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D45	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D46	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D40	STORAGE 335		Semi-Annual	9/2/2022	Pass	
HD	L4D41	STORAGE 336		Semi-Annual	9/2/2022	Pass	
HD	L4D37	STORAGE 339		Semi-Annual	9/2/2022	Pass	
HD	L4D38	STORAGE 339		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D47	STORAGE 343		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D48	STORAGE 343		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D49	STORAGE 343		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D50	STORAGE 343		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D51	STORAGE 343		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D52	STORAGE 343		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D55	STORAGE 346		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D60	STORAGE 352		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D61	STORAGE 352		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D97	STORAGE		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D99	STORAGE		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D23	TRAINING 327		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D16	TRAINING RM 306		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D113	WASHER/DRYER 212		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D90	WOMENS RR 232		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D12	WOMENS RR 334		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D29	WOMENS RR 337		Semi-Annual	9/2/2022	Pass	

Zone: EP3 PG 4

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ PS	L3M18	2ND FLR CENTER		Semi-Annual	9/2/2022	Pass	
☐ PS	L3M22	2ND FLR NURSE		Semi-Annual	9/2/2022	Pass	
☐ PS	L3M26	2ND FLR OBSEVRATION		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M11	3RD FLR EAST STAIRS		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M13	3RD FLR EAST STAIRS		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M5	3RD FLR WEST		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M15	4TH FLR		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M5	CORR 036		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M12	CORRIDOR 17		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M1	CORRIDOR 306		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M2	CORRIDOR EAST STREET		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D68	EAST CORR		Semi-Annual	9/2/2022	Pass	
☐ PS	L2M5	EAST PULL		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D81	ELEV SHAFT		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M1	EXERCISE RM		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M14	MAINT ENTRY		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D69	MAINT STORAGE 355		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L4D70	OFFICE STORAGE 356		Semi-Annual	9/2/2022	Pass	
HD	L4D71	OFFICE STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D72	OFFICE STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D82	PENTHOUSE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D83	PENTHOUSE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D66	STAIRWELL		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D77	STAIRWELL		Semi-Annual	9/2/2022	Pass	
PS	L1M13	STAIRWELL WEST		Semi-Annual	9/2/2022	Pass	
HD	L4D67	STORAGE 352		Semi-Annual	9/2/2022	Pass	
HD	L4D64	STORAGE 353		Semi-Annual	9/2/2022	Pass	
HD	L4D65	STORAGE 353		Semi-Annual	9/2/2022	Pass	
HD	L4D73	STORAGE 404		Semi-Annual	9/2/2022	Pass	
HD	L4D74	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D75	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D76	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D79	STORAGE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D78	STORAGE		Semi-Annual	9/2/2022	Pass	
PS	L2M42	WEST PULL		Semi-Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	1ST FLR		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	2ND FLR		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	3RD FLR		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	4TH FLR AND PENTHOUSE		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	BSMT		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMPLIFIER	8	8	0	8	0
<input checked="" type="checkbox"/> DVC/KD	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,,ACM,REM MIC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS	6	6	0	6	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	7	7	0	7	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	8	8	0	8	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	3	1ST FLR CENTER		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
LCD-160,ACM,RE M MIC	4	1ST FLR EAST		Semi-Annual	8/30/2022	Pass	
PWS	PWS 2	1ST FLR STROBES		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	5	1ST FLR WEST		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	6	2ND FLR CENTER		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	7	2ND FLR EAST		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 4	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 5	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 6	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 2	2ND FLR ELECTRICAL		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP3	2ND FLR ELECTRICAL		Semi-Annual	8/30/2022	Pass	
BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
PWS	PWS 3	2ND FLR STROBES		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	8	2ND FLR WEST		Semi-Annual	8/30/2022	Pass	
BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
BATT	PWS 5	3RD FLR	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
PWS	PWS 4	3RD FLR		Semi-Annual	8/30/2022	Pass	
PWS	PWS 5	3RD FLR		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	9	3RD FLR CENTER		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 7	3RD FLR STORAGE		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 8	3RD FLR STORAGE		Semi-Annual	8/30/2022	Pass	
BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	8/30/2022	Pass	
BATT	PWS 1	BSMT ELECTRICAL	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	PWS 1	BSMT ELECTRICAL		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 1	FACP		Semi-Annual	8/30/2022	Pass	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	8/30/2022	Pass	
DVC/KD	DVC	FACP		Semi-Annual	8/30/2022	Pass	
PWS	AMPS24	FACP		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT	Semi-Annual	8/30/2022	Pass	
BATT	PWS 2	PWS 2	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP19 SHUTDOWN)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	15	0	15	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L4M12	3RD FLR MAG HOLDS		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M24	AHU 1 MECH 015		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M25	AHU 2 MECH 056B		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M26	DAMPER GAME RM		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✔ Relay Module	L1M28	DAMPER HALL 028		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M16	DAMPER MECH 045		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L4M10	EAST DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L2M8	EAST SIDE DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M30	ELEV MECH	PRIMARY RECALL	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M31	ELEV MECH	ALTERNATE RECALL	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M32	ELEV MECH	FLASH HAT	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M33	ELEV MECH	SHUNT TRIP	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M95	TELEPHONE EQUIP	SECURITY DOORS	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L4M14	WEST DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L2M7	WEST SIDE DAMPERS		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: HOLOAIZ

Contact: Bevan Flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): _____ Annual

Date of Work _____ 8/30/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: _____

Bevan flynn

Owner's Phone Number: _____

(402) 479-5453

Owner's Address: _____

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: _____

Lincoln Regional Center - Building 14 (Detention/Correctional)

Property Address: _____

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: _____

Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: _____ PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____ POTS

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: _____

Manufacturer: _____ NOTIFIER

Model number: _____ NFS2-3030

4.2 Software and Firmware Revision number: _____ 26

4.3 System Power: _____

4.3.1 Primary (Main) Power: _____

Nominal voltage: _____ 120VAC

Amps: _____ NA

Location: _____ BSMT ELECTRICAL

Overcurrent protection type: _____ BREAKER

Amps: _____ NA

Disconnecting means location: _____ BSMT ELECTRICAL

4.3.2 Secondary Power: _____

Type: _____ BATTERIES

Location: _____ FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ 24

In alarm mode (minutes): _____ 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/30/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____

Attachment 14

LRC Fire Alarm Testing

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 Tamper/ Waterflows)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
⊖ MM	3	0	3	0	0
☰ WF	4	0	4	0	0

Type	Total	Tested	Not Tested	Passed	Failed
⬇ TS	3	0	3	0	0

Zone: Tamper/ Water Flows

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☰ WF	L1M33	1st Floor Custodial				N/A	
⬇ TS	L1M32	1st Flr Custodial				N/A	
⬇ TS	L2M01	2nd Floor Custodial				N/A	
☰ WF	L2M02	2nd Floor Custodial				N/A	
⊖ MM	L1M14	BackFlow				N/A	
⬇ TS	L1M17	BSMT Tamper				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
WF	L1M11	BSMT Waterflow				N/A	
MM	L1M15	PIV				N/A	
MM	L1M16	Riser 1 and 2				N/A	
WF	L1M12	Riser 1 and 2 Waterflow				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

9/2/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/2/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	3	3	0	3	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	15	15	0	15	0
SD-Photo	163	163	0	163	0

Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D15	Activity Room 002I		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D13	Class Room 002J		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D09	Class Room 002K		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D05	Class Room 002L		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D04	Corridor 002		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D07	Corridor 002		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D10	Corridor 002		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D14	Corridor 002		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D12	Corridor 002D		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D20	Corridor 016		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D34	Corridor 016		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D03	Corridor 021		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D36	Corridor 021		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D38	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D42	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D46	Corridor 021A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D63	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D68	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D71	Corridor 108		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D86	Corridor 130		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D99	Corridor 152		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D47	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D50	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D51	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D55	Corridor 163		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D57	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D58	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D97	Corridor Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D56	Custodial 116		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D24	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D25	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D26	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D27	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D28	Day Room 019		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D60	Day Room 108C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D93	Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D94	Day Room 142		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D102	Day Room 152C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D02	Dirty Linen		Semi-Annual	9/2/2022	Pass	
● HD	L1D76	Dishwashing 141		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D01	Electrical 005		Semi-Annual	8/15/2022	Pass	
● SD-Photo	L1D49	Electrical 027		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D91	Elevator Lobby		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D80	Elev Corridor		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D41	Elev Equip Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D40	Elev Equip Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D30	Elev Lobby		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D32	Elev Pit		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D92	House Keeping		Semi-Annual	9/2/2022	Pass	
⚙ HD	L1D75	Kitchen 140		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D67	Laundry 107		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D98	Linen Storage		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D87	Lobby 131		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D90	Lobby 131		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D85	Locker Room 129		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D89	Mail Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D06	Mech 002H		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D21	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D22	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
⌚ DD	L1D23	Mech Equip 008		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D16	Office 002A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D17	Office 002B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D11	Office 002C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D08	Office 002F		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D37	Office 020		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D39	Office 022		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D43	Office 023		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D45	Office 024		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D44	Office 025		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D48	Office 028		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D52	Office 029		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D53	Office 031		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D54	Office 031		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D61	Office 113		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D62	Office 114		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D81	Office 122		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D82	Office 122		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D83	Office 124		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D84	Office 126		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D95	Office 142A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D100	Office 146		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D101	Office 147		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D65	Quiet Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D88	Reception 134		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D74	Rest Room 101A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D69	Rest Room 108A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D66	Rest Room 108B		Semi-Annual	9/2/2022	Pass	
☼ HD	L1D73	Shower 104		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D29	Snack Kitchen 018		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D19	Staff Break Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D77	Staff Lounge 120		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D70	Staff Rest Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D18	Stairs 004		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D35	Storage 011		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D72	Storage 103		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D79	Storage 118		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D64	Tech Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D96	Tech Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D59	Wiring Closet		Semi-Annual	9/2/2022	Pass	

Zone: Loop 1 Devices Page 2

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☒ PS	L1M46	1st Center Stairs		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M37	1st Floor West Stairs		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D116	Above FACP		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M50	BSMT Center North Door		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M31	BSMT East Stair		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M20	BSMT Elev Lobby		Semi-Annual	9/2/2022	Pass	
☒ PS	L1M19	BSMT South Door		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D103	Corridor 147		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D109	Corridor 152		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L1D112	Corridor 152		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D108	Laundry 154		Semi-Annual	9/2/2022	Pass	
PS	L1M39	Main Entrance		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D105	Patient Room 149		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D104	Quiet Room 150		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D110	Rest Room 152A		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D106	Rest Room 152B		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D115	Rest Room 162		Semi-Annual	9/2/2022	Pass	
HD	L1D114	Shower 157		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D111	Staff Rest Room		Semi-Annual	9/2/2022	Pass	
PS	L1M52	Stairwell 161		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D113	Storage 158		Semi-Annual	9/2/2022	Pass	
SD-Photo	L1D107	Tech Station		Semi-Annual	9/2/2022	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D39	2nd Elev Lobby		Semi-Annual	9/2/2022	Pass	
PS	L2M11	2nd Flr Elev Lobby		Semi-Annual	9/2/2022	Pass	
PS	L2M06	2nd Flr Nurse		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D06	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D10	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D16	Corridor 208		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D24	Corridor 217		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D28	Corridor 220		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D32	Corridor 220		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D50	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D56	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D61	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D65	Corridor 242		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D01	Custodial 216		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D03	Day Room 208C		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D19	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D46	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D47	Day Room 233		Semi-Annual	9/2/2022	Pass	
SD-Photo	L2D48	Day Room 233		Semi-Annual	9/2/2022	Pass	



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Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D55	Day Room 242C		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D21	Dishwashing 232		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D41	Elev Shaft		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D40	Elev Shaft		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D26	Exam Rm 220B		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M16	First Floor Nurse		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D20	Kitchen 231		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D44	Large Conf. Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D45	Large Conf. Rm		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D07	Laundry 207		Semi-Annual	9/2/2022	Pass	
☀ HD	L2D59	Laundry 242		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D49	Linen Rm		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D25	Medical 220A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D37	Nurses Station 230		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D27	Office 220C		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D31	Office 222		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D33	Office 223		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D35	Office 224		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D34	Office 225		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D30	Office 227		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D22	Office 233B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D23	Office 233B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D52	Office 239		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D02	Outside Custodial		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D51	Patient Rm 236		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D53	Patient Rm237		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D54	Patient Rm 239		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D05	Patient Room 214		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D57	Quiet Rm 240		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D04	Quiet Room 213		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D09	Report Room		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D18	RR 201A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D12	RR 208A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D11	RR 208B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D38	RR 230A		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D64	RR 242A		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D60	RR 242B		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D68	RR 254		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D13	Shower 204		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D63	Shower 247		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D36	Small Conf. Rm 226		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D15	Staff RR 206		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M07	Stairs 200		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D17	Stairs 200		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D43	Stairs 229		Semi-Annual	9/2/2022	Pass	
☒ PS	L2M17	Stairs 251		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D67	Stairs 251		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D14	Storage 203		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D29	Storage 219		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D42	Storage 221		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D66	Storage 248		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D58	Technology Station		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L2D08	Tech Station 210		Semi-Annual	9/2/2022	Pass	
⚙ HD	L2D62	Whirlpool Rm 245		Semi-Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/15/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/15/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	1	1	0	1	0
PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
FACP	1	1	0	1	0

Zone: Panels

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	NA	BSMT Storage closet across from Electrical Rm		Annual	9/2/2022	Pass	
FACP	NA	Front Entrance		Annual	9/2/2022	Pass	
Amplifier	NA	IN FACP Cabinet		Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

9/2/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/2/2022

Fire Alarm Supplementary Form



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdowns)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Shutdowns

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M28	AHU		Annual	9/2/2022	Pass	
↗ Relay Module	L1M30	AHU		Annual	9/2/2022	Pass	
↗ Relay Module	L1M23	Alternate Recall		Annual	9/2/2022	Pass	
↗ Relay Module	L1M08	BSMT Mech AHU 2		Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M07	BSMT Mech AHU 7		Annual	9/2/2022	Pass	
↗ Relay Module	L2M12	Damper 2nd Floor		Annual	9/2/2022	Pass	
↗ Relay Module	L2M04	Damper 2nd Flr		Annual	9/2/2022	Pass	
↗ Relay Module	L1M48	Damper Day Rm 142		Annual	9/2/2022	Pass	
↗ Relay Module	L1M24	Flash Hat		Annual	9/2/2022	Pass	
↗ Relay Module	L1M13	MAG Lock Doors		Annual	9/2/2022	Pass	
↗ Relay Module	L1M22	Primary Recall		Annual	9/2/2022	Pass	
↗ Relay Module	L1M25	Shunt Trip		Annual	9/2/2022	Pass	
↗ Relay Module	L1M02	Small Mech RM AHU3		Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

9/2/2022

No Signature Available

9/2/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): _____ Annual

Date of Work _____ 8/8/2022 _____

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: _____

Bevan Flynn _____

Owner's Phone Number: _____

(402) 479-5451 _____

Owner's Address: _____

Building 3 - 801 West Prospector Place, Lincoln, NE, 68522 _____

Property Being Evaluated: _____

Lincoln Regional Center - Building 3 (Detention/Correctional) _____

Property Address: _____

Building 3 - 801 West Prospector Place, Lincoln, NE, 68522 _____

Assembly Description: _____

Fire Alarm (TJC - Fire Alarm) _____

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: _____ Per Mar _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: _____

Manufacturer: _____ Notifier _____

Model number: _____ 3030 _____

4.2 Software and Firmware Revision number: _____ 27 _____

4.3 System Power: _____

4.3.1 Primary (Main) Power: _____

Nominal voltage: _____ 120v _____

Amps: _____ NA _____

Location: _____ FACP _____

Overcurrent protection type: _____ NA _____

Amps: _____ NA _____

Disconnecting means location: _____ Breaker _____

4.3.2 Secondary Power: _____

Type: _____ 12v 26amp _____

Location: _____ IN FACP _____

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ 24 _____

In alarm mode (minutes): _____ 15 _____

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	11am
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/8/2022
 Time: 11AM

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

[Handwritten Signature]

Date 9/2/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name _____

Owner or Owner's Representative Signature **No Signature Available**

Date 9/2/2022



Location Code: URVENHG

Contact: Bevan Flynn

Contact Address: Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5451

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 3
(Detention/Correctional)
Building 3 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Suppression (Generator Suppression
System)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Frequency Of Testing

Frequency:
 Date

Quarterly Semi-Annual Annual
 8/8/2022

Account Information

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Fire Suppression (Generator Suppression System)	Location Code: URVENHG
Service Address: 6775 South 118th Street		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5451
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Panel Information

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
--	---------------------------------	--------------------------	----------------	--

Batteries

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location IN FACP	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
--	---------------------	-----------------------	---------------------------------	---

Cylinder/Tank

Location Generator	Serial Number: Na	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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Devices

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
Initiator - Initiator	Low Air - Low Air	MAINT - Maintenance Switch
MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release	Relay Module - Relay Module
SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SOL - Solenoid
STROBE - Strobes	TOPDIS - Top Discharge	TS - Tamper Switch
VES - VESDA	WF - Waterflow	

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⊗ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
■ ManRel	1	1	0	1	0

Zone: NA

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
■ H/S		Gen Wall Outside		Annual	Pass	
■ H/S		Gen Wall Outside		Annual	Pass	
⊕ Abort		IN Generator		Annual	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
ManRel		IN Generator		Annual	Pass	

Notification Devices

Suppression Questionnaire

Is system connected to Main Fire Alarm System? Yes No

Is the protected room properly sealed? Yes No

Is there a door sweep? Yes No

Do the trouble signals operate correctly from releasing panel and sub panels (if any)? Yes No N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested? Yes No

Is all wiring installed correctly, terminated and in a serviceable working order? Yes No

Are all switches, indicators, meters, and gauges in good working order both physically and functionally? Pass Fail N/A

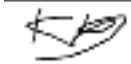
Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems. Yes No N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm? Yes No

Date of Work _____ 8/8/2022

Inspected By: _____ Keith Allen Benne

Inspector License: _____ J13

Signature of Inspector: 

Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP3 INITIATING DEVICES)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ MM	1	0	1	0	0
● SD-Photo	30	30	0	30	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	2	2	0	2	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D29	CONF. 118		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D30	CONF. 118		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D27	CONF. RM		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M1	CORR 100		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M2	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D1	CORR 100		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D2	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D6	CORR 100		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D9	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D17	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D20	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D22	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D28	CORR 110		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D12	CUST 114		Semi-Annual	8/12/2022	Pass	
⊕ MM	L1M3	FACP	PHONE CALL IN			N/A	
● SD-Photo	L1D13	IT 113		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D11	LOUNGE 112		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D14	M.E. 115		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D3	OFFICE 101		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D4	OFFICE 102		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D8	OFFICE 104		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D7	OFFICE 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D23	OFFICE 119		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D26	OFFICE 120		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D25	OFFICE 121		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D24	OFFICE 122		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D15	OFFICE 123		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D18	OFFICE 124		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D19	OFFICE 125		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D16	OFFICE 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D21	OPEN OFFICE 116		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D5	RR 103		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D10	RR 111		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date	8/12/2022
Owner or Owner's Representative	
Owner or Owner's Representative Name	BEVAN FLYNN
Owner or Owner's Representative Signature	No Signature Available

Date	8/12/2022
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Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	6	6	0	6	0
★ STROBE	3	3	0	3	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	6	CONF RM		Semi-Annual	8/12/2022	Pass	
■ S/S	1	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	2	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	3	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	4	CORR		Semi-Annual	8/12/2022	Pass	
■ S/S	5	CORR		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	10	OFFICE		Semi-Annual	8/12/2022	Pass	
🔊 SPKR	7	OUTSIDE		Semi-Annual	8/12/2022	Pass	
★ STROBE	8	RR		Semi-Annual	8/12/2022	Pass	
★ STROBE	9	RR		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/12/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMP	1	1	0	1	0
DVC	1	1	0	1	0
PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
FACP	1	1	0	1	0

Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	ENTRY	NFS2-640	Semi-Annual	8/12/2022	Pass	
AMP	4	FACP	DAX-3525 PCA	Semi-Annual	8/12/2022	Pass	
BATT	2	FACP	12V 26 X 2	Semi-Annual	8/12/2022	Pass	
DVC	3	FACP		Semi-Annual	8/12/2022	Pass	
PWS	5	FACP	AMPS 24	Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: VWJJISK

Contact: Bevan flynn

Contact Address: 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Annex 5
(Detention/Correctional)
801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

- All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
- Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 8/12/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address: 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/12/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date 8/12/2022

11. Owner or Owner's Representative
Owner or Owner's Representative Name BEVAN FLYNN
Owner or Owner's Representative Signature No Signature Available

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 SPRINKLER)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ TS	7	0	7	0	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ WF	5	0	5	0	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ TS	L1M31	BLDG 5				N/A	
☐ TS	L1M33	BLDG 5				N/A	
☐ TS	L1M36	BLDG 5				N/A	
☐ TS	L2M3	BLDG 5				N/A	
☐ TS	L3M22	BLDG 5				N/A	
☐ TS	L3M24	BLDG 5				N/A	
☐ WF	L1M23	BLDG 5				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
WF	L1M30	BLDG 5				N/A	
WF	L2M02	BLDG 5				N/A	
WF	L3M21	BLDG 5				N/A	
WF	L3M23	BLDG 5				N/A	
TS	L1M35	PIV				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 INITIATING
DEVICES)

Company: Omaha Office

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Inspector: Conner Lynn Holsclaw
O30

Date of Work:

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Omaha Office
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Monthly

Date of Work

08/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	4	4	0	4	0
SD-Photo	4	4	0	4	0

Zone: EP3

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	BLDG 5 PULL SATATIONS	LOOP 1 TOTAL 5		Semi-Annual	08/30/2022	Pass	
DD	BLDG 5 DUCTS	LOOP 1 TOTAL 8		Semi-Annual	08/30/2022	Pass	
HD	BLDG 5 HEATS	LOOP 1 TOTAL 36		Semi-Annual	08/30/2022	Pass	



Omaha Office
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	BLDG 5 SMOKES	LOOP 1 TOTAL 52		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 2	LOOP 2 TOTAL 1		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP 2	LOOP 2 TOTAL 5		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 2	LOOP 2 TOTAL 92		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 3	LOOP 3 TOTAL 11		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP 3	LOOP 3 TOTAL 16		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 3	LOOP 3 TOTAL 78		Semi-Annual	08/30/2022	Pass	
① DD	BLDG 5 DUCTS LOOP 4	LOOP 4 TOTAL 2		Semi-Annual	08/30/2022	Pass	
☐ PS	BLDG 5 PULLS LOOP 4	LOOP 4 TOTAL 3		Semi-Annual	08/30/2022	Pass	
⚙ HD	BLDG 5 HEATS LOOP	LOOP 4 TOTAL 6		Semi-Annual	08/30/2022	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 4	LOOP 4 TOTAL 13		Semi-Annual	08/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Conner Lynn Holsclaw

O30

Date

08/30/2022



Omaha Office

6775 South 118th Street

Omaha, NE 68137

Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

BEVAN FLYNN

No Signature Available

Date

08/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	32	32	0	32	0

Type	Total	Tested	Not Tested	Passed	Failed
★ STROBE	8	8	0	8	0

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ H/S	1	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	2	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	3	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	4	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	5	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	6	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	7	BLDG 5		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ H/S	8	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	9	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	10	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	11	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	12	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	13	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	14	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	15	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	16	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	17	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	18	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	19	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	20	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	21	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	22	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	23	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	24	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	25	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	26	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	27	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	28	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	29	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	30	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	31	BLDG 5		Semi-Annual	8/30/2022	Pass	
■ H/S	32	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	33	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	34	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	35	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	36	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	37	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	38	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	39	BLDG 5		Semi-Annual	8/30/2022	Pass	
★ STROBE	40	BLDG 5		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
PWS PWS	5	5	0	5	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS PWS	3	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	4	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	5	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
PWS PWS	6	BLDG 5	FCPS24S8	Semi-Annual	8/30/2022	Pass	
FACP FACP	1	CONTROL RM	NFS2-3030	Semi-Annual	8/30/2022	Pass	
PWS PWS	2	FACP	AMPS-24	Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 SHUTDOWNS)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	18	18	0	18	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M01	AHU 1		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M23	AHU 2		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M21	AHU 3		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M14	AHU 4		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M24	AHU 5		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M22	AHU 6		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M20	AHU 7		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M18	AHU 8		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M19	AHU 9		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M16	AHU 10		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M17	AHU S GYM		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L4M21	BSMT DAMPER		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	1	DOOR HOLDER TUNNEL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	2	DR HOLD ELECTRICAL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	4	DR HOLDS		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	5	DR HOLDS LL		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	3	DR HOLD STEAM VEST		Semi-Annual	8/30/2022	Pass	
✓ Relay Module	L1M2	RAF 1		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name
Owner or Owner's Representative Signature

BEVAN FLYNN

No Signature Available

Date

8/30/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: IGEKQEV

Contact: Bevan Flynn

Contact Address: Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 5
(Detention/Correctional)
Building 5 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (Panel/Batteries)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): _____ Annual

Date of Work _____ 8/30/2022 _____

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: _____

Bevan Flynn _____

Owner's Phone Number: _____

(402) 479-5453 _____

Owner's Address: _____

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522 _____

Property Being Evaluated: _____

Lincoln Regional Center - Building 5 (Detention/Correctional) _____

Property Address: _____

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522 _____

Assembly Description: _____

Fire Alarm (Panel/Batteries) _____

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: _____ PERMAR _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: _____

Manufacturer: _____ NOTIFER _____

Model number: _____ NFS2-3030 _____

4.2 Software and Firmware Revision number: _____ 26 _____

4.3 System Power: _____

4.3.1 Primary (Main) Power: _____

Nominal voltage: _____ 120VAC _____

Amps: _____ NA _____

Location: _____ CONTROL RM _____

Overcurrent protection type: _____ BREAKER _____

Amps: _____ NA _____

Disconnecting means location: _____ ELECTRICAL _____

4.3.2 Secondary Power: _____

Type: _____ BATTERIES _____

Location: _____ FACP _____

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ 24 _____

In alarm mode (minutes): _____ 5 _____

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/30/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

A handwritten signature in black ink, appearing to be 'B. Flynn', is written above a horizontal line.

Date 8/30/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name BEVAN FLYNN

Owner or Owner's Representative Signature **No Signature Available**

Date 8/30/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	11	11	0	11	0
SD-Photo	66	66	0	66	0

Zone: Loop 1 Detectors

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D61	Admin Reception Area		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D32	Business Office		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D78	Business Office		Semi-Annual	8/11/2022	Pass	
HD	L1D21	Chase		Semi-Annual	8/11/2022	Pass	
HD	L1D19	Closet 123		Semi-Annual	8/11/2022	Pass	
SD-Photo	L1D49	Conference Room 145		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D50	Conference Room 145		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D31	Copy Room 128		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M07	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D68	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D71	Corridor 126		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D77	Corridor 126		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M05	Corridor 127		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D14	Corridor 127		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D28	Corridor 127		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M06	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D30	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D34	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D39	Corridor 136		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D44	Corridor 144		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D65	Corridor 144		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D52	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D57	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D63	Corridor		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D09	Equipment Room		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D26	Financial Res.		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D27	Financial Res.		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D55	Hall 107		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D59	JC 106		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D35	JC 134		Semi-Annual	8/11/2022	Pass	
☐ PS	L1M04	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D15	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D16	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D17	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D18	Lobby 119		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D38	Lounge 137		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D04	Mech/Elec Room		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D05	Mech/Elec Room		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D43	Med Records		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D74	Med Records Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D75	Med Records Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D76	Med Records Storage		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☀ HD	L1D36	Men's Restroom 135		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D22	Men's Restroom		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D24	Museum		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D25	Museum		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D51	Office 100		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D47	Office 102		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D53	Office 102		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D56	Office 108		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D58	Office 109		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D62	Office 110		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D64	Office 111		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D66	Office 112		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D67	Office 113		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D69	Office 114		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D70	Office 115		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D72	Office 116		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D73	Office 117		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D40	Office 140		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D41	Office 141		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D42	Office 142		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D45	Office 146		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D46	Office 147		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D48	Office 148		Semi-Annual	8/11/2022	Pass	
○ DD	L1D79	Penthouse		Semi-Annual	8/11/2022	Pass	
○ DD	L1D81	Penthouse		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D80	Penthouse		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D13	Reception		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D07	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D08	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D10	Record Storage		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D06	Record Storage Office		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D54	Restroom 103		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D33	Room 132		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D29	Server 130		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D60	Storage 105		Semi-Annual	8/11/2022	Pass	
☀ HD	L1D03	Telephone Equip Room		Semi-Annual	8/11/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D01	Tunnel Corr		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D02	Tunnel Corr		Semi-Annual	8/11/2022	Pass	
■ PS	L1M01	Tunnel Entrance		Semi-Annual	8/11/2022	Pass	
● SD-Photo	L1D23	Vending		Semi-Annual	8/11/2022	Pass	
⚙ HD	L1D37	Women's Restroom 135		Semi-Annual	8/11/2022	Pass	
⚙ HD	L1D20	Women's Restroom		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 26amp	Semi-Annual	8/11/2022	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Fire Alarm Supplementary Form



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdown)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/11/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/11/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Shutdown's

Zone: Shutdown's							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M08	AHU		Semi-Annual	8/11/2022	Pass	
↗ Relay Module	L1M09	AHU		Semi-Annual	8/11/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KA

Date

8/11/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/11/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: BFBKVTY

Contact: Kurt Anderson

Contact Address: Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: kurt.anderson@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 9
(Detention/Correctional)
Building 9 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/9/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/9/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Kurt Anderson

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: NA

Entity to which alarms are retransmitted: NA

Phone: NA

4. System Information

4.1 Control Unit: Manufacturer: Notifier

Model number: NFS-320

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: Type: 12v 26amp

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Building	8am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	9am
Building management:	Boiler Building	9am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/9/2022
 Time: 9am

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

KB

Date 8/12/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP2 Tamper Waterflows)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
⊖ MM	1	0	1	0	0
☰ WF	3	0	3	0	0

Type	Total	Tested	Not Tested	Passed	Failed
⬇ TS	9	0	9	0	0

Zone: Loop 1Tampers/ Waterflows

Zone: Loop 1Tampers/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⬇ TS	L1M27	1st and 2nd ISO				N/A	
⬇ TS	L1M33	1st Floor North				N/A	
☰ WF	L1M32	1st Floor North				N/A	
⬇ TS	L1M34	BSMT South Sprinkler				N/A	
⬇ TS	L1M29	BSMT Valve Tamper				N/A	
⬇ TS	L1M35	Corridor 024				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Tamper/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⊖ MM	L1M23	PIV				N/A	
⊖ TS	L1M31	Sprinkler Backflow				N/A	
⊖ TS	L1M26	Sprinkler Drain				N/A	
⊖ TS	L1M20	Sprinkler Volunteer Shop				N/A	
⊖ WF	L1M28	Water Entry				N/A	

Zone: Loop 2 Tamper/ Waterflows

Zone: Loop 2 Tamper/ Waterflows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
⊖ TS	L2M21	2nd Floor North				N/A	
⊖ WF	L2M20	2nd Floor North				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KA

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Bevan Flynn

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 Initiating Devices)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	4	4	0	4	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	40	40	0	40	0
SD-Photo	131	131	0	131	0

Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D86	Admission Room 114		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D54	BSMT. Activities 014		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D55	BSMT. Activities 014		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D06	Canteen 005		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D07	Canteen 005		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D08	Canteen 005		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D10	Canteen 005		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D15	Canteen 005		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D68	Clinic 107		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D56	Corridor 017		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D59	Corridor 017		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D49	Corridor 20		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D53	Corridor 020		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D33	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D34	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D60	Corridor 021		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D24	Corridor 022		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D35	Corridor 024		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D16	Corridor 036		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D67	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D70	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D71	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D72	Corridor 105		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D64	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D66	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D73	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D93	Corridor 105A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D95	Corridor 148		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D97	Corridor 148		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D94	Corridor 150A		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D81	Corridor 154		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D74	Corridor 154		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D82	Corridor 154		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D28	Deliveries 029		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D29	Dry Food 028		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D30	Dry Food 028		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D01	Elec. Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D65	Elect. Closet 109		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D58	Electrical 016		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D03	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D04	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
⚙ HD	L1D05	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D02	Elev. Equip. Room		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D92	Elevator 1 Lobby		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D91	Elevator 2 Lobby		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D69	Janitor Closet 106B		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D63	Janitor Closet 111A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D89	Janitor Closet 145A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D32	JC 022A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D13	Kitchen 004		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D14	Kitchen 004		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D75	Library 155		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D76	Library 155		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D78	Library 155		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D77	Library Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D83	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D84	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D88	Life Skills 145		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D85	Life Skills Lab 158		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D99	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D61	Main Entrance Vest.		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D25	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D26	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D27	Main Kitchen 027		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D39	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D42	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
⦿ DD	L1D43	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D40	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D41	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D44	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D45	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D46	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D47	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D48	Mech Equip. 019		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D11	Office 002		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D12	Office 003		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D57	Office 020A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D79	Office 153		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D80	Office 153A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D62	Passage 111		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D37	Patient Storage 010		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D38	Patient Storage 010		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D90	Phone 112		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D17	R.R. 032		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D19	R.R. 033		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D50	Soiled Linen 011		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D96	Staff Break Room		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D09	Storage 005A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D36	Storage 009		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D18	Storage 031		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D20	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D21	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D22	Storage 038		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D23	Storage 038		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D87	Storage 143		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D98	Therapy Room 136		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D51	Volunteer Shop 012		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D31	Wash Room 027A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D52	Water Entry Room 013		Semi-Annual	8/12/2022	Pass	

Zone: Loop 1 Devices Continued

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D116	Activity Room 131		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D117	Activity Room 131		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M12	BSMT Center Stair		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M10	BSMT Stair Well North		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M17	Canteen		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D114	Closet 126A		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D106	Closet 141		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M11	Corridor 017 East		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D121	Corridor 30		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M05	Corridor 105 By Stair Well		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D109	Corridor 116A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D112	Corridor 116A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D118	Corridor 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D119	Corridor 126		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D120	Corridor 126		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M04	Corridor 126 By Stair Well		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D113	Corridor 150A		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M18	Deliveries		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D122	Detector L01D122		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D107	Front Lobby 114		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D108	Front Lobby 114		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M03	Front Lobby		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D104	Hall 140B		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D111	HIM Storage Closet		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D101	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D102	Lotus Group Room 140		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D110	Mail Room 116		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M01	Main Entrance		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D115	Mothers Room 132		Semi-Annual	8/12/2022	Pass	
☼ HD	L1D105	RT Closet 142		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L1D103	Self-Car E Group 138		Semi-Annual	8/12/2022	Pass	
☼ HD	L1D100	TR Closet 137		Semi-Annual	8/12/2022	Pass	
☐ PS	L1M06	Vestibule 100A		Semi-Annual	8/12/2022	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D44	Clean Linen 235		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D17	Comfort Room 252		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D02	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D03	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D04	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D05	Corridor 207		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D48	Corridor 217		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D51	Corridor 217		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D52	Corridor 217		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D19	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D23	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D45	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D46	Corridor 227		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D10	Corridor 238		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D42	Corridor 238		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D38	Corridor 239		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D43	Corridor 239		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D01	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D09	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D26	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D30	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D33	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D37	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D47	Corridor 242		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D13	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D18	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D20	Corridor 249		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D55	Corridor 249		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D15	Custodian 237A		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D11	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D12	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D56	Day Hall 254		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D49	Dining Room 212		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D50	Dining Room 212		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D34	Elevator 1 039		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D31	Elevator 2 040		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D14	House Keeping Closet		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D22	House Keeping Closet		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D28	Kitchen 210		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D29	Kitchen 210		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D24	Maint. Closet 209		Semi-Annual	8/12/2022	Pass	
● SD-Photo	L2D16	Patient Laundry 233		Semi-Annual	8/12/2022	Pass	
○ DD	L2D41	Penthouse		Semi-Annual	8/12/2022	Pass	
⚙ HD	L2D40	Penthouse		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	L2M18	Penthouse		Semi-Annual	8/12/2022	Pass	
HD	L2D21	Shower 234A		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D07	South Med Room 256		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D06	Stairs 200		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D27	Stairs 208		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D53	Stairs 216		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D25	Team Leader Office		Semi-Annual	8/12/2022	Pass	
PS	L2M05	Tech Office		Semi-Annual	8/12/2022	Pass	
SD-Photo	L2D36	Tech Station		Semi-Annual	8/12/2022	Pass	
PS	L2M04	Tech Station North		Semi-Annual	8/12/2022	Pass	
HD	L2D54	Ward Closet 224		Semi-Annual	8/12/2022	Pass	
HD	L2D08	Whirlpool Room 255		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 FA Equipment
Signals)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	2	0	2	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	5	5	0	5	0
PWS	3	3	0	3	0

Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	BSMT	12v 26amp Left Right	Semi-Annual	8/12/2022	Pass	
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	8/12/2022	Pass	

Fire Alarm Supplementary Form



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP19 Shutdown)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/8/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	15	0	15	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: Loop 1 Shutdowns

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M09	1st Floor Damper		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M39	AHU 1 BSMT		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M15	AHU Fan 1 Shutdown		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M16	AHU Fan 2 Shutdown		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M71	Alternate Recall		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M13	Door Holder		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M14	Door Holder		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M95	Door Holder		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M07	Fan Shut Down		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M73	Flash Hat		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M72	Primary Recall		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L1M74	Shunt Trip		Semi-Annual	8/12/2022	Pass	

Zone: Loop 2 Shutdowns

Zone: Loop 2 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L2M10	2nd Floor Dampers		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L2M01	AHU Shutdown Penthouse		Semi-Annual	8/12/2022	Pass	
↗ Relay Module	L2M03	Door Holder		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Owner or Owner's Representative

Owner or Owner's Representative Name
Owner or Owner's Representative Signature

Bevan Flynn

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (TJC - Fire Alarm)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 8/8/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan Flynn

Owner's Phone Number: (402) 309-3231

Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: NA

Entity to which alarms are retransmitted: NA

Phone: NA

4. System Information

4.1 Control Unit: Manufacturer: Notifier

Model number: NFS-3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: Type: 12v 26amp

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	11am
Building management:	Boiler BLDG	11am
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Per Mar	1pm
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

8. System Restored To Normal Operation

Date: 8/8/2022
 Time: 1pm

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

A handwritten signature in black ink, appearing to be 'KB', is written above a horizontal line.

Date 8/12/2022

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date 8/12/2022



Location Code: FOPQBAH

Contact: Bevan Flynn

Contact Address: Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 309-3231

Email: Bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 10
(Detention/Correctional)
Building 10 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Suppression (Generator Suppression
System)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/8/2022

Frequency: Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Frequency Of Testing

Frequency:
 Date

Quarterly Semi-Annual Annual
 8/8/2022

Account Information

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 6775 South 118th Street		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Panel Information

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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Batteries

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location IN FACP	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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Cylinder/Tank

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

Devices

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
Initiator - Initiator	Low Air - Low Air	MAINT - Maintenance Switch
MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release	Relay Module - Relay Module
SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SOL - Solenoid
STROBE - Strobes	TOPDIS - Top Discharge	TS - Tamper Switch
VES - VESDA	WF - Waterflow	

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⊗ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
■ ManRel	1	1	0	1	0

Zone: NA

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
⊕ Abort		Generator		Annual	Pass	
⊕ Abort		Generator		Annual	Pass	
⊗ HD		Generator		Annual	Pass	

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP3 INITIATING
DEVICES)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☀ HD	37	37	0	37	0
● SD-Photo	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	4	4	0	4	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☀ HD	L1D17	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D18	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D20	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D22	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D23	BOILER RM		Semi-Annual	8/12/2022	Pass	
☀ HD	L1D24	BOILER RM		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D25	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D26	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D27	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D28	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D29	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D30	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D31	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D32	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D33	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D34	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D35	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D36	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D37	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D38	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D39	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D40	BOILER RM		Semi-Annual	8/12/2022	Pass	
PS	L1M4	BOILER RM		Semi-Annual	8/12/2022	Pass	
PS	L1M5	BOILER RM		Semi-Annual	8/12/2022	Pass	
HD	L1D4	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D5	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D6	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D7	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D8	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D9	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D10	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D11	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D13	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D14	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
PS	L1M2	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
PS	L1M3	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
HD	L1D3	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D16	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D19	OFFICE		Semi-Annual	8/12/2022	Pass	
SD-Photo	L1D1	OFFICE		Semi-Annual	8/12/2022	Pass	
HD	L1D15	RESTROOM/JANITOR STORAGE		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D21	TUNNEL		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPV MKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	8	8	0	8	0

Type	Total	Tested	Not Tested	Passed	Failed
★ STROBE	5	5	0	5	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	9	BATHROOM 1		Semi-Annual	8/12/2022	Pass	
★ STROBE	10	BATHROOM 2		Semi-Annual	8/12/2022	Pass	
★ STROBE	11	BOILER OFFICE		Semi-Annual	8/12/2022	Pass	
■ S/S	5	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	6	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	7	BOILER RM		Semi-Annual	8/12/2022	Pass	
■ S/S	8	BOILER RM		Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	12	GROUNDS OFFICE		Semi-Annual	8/12/2022	Pass	
★ STROBE	13	GROUNDS OFFICE		Semi-Annual	8/12/2022	Pass	
■ S/S	1	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	2	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	3	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	
■ S/S	4	MAINT. SHOP		Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Fire Alarm Supplementary Form



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (TJC EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

8/12/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMP	1	1	0	1	0
BATT	1	1	0	1	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
ANNUNCIATOR	1	1	0	1	0
DVC	1	1	0	1	0
PWS	1	1	0	1	0

Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
ANNUNCIATOR	3	BOILER OFFICE	NCA-1	Semi-Annual	8/12/2022	Pass	
AMP	5	FACP	DAA2-5025 PCA	Semi-Annual	8/12/2022	Pass	
BATT	2	FACP	12V 26 AMP X 2	Semi-Annual	8/12/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
DVC	4	FACP	DVC	Semi-Annual	8/12/2022	Pass	
PWS	6	FACP	AMPS-24	Semi-Annual	8/12/2022	Pass	
FACP	1	GROUNDS OFFICE	NFS2-640	Semi-Annual	8/12/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/12/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/12/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: WPVMKMS

Contact: Bevan flynn

Contact Address: Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: bevan.flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 11
(Detention/Correctional)
Building 11 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/12/2022

Frequency: Semi-Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 8/12/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Bevan flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: POTS

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: OFFICE

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/12/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____



Protex Central, Inc.
6775 South 118th Street
Omaha, NE 68137
Phone: 402-592-8225

Date 8/12/2022

11. Owner or Owner's Representative
Owner or Owner's Representative Name BEVAN FLYNN
Owner or Owner's Representative Signature No Signature Available

Date 8/12/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP2 SPRINKLER)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☐ TS	10	0	10	0	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ WF	6	0	6	0	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ TS	L2M2	1ST FLR TAMPER				N/A	
☐ WF	L2M1	1ST FLR WF				N/A	
☐ TS	L3M12	2ND FLR HALL BY VENDING				N/A	
☐ WF	L3M21	2ND FLR HALL BY VENDING				N/A	
☐ WF	L4M6	3RD FLR FLOW				N/A	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
TS	L4M7	3RD FLR TAMPER				N/A	
WF	L4M	4TH FLR FLOW				N/A	
TS	L4M16	4TH FLR TAMPER				N/A	
TS	L1M17	MECH 042				N/A	
TS	L1M18	MECH 042				N/A	
TS	L1M19	MECH 042				N/A	
TS	L1M20	MECH 042				N/A	
WF	L1M23	MECH 042	BLDG 14 WF			N/A	
WF	L4M8	PENTHOUSE FLOW				N/A	
TS	L4M9	PENTHOUSE TAMPER				N/A	
TS	L1M21	PIV				N/A	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Inspector License:

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

Signature of Inspector

Date

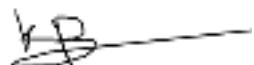
Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne
 J13


 8/30/2022

BEVAN FLYNN
 No Signature Available

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP3 INITIATING)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	16	16	0	16	0
SD-Photo	167	167	0	167	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	146	146	0	146	0
SD-Ion	1	1	0	1	0

Zone: EP3 PG 1

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D32	BED RM 019		Semi-Annual	8/30/2022	Pass	
HD	L2D11	BREAK RM 139		Semi-Annual	8/31/2022	Pass	
HD	L1D27	BREAK RM		Semi-Annual	8/30/2022	Pass	
HD	L1D28	BREAK RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L2D2	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
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Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D3	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D4	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D1	CHASE 134		Semi-Annual	8/31/2022	Pass	
☼ HD	L1D56	CHILLER RM 051A		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D76	CONTRACTOR STORAGE		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D23	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D26	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D29	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D33	CORRIDOR 017		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D17	CORRIDOR 028		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D22	CORRIDOR 028		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D8	CORRIDOR 033		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D9	CORRIDOR 033		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D4	CORRIDOR 036		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D7	CORRIDOR 036		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D42	CORRIDOR 36		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D53	CORRIDOR 050		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D57	CORRIDOR 050		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L2D5	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D10	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
☼ HD	L2D12	DINING HALL		Semi-Annual	8/31/2022	Pass	
☼ HD	L1D58	DRYER RM 052		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D61	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D62	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D63	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D64	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D65	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D66	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D67	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D68	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D69	EAST GAME RM		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D80	EAST STAIR HALL		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D75	EAST STAIRS HALL		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D50	EAST STORAGE 44		Semi-Annual	8/30/2022	Pass	
☼ HD	L1D38	ELEC RM 39		Semi-Annual	8/30/2022	Pass	
● SD-Photo	L1D39	ELEC RM 39		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 1

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D40	ELEV EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D41	ELEV EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D43	ELEV LOBBY 040		Semi-Annual	8/30/2022	Pass	
HD	L1D85	ELEV PIT		Semi-Annual	8/30/2022	Pass	
HD	L1D82	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D83	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D84	EXERCISE RM 062		Semi-Annual	8/30/2022	Pass	
HD	L1D6	HOUSE KEEPING		Semi-Annual	8/30/2022	Pass	
HD	L1D5	HOUSE KEEPING OFFICE		Semi-Annual	8/30/2022	Pass	
HD	L2D6	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D7	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D8	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L2D9	KITCHEN 166		Semi-Annual	8/31/2022	Pass	
HD	L1D54	LAUNDRY 048		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D1	MAIN ELEC RM 038		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D35	MAINT ENTRANCE		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D36	MAINT ENTRANCE		Semi-Annual	8/30/2022	Pass	
HD	L1D60	MAINT OFFICE 054		Semi-Annual	8/30/2022	Pass	
HD	L1D37	MAINT PRINT RM		Semi-Annual	8/30/2022	Pass	
HD	L1D78	MAINT STORAGE		Semi-Annual	8/30/2022	Pass	
HD	L1D30	MECH CHASE		Semi-Annual	8/30/2022	Pass	
HD	L1D31	MECH CHASE		Semi-Annual	8/30/2022	Pass	
HD	L1D34	MECH EQUIP 018		Semi-Annual	8/30/2022	Pass	
DD	L1D24	MECH RM 015		Semi-Annual	8/30/2022	Pass	
HD	L1D25	MECH RM 015		Semi-Annual	8/30/2022	Pass	
HD	L1D48	MECH RM 42		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D47	MECH RM 42		Semi-Annual	8/30/2022	Pass	
HD	L1D46	MECH RM 45		Semi-Annual	8/30/2022	Pass	
HD	L1D44	MECH RM 046		Semi-Annual	8/30/2022	Pass	
DD	L1D72	MECH RM 056B		Semi-Annual	8/30/2022	Pass	
HD	L1D71	MECH RM 056B		Semi-Annual	8/30/2022	Pass	
HD	L1D70	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D73	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D74	MINI GYM 056		Semi-Annual	8/30/2022	Pass	
HD	L1D10	O.T. RM		Semi-Annual	8/30/2022	Pass	
HD	L1D11	O.T. RM		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D12	O.T. RM		Semi-Annual	8/30/2022	Pass	
HD	L1D16	O.T. RR		Semi-Annual	8/30/2022	Pass	
HD	L1D13	O.T. SMALL STORAGE		Semi-Annual	8/30/2022	Pass	
HD	L1D14	O.T. STORAGE RM		Semi-Annual	8/30/2022	Pass	
HD	L1D15	O.T. STORAGE RM		Semi-Annual	8/30/2022	Pass	
HD	L1D55	OPEN RM 049		Semi-Annual	8/30/2022	Pass	
HD	L1D21	PATIENT STORAGE 023		Semi-Annual	8/30/2022	Pass	
HD	L1D20	PATIENT STORAGE 24		Semi-Annual	8/30/2022	Pass	
HD	L1D81	RESTROOM 061		Semi-Annual	8/30/2022	Pass	
HD	L1D59	SEWING RM 051B		Semi-Annual	8/30/2022	Pass	
HD	L1D19	STORAGE 023		Semi-Annual	8/30/2022	Pass	
HD	L1D18	STORAGE 026		Semi-Annual	8/30/2022	Pass	
HD	L1D77	STORAGE 059		Semi-Annual	8/30/2022	Pass	
HD	L1D79	STORAGE 060		Semi-Annual	8/30/2022	Pass	
HD	L1D86	STREET LVL ENTRANCE		Semi-Annual	8/30/2022	Pass	
HD	L1D3	TELEPHONE EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D2	TELEPHONE EQUIP RM		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D45	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D49	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
SD-Photo	L1D52	TUNNEL HALL		Semi-Annual	8/30/2022	Pass	
HD	L1D51	WEST STORAGE 043		Semi-Annual	8/30/2022	Pass	
HD	L2D13	WOMENS RR 171		Semi-Annual	8/31/2022	Pass	

Zone: EP3 PG 2

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D96	ACTIVITIES 151		Semi-Annual	8/31/2022	Pass	
HD	L3D78	BREAK RM 247		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D85	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D87	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D89	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L2D91	CENTER CORRIDOR		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D49	CHART RM 274		Semi-Annual	8/31/2022	Pass	
HD	L2D90	CHASE 129		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D72	CLOSET		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D118	CONF. 107		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D117	CONF. 108		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D79	CONF. 242		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D51	CONF. 277		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D113	CORRIDOR 108A		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D116	CORRIDOR 108A		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D104	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D105	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D109	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D111	CORRIDOR 116		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D92	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D95	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D99	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D100	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D103	CORRIDOR 143		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D17	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D21	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D22	CORRIDOR 174		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D23	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D26	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D28	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D29	CORRIDOR 184		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D34	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D35	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D37	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D40	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D47	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D59	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D64	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D66	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D71	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D77	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D73	CORRIDOR 241B		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D38	CORRIDOR 241G		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D53	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D54	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D55	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D56	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D57	CORRIDOR 241M		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D18	DAY HALL 175		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D61	DAY RM 298		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D62	DAY RM 298		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D60	DAY RM 299		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D42	DINING 272		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D44	DINING 272		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D16	DINING RM 168		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D15	DINING RM 170		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D36	ELEC. 165		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D88	ELEV. LOBBY		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D63	ELEV LOBBY		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D48	EXAM 275		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D69	IT 255		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D67	IT 256		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D31	JC 198		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D39	KITCHEN 271		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D119	LAUNDRY 104		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D19	LAUNDRY 173A		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D20	LAUNDRY 173B		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D43	LAUNDRY 270		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D108	LINEN 113		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D65	LINEN CLOSET 257		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D32	LOBBY 199		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D110	LOUNGE 112		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D27	LOUNGE 179		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D52	MED RM 279		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D33	MEETING RM 192		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D94	MENS RR 152		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D14	MENS RR 172		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D75	MENS RR 251		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D45	NURSES STATION 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D50	PHYSICIAN 276		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D70	PRINTER 252		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 2

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D97	REC RM 149		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D98	REC RM 149		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L2D112	RELIGIOUS RM 109		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D107	SHOWER 114		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D106	SHOWER 115		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D24	SHOWER 177		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D25	SHOWER 178		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D41	SHOWER 269		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D46	STAFF RR 273		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D114	STORAGE 102		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D115	STORAGE 102		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D101	STORAGE 147A		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D102	STORAGE 147B		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D68	STORAGE 254		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D58	STORAGE 295		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D76	VENDING 249		Semi-Annual	8/31/2022	Pass	
☀ HD	L2D93	WOMENS RR 153		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D74	WOMENS RR 250		Semi-Annual	8/31/2022	Pass	

Zone: EP3 PG 3

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D4	BREAK RM 303		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D5	BREAK RM 303		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D22	BREAK RM 310		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D95	CLOSET 225		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D117	CONF. 208		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D85	CONF. 240		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D30	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D31	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D32	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D33	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D34	CONF. 316		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D18	CONF. 324		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D26	CONF. 331		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D108	CORRIDOR 201		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D109	CORRIDOR 201		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D80	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D84	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D86	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D88	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D93	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D106	CORRIDOR 241		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D2	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D6	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D8	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D10	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D13	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D14	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D15	CORRIDOR 308		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D36	CORRIDOR 308		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D17	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D19	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D21	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D24	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D25	CORRIDOR 317		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L3D102	DAY RM 202		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D105	DAY RM 202		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D96	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D94	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L3D100	DAY RM		Semi-Annual	8/31/2022	Pass	
● SD-Ion	L4D59	EAST CORR		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D53	EAST CORR		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D63	EAST CORR		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D110	ELEC 214		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D81	ELEC. 243		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D92	ELEC RM		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D7	ELEV LOBBY		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D54	EMERG. PREP		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D111	JC 206		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D104	KITCHEN 217		Semi-Annual	8/31/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L3D107	LINEN CLOSET 204		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D115	LIVING 207		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D116	LIVING 207		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D118	LIVING 207		Semi-Annual	8/31/2022	Pass	
HD	L4D58	MED RECORDS		Semi-Annual	9/2/2022	Pass	
HD	L4D62	MED RECORDS		Semi-Annual	9/2/2022	Pass	
SD-Photo	L3D87	MED RM 233		Semi-Annual	8/31/2022	Pass	
HD	L3D89	MENS RR 231		Semi-Annual	8/31/2022	Pass	
HD	L4D11	MENS RR 335		Semi-Annual	8/31/2022	Pass	
HD	L4D28	MENS RR 337		Semi-Annual	9/2/2022	Pass	
SD-Photo	L3D91	OBSERVATION 230		Semi-Annual	8/31/2022	Pass	
HD	L3D103	PANTRY 218		Semi-Annual	8/31/2022	Pass	
HD	L4D1	RECORDS 333		Semi-Annual	8/31/2022	Pass	
HD	L4D57	RECORDS 348		Semi-Annual	9/2/2022	Pass	
HD	L4D42	RECORDS STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L3D114	RR 211		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D82	RT FITNESS		Semi-Annual	8/31/2022	Pass	
SD-Photo	L3D83	RT FITNESS		Semi-Annual	8/31/2022	Pass	
HD	L3D112	SHOWER 213		Semi-Annual	8/31/2022	Pass	
HD	L3D98	SHOWER 228		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D9	STAFFING OFFICE 304		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D3	STAIRWELL		Semi-Annual	8/31/2022	Pass	
SD-Photo	L4D27	STAIRWELL		Semi-Annual	9/2/2022	Pass	
HD	L4D20	STORAGE 318		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D35	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D43	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D44	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D45	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D46	STORAGE 334		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D40	STORAGE 335		Semi-Annual	9/2/2022	Pass	
HD	L4D41	STORAGE 336		Semi-Annual	9/2/2022	Pass	
HD	L4D37	STORAGE 339		Semi-Annual	9/2/2022	Pass	
HD	L4D38	STORAGE 339		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D47	STORAGE 343		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D48	STORAGE 343		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D49	STORAGE 343		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D50	STORAGE 343		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D51	STORAGE 343		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D52	STORAGE 343		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D55	STORAGE 346		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D60	STORAGE 352		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D61	STORAGE 352		Semi-Annual	9/2/2022	Pass	
☀ HD	L3D97	STORAGE		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D99	STORAGE		Semi-Annual	8/31/2022	Pass	
● SD-Photo	L4D23	TRAINING 327		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D16	TRAINING RM 306		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D113	WASHER/DRYER 212		Semi-Annual	8/31/2022	Pass	
☀ HD	L3D90	WOMENS RR 232		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D12	WOMENS RR 334		Semi-Annual	8/31/2022	Pass	
☀ HD	L4D29	WOMENS RR 337		Semi-Annual	9/2/2022	Pass	

Zone: EP3 PG 4

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ PS	L3M18	2ND FLR CENTER		Semi-Annual	9/2/2022	Pass	
☐ PS	L3M22	2ND FLR NURSE		Semi-Annual	9/2/2022	Pass	
☐ PS	L3M26	2ND FLR OBSEVRATION		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M11	3RD FLR EAST STAIRS		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M13	3RD FLR EAST STAIRS		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M5	3RD FLR WEST		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M15	4TH FLR		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M5	CORR 036		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M12	CORRIDOR 17		Semi-Annual	9/2/2022	Pass	
☐ PS	L4M1	CORRIDOR 306		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M2	CORRIDOR EAST STREET		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D68	EAST CORR		Semi-Annual	9/2/2022	Pass	
☐ PS	L2M5	EAST PULL		Semi-Annual	9/2/2022	Pass	
● SD-Photo	L4D81	ELEV SHAFT		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M1	EXERCISE RM		Semi-Annual	9/2/2022	Pass	
☐ PS	L1M14	MAINT ENTRY		Semi-Annual	9/2/2022	Pass	
☀ HD	L4D69	MAINT STORAGE 355		Semi-Annual	9/2/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L4D70	OFFICE STORAGE 356		Semi-Annual	9/2/2022	Pass	
HD	L4D71	OFFICE STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D72	OFFICE STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D82	PENTHOUSE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D83	PENTHOUSE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D66	STAIRWELL		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D77	STAIRWELL		Semi-Annual	9/2/2022	Pass	
PS	L1M13	STAIRWELL WEST		Semi-Annual	9/2/2022	Pass	
HD	L4D67	STORAGE 352		Semi-Annual	9/2/2022	Pass	
HD	L4D64	STORAGE 353		Semi-Annual	9/2/2022	Pass	
HD	L4D65	STORAGE 353		Semi-Annual	9/2/2022	Pass	
HD	L4D73	STORAGE 404		Semi-Annual	9/2/2022	Pass	
HD	L4D74	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D75	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D76	STORAGE		Semi-Annual	9/2/2022	Pass	
HD	L4D79	STORAGE		Semi-Annual	9/2/2022	Pass	
SD-Photo	L4D78	STORAGE		Semi-Annual	9/2/2022	Pass	
PS	L2M42	WEST PULL		Semi-Annual	9/2/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

KB

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP4 NOTIFICATION)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	1ST FLR		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	2ND FLR		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	3RD FLR		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	4TH FLR AND PENTHOUSE		Semi-Annual	8/30/2022	Pass	
■ S/S	ALL SPEAKERS AND STROBES	BSMT		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP5 EQUIPMENT)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMPLIFIER	8	8	0	8	0
<input checked="" type="checkbox"/> DVC/KD	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,,ACM,REM MIC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS	6	6	0	6	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	7	7	0	7	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	8	8	0	8	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	3	1ST FLR CENTER		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
LCD-160,ACM,RE M MIC	4	1ST FLR EAST		Semi-Annual	8/30/2022	Pass	
PWS	PWS 2	1ST FLR STROBES		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	5	1ST FLR WEST		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	6	2ND FLR CENTER		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	7	2ND FLR EAST		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 4	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 5	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 6	2ND FLR ELEC.		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 2	2ND FLR ELECTRICAL		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP3	2ND FLR ELECTRICAL		Semi-Annual	8/30/2022	Pass	
BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
PWS	PWS 3	2ND FLR STROBES		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	8	2ND FLR WEST		Semi-Annual	8/30/2022	Pass	
BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
BATT	PWS 5	3RD FLR	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
PWS	PWS 4	3RD FLR		Semi-Annual	8/30/2022	Pass	
PWS	PWS 5	3RD FLR		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	9	3RD FLR CENTER		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 7	3RD FLR STORAGE		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 8	3RD FLR STORAGE		Semi-Annual	8/30/2022	Pass	
BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	8/30/2022	Pass	
BATT	PWS 1	BSMT ELECTRICAL	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	PWS 1	BSMT ELECTRICAL		Semi-Annual	8/30/2022	Pass	
AMPLIFIER	AMP 1	FACP		Semi-Annual	8/30/2022	Pass	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	8/30/2022	Pass	
DVC/KD	DVC	FACP		Semi-Annual	8/30/2022	Pass	
PWS	AMPS24	FACP		Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT	Semi-Annual	8/30/2022	Pass	
BATT	PWS 2	PWS 2	12V 8 AMP X 2	Semi-Annual	8/30/2022	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

Date

8/30/2022

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Fire Alarm Supplementary Form



Location Code: HOLOAIZ

Contact: Bevan flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm Supplement (EP19 SHUTDOWN)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Semi-Annual

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

8/30/2022

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	15	0	15	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L4M12	3RD FLR MAG HOLDS		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M24	AHU 1 MECH 015		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M25	AHU 2 MECH 056B		Semi-Annual	8/30/2022	Pass	
↗ Relay Module	L1M26	DAMPER GAME RM		Semi-Annual	8/30/2022	Pass	



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✔ Relay Module	L1M28	DAMPER HALL 028		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M16	DAMPER MECH 045		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L4M10	EAST DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L2M8	EAST SIDE DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M30	ELEV MECH	PRIMARY RECALL	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M31	ELEV MECH	ALTERNATE RECALL	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M32	ELEV MECH	FLASH HAT	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M33	ELEV MECH	SHUNT TRIP	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L1M95	TELEPHONE EQUIP	SECURITY DOORS	Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L4M14	WEST DAMPERS		Semi-Annual	8/30/2022	Pass	
✔ Relay Module	L2M7	WEST SIDE DAMPERS		Semi-Annual	8/30/2022	Pass	

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.
 Please see the summary section at the top of the form for the comments.

Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

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

Signature of Inspector

8/30/2022

Date

Owner or Owner's Representative

Owner or Owner's Representative Name

BEVAN FLYNN

Owner or Owner's Representative Signature

No Signature Available

Date

8/30/2022

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



Location Code: HOLOAIZ

Contact: Bevan Flynn

Contact Address: Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Phone: (402) 479-5453

Email: Bevan.Flynn@nebraska.gov

Property Evaluated: Lincoln Regional Center - Building 14
(Detention/Correctional)
Building 14 - 801 West Prospector Place
Lincoln, NE 68522

Description: Fire Alarm (FORM)

Company: Protex Central, Inc.

Address: 6775 South 118th Street
Omaha, NE 68137

Company Phone: 402-592-8225

Company Fax: 402-592-8222

Inspector: Keith Allen Benne
J13

Date of Work: 8/30/2022

Frequency: Annual

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

General Comments

There are no general comments for this submission



Protex Central, Inc.
 6775 South 118th Street
 Omaha, NE 68137
 Phone: 402-592-8225

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): _____ Annual

Date of Work _____ 8/30/2022

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: _____

Bevan flynn

Owner's Phone Number: _____

(402) 479-5453

Owner's Address: _____

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: _____

Lincoln Regional Center - Building 14 (Detention/Correctional)

Property Address: _____

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: _____

Fire Alarm (FORM)

2. Owner's Section

A. Are the fire alarms and signaling systems in service? Yes No

B. Have fire alarms and signaling systems remained in service since the last inspection? Yes No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection? Yes No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces? Yes No

3. Monitoring Information

Monitoring organization: _____ PERMAR

Address: _____

Phone: _____

Fax: _____

Email: _____

Account number: _____

Phone line 1: _____

Phone line 2: _____

Means of transmission: _____ POTS

Entity to which alarms are retransmitted: _____

Phone: _____

4. System Information

4.1 Control Unit: _____

Manufacturer: _____ NOTIFIER

Model number: _____ NFS2-3030

4.2 Software and Firmware Revision number: _____ 26

4.3 System Power: _____

4.3.1 Primary (Main) Power: _____

Nominal voltage: _____ 120VAC

Amps: _____ NA

Location: _____ BSMT ELECTRICAL

Overcurrent protection type: _____ BREAKER

Amps: _____ NA

Disconnecting means location: _____ BSMT ELECTRICAL

4.3.2 Secondary Power: _____

Type: _____ BATTERIES

Location: _____ FACP

Battery type (if applicable): Lead-acid Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ 24

In alarm mode (minutes): _____ 15

5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



6. Testing Results

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	PERMAR	NA
Building management:	BEVAN FLYNN	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

8. System Restored To Normal Operation

Date: 8/30/2022
 Time: NA

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

10. Inspector's Information

Inspected By Keith Allen Benne
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector _____

Attachment 15

LRC Fire Sprinkler Testing

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 3
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Completion Date
Mar 1, 2022*

Building: Lincoln regional center B 3
Contact: Kurt Anderson
Title: Na

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 3	Contact: Kurt Anderson
Address: 801 west prospector	Phone: Na
Address:	Fax:
City/State/Zip: Lincoln, Ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Jerad Baxter
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1709
Country: United States of America	Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Mar 1, 2022

Building: Lincoln regional center B 3

EC 02.03.05 EP 01		Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	5	5	0	5	5
EC 02.03.05 EP 02		Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	5	5	0	5	5
Waterflow Switch	4	4	0	4	4
EC 02.03.05 EP 09		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 18					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 3
Inspector: Jerad Baxter	Contact: Kurt Anderson
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Supervisory Signal	5	5	0	5	5			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Supervisory Signal	Basement Center room 008	59342400	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center room 008	30561923	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center room 008	30561920	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	1st Center rom 116	59342403	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd Center rom 216	59342408	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 5								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Tamper Switch		5	5	0	5			5
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Tamper Switch	Basement Center room 008	59342401	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 008	59342398	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 008	30561922	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 008	30561921	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	1st Center rom 116	59342404	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 5								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		4	4	0	4			4
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Waterflow Switch	Basement Center room 008	30561918	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	Basement Center room 008	59342402	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Center rom 116	59342405	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd Center rom 216	59342406	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 4								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.4.4.3.2)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Drain	Basement Center room 008	59342396	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q1 /22	Pass Q1 /22	Fail Q1 /22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1 /21	Q2 /21	Q3 /21	Q4 /21	Q1 /22
Fire Dep't Connection	In yard, south of main entrance	68041242	0			09/23-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Control Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Control Valve	2nd Center rom 216	59342407	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Post Indicator Valve	Garden Center outside Sw side	59342397	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Annual	1
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	5
Tamper Switch	Annual	5
Waterflow Switch	Annual	4
Total		18
Grand Total		18

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 3

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.56%	1
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Supervisory Signal	Alarm	27.78%	5
Tamper Switch	Alarm	27.78%	5
Waterflow Switch	Alarm	22.22%	4

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5				03/02/2020
Tamper Switch	1				03/02/2020
Tamper Switch	4		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 5
801 west prospector pl
lincoln, ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Completion Date
Mar 1, 2022*

Building: Lincoln regional center B 5
Contact: tiffany na
Title: administrative assistant

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 5	Contact: tiffany na
Address: 801 west prospector pl	Phone: (402) 471-4444
Address:	Fax:
City/State/Zip: lincoln, ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Jerad Baxter
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1709
Country: United States of America	Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Mar 1, 2022

Building: Lincoln regional center B 5

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	7	7	0	7	7
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	7	7	0	7	7
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 25					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 5
Inspector: Jerad Baxter	Contact: tiffany na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 5

*The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R*

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Supervisory Signal	7	7	0	7	7			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Supervisory Signal	Basement Boiler	59342376	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Boiler	59342379	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	1st Closet closet by reception center	59342381	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	1st Closet room 133a	59342385	1-s-2	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd Closet s4 housekeeping closet	59342389	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd Closet s4 housekeeping closet	59342387	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd Closet s5 west stairwell	59342394	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	7	7	0	7	7			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Tamper Switch	Basement Boiler	59342377	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Boiler	59342378	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	1st Closet closet by reception center	59342382	1-s-2	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	1st Closet room 133a	59342386	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342390	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342388	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	2nd Closet s5 west stairwell	59342395	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		7	7	0	7			7
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Waterflow Switch	Basement Boiler	59342380	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Closet closet by reception center	59342383	1-s-2	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Closet room 133a	59342384	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Closet room 133a S2	68605364	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342391	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342392	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd Closet s5 west stairwell	59342393	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 7								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.4.4.3.2)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Drain	Basement Boiler	59342375	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q1 /22	Pass Q1 /22	Fail Q1 /22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1 /21	Q2 /21	Q3 /21	Q4 /21	Q1 /22
Fire Dep't Connection	Garden outside ne of entrance	68041241	0			09/23-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Control Valve		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Control Valve	1st Closet room 133a S2	68605365	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Post Indicator Valve	Garden outside ne of entrance	59342356	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Annual	1
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	7
Tamper Switch	Annual	7
Waterflow Switch	Annual	7
Total		25
Grand Total		25

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 5

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	4.00%	1
Drain	Device	4.00%	1
Fire Dep't Connection	Hose	4.00%	1
Post Indicator Valve	Valve	4.00%	1
Supervisory Signal	Alarm	28.00%	7
Tamper Switch	Alarm	28.00%	7
Waterflow Switch	Alarm	28.00%	7

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	7				03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: s-2				
	Tamper Switch	1st Closet closet by reception center	Control Valve	59342382
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 10
800 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Completion Date
Mar 1, 2022*

Building: Lincoln regional center B 10
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Lincoln regional center B 10
Address: 800 west prospector
Address:
City/State/Zip: Lincoln, Ne 68522
Country: United States of America

Contact: Kurt Na
Phone: Na
Fax:
Mobile:
Email:

Inspection Performed By

Company: NIFCO Mechanical Systems
Address: 500 Blue Heron Dr
Address:
City/State/Zip: Lincoln, NE 68522-1701
Country: United States of America

Inspector: Jerad Baxter
Phone: 402-477-0666
Fax:
Mobile: 531-220-1709
Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Mar 1, 2022

Building: Lincoln regional center B 10

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	6	6	0	6	6
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	3	3	0	3	3
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Inspector's Test	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 20					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 10
Inspector: Jerad Baxter	Contact: Kurt Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 10

*The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R*

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Supervisory Signal	6	6	0	6	6			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Supervisory Signal	Basement Center room 013	59342346	1		06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center room 013	59342351	1		06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center room 013	59342342	1		06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center room 013	59342348	1		06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	1st Center room 147	59342410	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd East room 234	59342341	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 6								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Tamper Switch		7	7	0	7			7
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Tamper Switch	Basement Center room 013	59342345	1		06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 013	59342344	1		06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 013	59342350	1		06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 013	59342343	1		06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center room 013	59342349	1		06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	1st Center room 147	59342409	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	2nd East room 234	59342340	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Waterflow Switch	3	3	0	3	3			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Waterflow Switch	Basement Center room 013	59342347	1		06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Center room 147	59342411	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd East room 234	59342339	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 3								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.4.4.3.2)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Drain	Basement Center room 013	59342353	0		06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q1 /22	Pass Q1 /22	Fail Q1 /22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1 /21	Q2 /21	Q3 /21	Q4 /21	Q1 /22
Fire Dep't Connection	In yard by main entrance	68041243	0			09/23-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector's test connection. (2011 ed.) (NFPA 25 5.3.3.3)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Inspector's Test	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Inspector's Test	2nd East room 234	Y89971	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Post Indicator Valve	Basement Center room 013	59342352	0		06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Drain	Annual	1
Fire Dep't Connection	Annual	1
Inspector's Test	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	6
Tamper Switch	Annual	7
Waterflow Switch	Annual	3
Total		20
Grand Total		20

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Inspector's Test	Valve	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	30.00%	6
Tamper Switch	Alarm	35.00%	7
Waterflow Switch	Alarm	15.00%	3

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5				03/02/2020
Supervisory Signal	1		Pressure		03/02/2020
Tamper Switch	1			Supervisory	03/02/2020
Tamper Switch	5		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 14
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Completion Date
Mar 1, 2022*

Building: Lincoln regional center B 14
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 14	Contact: Kurt Na
Address: 801 west prospector	Phone: 479-5452
Address:	Fax:
City/State/Zip: Lincoln, Ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Jerad Baxter
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1709
Country: United States of America	Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Mar 1, 2022

Building: Lincoln regional center B 14

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	11	11	0	11	11
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	9	9	0	9	9
Waterflow Switch	5	5	0	5	5
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Backflow Prevention	0	0	0	0	0
Check Valve	1	1	0	1	1
Control Valve	2	2	0	2	2
Post Indicator Valve	1	1	0	1	1
Total Device Count: 31					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 14
Inspector: Jerad Baxter	Contact: Kurt Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

*The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R*

EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Supervisory Signal	11	11	0	11	11			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Supervisory Signal	Basement Room 42	59342439	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Room 42	59342436	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Room 42	59342431	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Room 42	59342429	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center Room 039	59342337	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Basement Center Room 039	59342336	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	1st Center Room 135 above ceiling	59342413	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	2nd Center Room 247 above ceiling	59342415	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	3rd Center Room 340	59342418	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	3rd Center Room 340	59342420	1-3rd floor	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Supervisory Signal	Penthouse Elevator room	59342424	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 11								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Tamper Switch		9	9	0	9			9
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Tamper Switch	Basement Room 42	59342438	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Room 42	59342437	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Room 42	59342432	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Room 42	59342430	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center Room 039	59342338	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	Basement Center Room 039	59342335	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	1st Center Room 135 above ceiling	59342412	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	3rd Center Room 340	59342419	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Tamper Switch	3rd Center Room 340	59342421	1-3rd floor	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 9								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		5	5	0	5			5
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Waterflow Switch	Basement Room 42	59342427	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	1st Center Room 135 above ceiling	59342414	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	2nd Center Room 247 above ceiling	59342417	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	3rd Center Room 340	59342422	1-3rd floor	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Waterflow Switch	3rd Center Room 340	59342423	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 5								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.4.4.3.2)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Drain	Basement Room 42	59342426	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q1 /22	Pass Q1 /22	Fail Q1 /22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1 /21	Q2 /21	Q3 /21	Q4 /21	Q1 /22
Fire Dep't Connection	Basement Room 42	59342433	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. (2011 ed.) (NFPA 25 13.6.2.1)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Backflow Prevention		0	0	0	0			0
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Backflow Prevention	Basement Room 42	59342428	0				12/06	Removed
Device Total: 0								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Alarm valves and system riser check valves shall be externally inspected monthly. Periodically: Internal components shall be cleaned/repared as necessary in accordance with the manufacturer's instructions. (2011 ed.) (NFPA 25 13.4.1.1)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Check Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Check Valve	Basement Room 42	59342434	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)			Total Quantity
Control Valve		2	2	0	2			2
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Control Valve	2nd Center Room 247 above ceiling	59342416	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Control Valve	Penthouse Elevator room	59342425	1	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 2								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/22	Pass Q1/22	Fail Q1/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Post Indicator Valve	Garden South In yard south of building	59342435	0	03/01-P	06/07-P	09/14-P	12/06-P	03/01-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Check Valve	Annual	1
Control Valve	Annual	2
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	11
Tamper Switch	Annual	9
Waterflow Switch	Annual	5
Total		31
Grand Total		31

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			45	4	1	<input checked="" type="checkbox"/>	59342417

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	3.23%	1
Control Valve	Valve	6.45%	2
Drain	Device	3.23%	1
Fire Dep't Connection	Hose	3.23%	1
Post Indicator Valve	Valve	3.23%	1
Supervisory Signal	Alarm	35.48%	11
Tamper Switch	Alarm	29.03%	9
Waterflow Switch	Alarm	16.13%	5

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Wall		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	8				03/02/2020
Supervisory Signal	3		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
Wet Pipe					
Waterflow Switch	1		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: 3rd floor				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 3
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Completion Date
Jun 7, 2022*

Building: Lincoln regional center B 3
Contact: Kurt Anderson
Title: Na

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 3	Contact: Kurt Anderson
Address: 801 west prospector	Phone: Na
Address:	Fax:
City/State/Zip: Lincoln, Ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Clint Coonrod
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1703
Country: United States of America	Email: ccoonrod@nifcomechanical.com

Inspection Completion Date: Jun 7, 2022					
Building: Lincoln regional center B 3					
EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	5	5	0	5	5
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	5	5	0	5	5
Waterflow Switch	4	4	0	4	4
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 18					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 3
Inspector: Clint Coonrod	Contact: Kurt Anderson
Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 3									
<p><i>The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>									
EC 02.03.05 EP 01		Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5							
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)									
Devices	Tested Q2/22		Pass Q2/22		Fail Q2/22		Tested YTD (2022)		Total Quantity
Supervisory Signal	5		5		0		5		5
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	
Supervisory Signal	Basement Center room 008	30561923	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Center room 008	59342400	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Center room 008	30561920	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	1st Center rom 116	59342403	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	2nd Center rom 216	59342408	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Device Total: 5									

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Tamper Switch		5	5	0	5			5
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Tamper Switch	Basement Center room 008	30561922	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 008	30561921	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 008	59342398	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 008	59342401	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	1st Center rom 116	59342404	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 5								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		4	4	0	4			4
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Waterflow Switch	Basement Center room 008	59342402	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	Basement Center room 008	30561918	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Center rom 116	59342405	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd Center rom 216	59342406	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 4								

EC 02.03.05 EP 09		Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1						
A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)								
Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity		
Drain		1	1	0	1	1		
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Drain	Basement Center room 008	59342396	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Fire Dep't Connection	In yard, south of main entrance	68041242	0		09/23-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity			
Control Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Control Valve	2nd Center rom 216	59342407	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Post Indicator Valve	1	1	0	1			1	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Post Indicator Valve	Garden Center outside Sw side	59342397	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Quarterly	1
Drain	Quarterly	1
Fire Dep't Connection	Quarterly	1
Post Indicator Valve	Quarterly	1
Supervisory Signal	Quarterly	5
Tamper Switch	Quarterly	5
Waterflow Switch	Quarterly	4
Total		18
Grand Total		18

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.56%	1
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Supervisory Signal	Alarm	27.78%	5
Tamper Switch	Alarm	27.78%	5
Waterflow Switch	Alarm	22.22%	4

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5				03/02/2020
Tamper Switch	1		Control Valve		03/02/2020
Tamper Switch	4		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 5
801 west prospector pl
lincoln, ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Completion Date
Jun 7, 2022*

Building: Lincoln regional center B 5
Contact: tiffany na
Title: administrative assistant

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 5	Contact: tiffany na
Address: 801 west prospector pl	Phone: (402) 471-4444
Address:	Fax:
City/State/Zip: lincoln, ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Clint Coonrod
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1703
Country: United States of America	Email: ccoonrod@nifcomechanical.com

Inspection Completion Date: Jun 7, 2022					
Building: Lincoln regional center B 5					
EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	7	7	0	7	7
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	7	7	0	7	7
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 25					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 5
Inspector: Clint Coonrod	Contact: tiffany na
Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 5									
<p><i>The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left. Passed=P, Failed=F, Replaced=R</i></p>									
EC 02.03.05 EP 01		Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5							
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)									
Devices	Tested Q2/22		Pass Q2/22		Fail Q2/22		Tested YTD (2022)		Total Quantity
Supervisory Signal	7		7		0		7		7
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	
Supervisory Signal	Basement Boiler	59342376	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Boiler	59342379	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	1st Closet closet by reception center	59342381	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	1st Closet room 133a	59342385	1-s-2	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342387	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342389	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	2nd Closet s5 west stairwell	59342394	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Device Total: 7									

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Tamper Switch		7	7	0	7			7
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Tamper Switch	Basement Boiler	59342378	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Boiler	59342377	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	1st Closet closet by reception center	59342382	1-s-2	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	1st Closet room 133a	59342386	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342390	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342388	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	2nd Closet s5 west stairwell	59342395	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Waterflow Switch	7	7	0	7			7	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Waterflow Switch	Basement Boiler	59342380	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Closet closet by reception center	59342383	1-s-2	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Closet room 133a	59342384	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Closet room 133a S2	68605364	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342392	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342391	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd Closet s5 west stairwell	59342393	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 7								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Drain	Basement Boiler	59342375	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Fire Dep't Connection	Garden outside ne of entrance	68041241	0		09/23-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Control Valve		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Control Valve	1st Closet room 133a S2	68605365	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Post Indicator Valve	1	1	0	1			1	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Post Indicator Valve	Garden outside ne of entrance	59342356	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Quarterly	1
Drain	Quarterly	1
Fire Dep't Connection	Quarterly	1
Post Indicator Valve	Quarterly	1
Supervisory Signal	Quarterly	7
Tamper Switch	Quarterly	7
Waterflow Switch	Quarterly	7
Total		25
Grand Total		25

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	4.00%	1
Drain	Device	4.00%	1
Fire Dep't Connection	Hose	4.00%	1
Post Indicator Valve	Valve	4.00%	1
Supervisory Signal	Alarm	28.00%	7
Tamper Switch	Alarm	28.00%	7
Waterflow Switch	Alarm	28.00%	7

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	7				03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: s-2				
	Tamper Switch	1st Closet closet by reception center	Control Valve	59342382
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 10
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Completion Date
Jun 7, 2022*

Building: Lincoln regional center B 10
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Lincoln regional center B 10
Address: 801 west prospector
Address:
City/State/Zip: Lincoln, Ne 68522
Country: United States of America

Contact: Kurt Na
Phone: Na
Fax:
Mobile:
Email:

Inspection Performed By

Company: NIFCO Mechanical Systems
Address: 500 Blue Heron Dr
Address:
City/State/Zip: Lincoln, NE 68522-1701
Country: United States of America

Inspector: Clint Coonrod
Phone: 402-477-0666
Fax:
Mobile: 531-220-1703
Email: ccoonrod@nifcomechanical.com

Inspection Completion Date: Jun 7, 2022					
Building: Lincoln regional center B 10					
EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	6	6	0	6	6
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	3	3	0	3	3
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Inspector's Test	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
Total Device Count: 20					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 10
Inspector: Clint Coonrod	Contact: Kurt Na
Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 10									
<p><i>The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>									
EC 02.03.05 EP 01		Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5							
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)									
Devices	Tested Q2/22		Pass Q2/22		Fail Q2/22		Tested YTD (2022)		Total Quantity
Supervisory Signal	6		6		0		6		6
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	
Supervisory Signal	Basement Center room 013	59342348	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Center room 013	59342351	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Center room 013	59342346	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	Basement Center room 013	59342342	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	1st Center room 147	59342410	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Supervisory Signal	2nd East room 234	59342341	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P	
Device Total: 6									

EC 02.03.05 EP 02		Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity		
Tamper Switch		7	7	0	7	7		
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Tamper Switch	Basement Center room 013	59342345	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 013	59342343	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 013	59342344	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 013	59342350	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center room 013	59342349	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	1st Center room 147	59342409	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	2nd East room 234	59342340	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Waterflow Switch	3	3	0	3			3	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Waterflow Switch	Basement Center room 013	59342347	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Center room 147	59342411	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd East room 234	59342339	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 3								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Drain	Basement Center room 013	59342353	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Fire Dep't Connection	In yard by main entrance	68041243	0		09/23-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector's test connection. (2011 ed.) (NFPA 25 5.3.3.3)								
Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity			
Inspector's Test	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Inspector's Test	2nd East room 234	Y89971	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Post Indicator Valve	Basement Center room 013	59342352	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Drain	Quarterly	1
Fire Dep't Connection	Quarterly	1
Inspector's Test	Quarterly	1
Post Indicator Valve	Quarterly	1
Supervisory Signal	Quarterly	6
Tamper Switch	Quarterly	7
Waterflow Switch	Quarterly	3
Total		20
Grand Total		20

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Inspector's Test	Valve	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	30.00%	6
Tamper Switch	Alarm	35.00%	7
Waterflow Switch	Alarm	15.00%	3

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	6				03/02/2020
Tamper Switch	6		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 14
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Completion Date
Jun 7, 2022*

Building: Lincoln regional center B 14
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 14	Contact: Kurt Na
Address: 801 west prospector	Phone: 479-5452
Address:	Fax:
City/State/Zip: Lincoln, Ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Clint Coonrod
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/Zip: Lincoln, NE 68522-1701	Mobile: 531-220-1703
Country: United States of America	Email: ccoonrod@nifcomechanical.com

Inspection Completion Date: Jun 7, 2022					
Building: Lincoln regional center B 14					
EC 02.03.05 EP 01 Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72–2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	11	11	0	11	11
EC 02.03.05 EP 02 Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72–2010 Table 14.4.5; NFPA 25–2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	9	9	0	9	9
Waterflow Switch	5	5	0	5	5
EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25–2011: 13.7; Table 13.1.1.2					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Backflow Prevention	0	0	0	0	0
Check Valve	0	0	0	1	1
Control Valve	2	2	0	2	2
Post Indicator Valve	1	1	0	1	1
Total Device Count: 31					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 14
Inspector: Clint Coonrod	Contact: Kurt Na
Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 14								
<p><i>The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
EC 02.03.05 EP 01		Quarterly test of supervisory signal devices (except valve tamper switches). NFPA 72-2010 Table 14.4.5						
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)								
Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Supervisory Signal	11	11	0	11			11	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Supervisory Signal	Basement Room 42	59342439	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Basement Room 42	59342429	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Basement Room 42	59342431	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Basement Room 42	59342436	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Basement Center Room 039	59342336	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Basement Center Room 039	59342337	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	1st Center Room 135 above ceiling	59342413	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	2nd Center Room 247 above ceiling	59342415	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	3rd Center Room 340	59342420	1-3rd floor	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	3rd Center Room 340	59342418	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Supervisory Signal	Penthouse Elevator room	59342424	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 11								

EC 02.03.05 EP 02		Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	9	9	0	9	9			
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Tamper Switch	Basement Room 42	59342430	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Room 42	59342432	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Room 42	59342437	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Room 42	59342438	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center Room 039	59342335	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	Basement Center Room 039	59342338	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	1st Center Room 135 above ceiling	59342412	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	3rd Center Room 340	59342419	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Tamper Switch	3rd Center Room 340	59342421	1-3rd floor	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 9								

EC 02.03.05 EP 02

Six-month testing of tamper switches and vane-type and pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		5	5	0	5			5
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Waterflow Switch	Basement Room 42	59342427	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	1st Center Room 135 above ceiling	59342414	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	2nd Center Room 247 above ceiling	59342417	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	3rd Center Room 340	59342422	1-3rd floor	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Waterflow Switch	3rd Center Room 340	59342423	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 5								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Drain		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Drain	Basement Room 42	59342426	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total:		1						

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7; Table 13.1.1.2

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Fire Dep't Connection	Basement Room 42	59342433	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101–2012 18/19.3.5

All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. (2011 ed.) (NFPA 25 13.6.2.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Backflow Prevention		0	0	0	0			0
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Backflow Prevention	Basement Room 42	59342428	0			12/06		
						Removed		
Device Total: 0								

LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Monthly: Alarm valves and system riser check valves shall be externally inspected monthly. Periodically: Internal components shall be cleaned/repared as necessary in accordance with the manufacturer's instructions. (2011 ed.) (NFPA 25 13.4.1.1)								
Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)		Total Quantity	
Check Valve		0	0	0	1		1	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Check Valve	Basement Room 42	59342434	1	06/07-P	09/14-P	12/06-P	03/01-P	
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity
Control Valve		2	2	0	2			2
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Control Valve	2nd Center Room 247 above ceiling	59342416	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Control Valve	Penthouse Elevator room	59342425	1	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 2								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q2/22	Pass Q2/22	Fail Q2/22	Tested YTD (2022)			Total Quantity	
Post Indicator Valve	1	1	0	1			1	
Device Type	Location	ScanID	Address	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Post Indicator Valve	Garden South In yard south of building	59342435	0	06/07-P	09/14-P	12/06-P	03/01-P	06/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Quarterly	2
Drain	Quarterly	1
Fire Dep't Connection	Quarterly	1
Post Indicator Valve	Quarterly	1
Supervisory Signal	Quarterly	11
Tamper Switch	Quarterly	9
Waterflow Switch	Quarterly	5
Total		30
<i>Untested</i>		
Check Valve		1
Total		1
Grand Total		31

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			60.914	4	1	<input checked="" type="checkbox"/>	59342417

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	3.23%	1		
Control Valve	Valve	6.45%	2		
Drain	Device	3.23%	1		
Fire Dep't Connection	Hose	3.23%	1		
Post Indicator Valve	Valve	3.23%	1		
Supervisory Signal	Alarm	35.48%	11		
Tamper Switch	Alarm	29.03%	9		
Waterflow Switch	Alarm	16.13%	5		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Wall		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	1				03/02/2020
Supervisory Signal	10		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
Wet Pipe					
Waterflow Switch	1		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: 3rd floor				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
1	Post Indicator Valve	Garden South In yard south of building	Passed	59342435
reports to panel as alarm				

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 3
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Completion Date
Sep 7, 2022*

Building: Lincoln regional center B 3
Contact: Kurt Anderson
Title: Na

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Lincoln regional center B 3

Address: 801 west prospector

Address:

City/State/ZIP Code: Lincoln, Ne 68522

Country: United States of America

Contact: Kurt Anderson

Phone: Na

Fax:

Mobile:

Email:

Inspection Performed By

Company: NIFCO Mechanical Systems

Address: 500 Blue Heron Dr

Address:

City/State/ZIP Code: Lincoln, NE 68522-1701

Country: United States of America

Inspector: Jerad Baxter

Phone: 402-477-0666

Fax:

Mobile: 531-220-1709

Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Sep 7, 2022

Building: Lincoln regional center B 3

EC 02.03.05 EP 02 Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	5	5	0	5	5
Waterflow Switch	4	4	0	4	4

EC 02.03.05 EP 09 Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

EC 02.03.05 EP 10 Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1

LS 02.01.34 EP 10 All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	5	5	0	5	5

LS 02.01.35 EP 14 All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5					
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1

Total Device Count: 18					
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Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 3
Inspector: Jerad Baxter	Contact: Kurt Anderson
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

*The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R*

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	5	5	0	5	5			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Tamper Switch	Basement Center room 008	30561922	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 008	30561921	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 008	59342401	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 008	59342398	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	1st Center rom 116	59342404	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 5								

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity	
Waterflow Switch	4	4	0	4			4	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Waterflow Switch	Basement Center room 008	30561918	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	Basement Center room 008	59342402	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Center rom 116	59342405	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd Center rom 216	59342406	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 4								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)		Total Quantity	
Drain		1	1	0	1		1	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Drain	Basement Center room 008	59342396	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Fire Dep't Connection	In yard, south of main entrance	68041242	0	09/23-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.34 EP 10

All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Supervisory Signal	5	5	0	5	5			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Supervisory Signal	Basement Center room 008	30561923	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center room 008	59342400	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center room 008	30561920	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	1st Center rom 116	59342403	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd Center rom 216	59342408	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 5								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Control Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Control Valve	2nd Center rom 216	59342407	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Post Indicator Valve	Garden Center outside Sw side	59342397	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 3

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Annual	1
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	5
Tamper Switch	Annual	5
Waterflow Switch	Annual	4
Total		18
Grand Total		18

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Lincoln regional center B 3

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.56%	1
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Supervisory Signal	Alarm	27.78%	5
Tamper Switch	Alarm	27.78%	5
Waterflow Switch	Alarm	22.22%	4

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5		Pressure		03/02/2020
Tamper Switch	5		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 5
801 west prospector pl
lincoln, ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Completion Date
Sep 7, 2022*

Building: Lincoln regional center B 5
Contact: tiffany na
Title: administrative assistant

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Lincoln regional center B 5
Address: 801 west prospector pl
Address:
City/State/ZIP Code: lincoln, ne 68522
Country: United States of America

Contact: tiffany na
Phone: (402) 471-4444
Fax:
Mobile:
Email:

Inspection Performed By

Company: NIFCO Mechanical Systems
Address: 500 Blue Heron Dr
Address:
City/State/ZIP Code: Lincoln, NE 68522-1701
Country: United States of America

Inspector: Jerad Baxter
Phone: 402-477-0666
Fax:
Mobile: 531-220-1709
Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Sep 7, 2022

Building: Lincoln regional center B 5

EC 02.03.05 EP 02		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	7	7	0	7	7

EC 02.03.05 EP 09		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

EC 02.03.05 EP 10		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1

LS 02.01.34 EP 10		All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	7	7	0	7	7

LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Control Valve	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1

Total Device Count: 25

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 5
Inspector: Jerad Baxter	Contact: tiffany na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	7	7	0	7	7			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Tamper Switch	Basement Boiler	59342378	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Boiler	59342377	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	1st Closet closet by reception center	59342382	1-s-2	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	1st Closet room 133a	59342386	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342390	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	2nd Closet s4 housekeeping cliset	59342388	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	2nd Closet s5 west stairwell	59342395	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		7	7	0	7			7
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Waterflow Switch	Basement Boiler	59342380	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Closet closet by reception center	59342383	1-s-2	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Closet room 133a	59342384	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Closet room 133a S2	68605364	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd Closet s4 housekeeping closet	59342392	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd Closet s4 housekeeping closet	59342391	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd Closet s5 west stairwell	59342393	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 7								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Drain	Basement Boiler	59342375	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Fire Dep't Connection	Garden outside ne of entrance	68041241	0	09/23-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.34 EP 10

All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)		Total Quantity	
Supervisory Signal		7	7	0	7		7	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Supervisory Signal	Basement Boiler	59342379	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Boiler	59342376	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	1st Closet closet by reception center	59342381	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	1st Closet room 133a	59342385	1-s-2	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd Closet s4 housekeeping closet	59342389	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd Closet s4 housekeeping closet	59342387	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd Closet s5 west stairwell	59342394	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 7								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Control Valve		1	1	0	1			1
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Control Valve	1st Closet room 133a S2	68605365	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Post Indicator Valve	Garden outside ne of entrance	59342356	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

Service Summary

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Building: Lincoln regional center B 5

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Control Valve	Annual	1
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	7
Tamper Switch	Annual	7
Waterflow Switch	Annual	7
Total		25
Grand Total		25

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	4.00%	1
Drain	Device	4.00%	1
Fire Dep't Connection	Hose	4.00%	1
Post Indicator Valve	Valve	4.00%	1
Supervisory Signal	Alarm	28.00%	7
Tamper Switch	Alarm	28.00%	7
Waterflow Switch	Alarm	28.00%	7

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	3		Pressure		03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: s-2				
	Tamper Switch	1st Closet closet by reception center	Control Valve	59342382
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 10
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Completion Date
Sep 7, 2022*

Building: Lincoln regional center B 10
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: Lincoln regional center B 10	Contact: Kurt Na
Address: 801 west prospector	Phone: Na
Address:	Fax:
City/State/ZIP Code: Lincoln, Ne 68522	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: NIFCO Mechanical Systems	Inspector: Jerad Baxter
Address: 500 Blue Heron Dr	Phone: 402-477-0666
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701	Mobile: 531-220-1709
Country: United States of America	Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Sep 7, 2022

Building: Lincoln regional center B 10

EC 02.03.05 EP 02		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	7	7	0	7	7
Waterflow Switch	3	3	0	3	3

EC 02.03.05 EP 09		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

EC 02.03.05 EP 10		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1

LS 02.01.34 EP 10		All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	6	6	0	6	6

LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Inspector's Test	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1

Total Device Count: 20

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 10
Inspector: Jerad Baxter	Contact: Kurt Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	7	7	0	7	7			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Tamper Switch	Basement Center room 013	59342345	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 013	59342349	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 013	59342343	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 013	59342344	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center room 013	59342350	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	1st Center room 147	59342409	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	2nd East room 234	59342340	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 7								

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity	
Waterflow Switch	3	3	0	3			3	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Waterflow Switch	Basement Center room 013	59342347	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Center room 147	59342411	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd East room 234	59342339	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 3								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Drain	Basement Center room 013	59342353	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Fire Dep't Connection	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Fire Dep't Connection	In yard by main entrance	68041243	0	09/23-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.34 EP 10

All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)		Total Quantity	
Supervisory Signal		6	6	0	6		6	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Supervisory Signal	Basement Center room 013	59342346	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center room 013	59342342	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center room 013	59342348	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center room 013	59342351	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	1st Center room 147	59342410	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd East room 234	59342341	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 6								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector's test connection. (2011 ed.) (NFPA 25 5.3.3.3)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Inspector's Test	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Inspector's Test	2nd East room 234	Y89971	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Post Indicator Valve	Basement Center room 013	59342352	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Drain	Annual	1
Fire Dep't Connection	Annual	1
Inspector's Test	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	6
Tamper Switch	Annual	7
Waterflow Switch	Annual	3
Total		20
Grand Total		20

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 10

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Inspector's Test	Valve	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	30.00%	6
Tamper Switch	Alarm	35.00%	7
Waterflow Switch	Alarm	15.00%	3

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	2		Pressure		03/02/2020
Tamper Switch	6		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020

Sprinkler Inspection, Testing and/or Maintenance Certificate

For

Lincoln regional center B 14
801 west prospector
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Completion Date
Sep 7, 2022*

Building: Lincoln regional center B 14
Contact: Kurt Na
Title: Maintance manager

Company: NIFCO Mechanical Systems
Contact: Jerad Baxter
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Lincoln regional center B 14
Address: 801 west prospector
Address:
City/State/ZIP Code: Lincoln, Ne 68522
Country: United States of America

Contact: Kurt Na
Phone: 479-5452
Fax:
Mobile:
Email:

Inspection Performed By

Company: NIFCO Mechanical Systems
Address: 500 Blue Heron Dr
Address:
City/State/ZIP Code: Lincoln, NE 68522-1701
Country: United States of America

Inspector: Jerad Baxter
Phone: 402-477-0666
Fax:
Mobile: 531-220-1709
Email: jbaxter@nifcomechanical.com

Inspection Completion Date: Sep 7, 2022

Building: Lincoln regional center B 14

EC 02.03.05 EP 02		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Tamper Switch	9	9	0	9	9
Waterflow Switch	5	5	0	5	5
EC 02.03.05 EP 09		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1
EC 02.03.05 EP 10		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
LS 02.01.34 EP 10		All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Supervisory Signal	11	11	0	11	11
LS 02.01.35 EP 14		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2022)	Total Quantity
Backflow Prevention	0	0	0	0	0
Check Valve	1	1	0	1	1
Control Valve	2	2	0	2	2
Post Indicator Valve	1	1	0	1	1
Total Device Count: 31					

Certification	
Company: NIFCO Mechanical Systems	Building: Lincoln regional center B 14
Inspector: Jerad Baxter	Contact: Kurt Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.
Passed=P, Failed=F, Replaced=R

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Tamper Switch	9	9	0	9	9			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Tamper Switch	Basement Room 42	59342430	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Room 42	59342432	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Room 42	59342437	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Room 42	59342438	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center Room 039	59342338	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	Basement Center Room 039	59342335	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	1st Center Room 135 above ceiling	59342412	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	3rd Center Room 340	59342421	1-3rd floor	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Tamper Switch	3rd Center Room 340	59342419	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 9								

EC 02.03.05 EP 02

Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.

Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Waterflow Switch		5	5	0	5			5
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Waterflow Switch	Basement Room 42	59342427	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	1st Center Room 135 above ceiling	59342414	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	2nd Center Room 247 above ceiling	59342417	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	3rd Center Room 340	59342422	1-3rd floor	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Waterflow Switch	3rd Center Room 340	59342423	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 5								

EC 02.03.05 EP 09

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity
Drain	1	1	0	1	1

Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Drain	Basement Room 42	59342426	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

EC 02.03.05 EP 10

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Fire Dep't Connection		1	1	0	1			1
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Fire Dep't Connection	Basement Room 42	59342433	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

LS 02.01.34 EP 10

All other Life Safety Code fire alarm requirements related to NFPA 101-2012 18/19.3.4 and NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)		Total Quantity	
Supervisory Signal		11	11	0	11		11	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Supervisory Signal	Basement Room 42	59342429	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Room 42	59342431	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Room 42	59342439	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Room 42	59342436	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center Room 039	59342337	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Basement Center Room 039	59342336	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	1st Center Room 135 above ceiling	59342413	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	2nd Center Room 247 above ceiling	59342415	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	3rd Center Room 340	59342420	1-3rd floor	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	3rd Center Room 340	59342418	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Supervisory Signal	Penthouse Elevator room	59342424	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 11								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. (2011 ed.) (NFPA 25 13.6.2.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)			Total Quantity
Backflow Prevention		0	0	0	0			0
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Backflow Prevention	Basement Room 42	59342428	0		12/06 Removed			
Device Total: 0								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Alarm valves and system riser check valves shall be externally inspected monthly. Periodically: Internal components shall be cleaned/repared as necessary in accordance with the manufacturer's instructions. (2011 ed.) (NFPA 25 13.4.1.1)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Check Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Check Valve	Basement Room 42	59342434	1	09/14-P	12/06-P	03/01-P		09/07-P
Device Total: 1								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices		Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)		Total Quantity	
Control Valve		2	2	0	2		2	
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Control Valve	2nd Center Room 247 above ceiling	59342416	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Control Valve	Penthouse Elevator room	59342425	1	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 2								

LS 02.01.35 EP 14

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q3/22	Pass Q3/22	Fail Q3/22	Tested YTD (2022)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Post Indicator Valve	Garden South In yard south of building	59342435	0	09/14-P	12/06-P	03/01-P	06/07-P	09/07-P
Device Total: 1								

Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Check Valve	Annual	1
Control Valve	Annual	2
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	11
Tamper Switch	Annual	9
Waterflow Switch	Annual	5
Total		31
Grand Total		31

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			60.9799 9	4	1	<input checked="" type="checkbox"/>	59342417

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	3.23%	1
Control Valve	Valve	6.45%	2
Drain	Device	3.23%	1
Fire Dep't Connection	Hose	3.23%	1
Post Indicator Valve	Valve	3.23%	1
Supervisory Signal	Alarm	35.48%	11
Tamper Switch	Alarm	29.03%	9
Waterflow Switch	Alarm	16.13%	5

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Wall		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	11		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
Wet Pipe					
Waterflow Switch	1		Vane	Alarm	03/02/2020

Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Address: 3rd floor				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

Attachment 16

LRC Generator Testing



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER # 3 MAKE KOHLER TYPE _____
 CONTACT: BEVAN FLYNN SERIAL S9P02680 DATE 8/16/2022
 PHONE: 402-309-3231 MODEL C9 HRS 22
 ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN
 CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE TRYPSTAR SERIAL 1158170001-12/2021 MODEL SBDS-025W-LMF-ACDKQS
 MAKE CATERPILLAR SERIAL TSG05467 MODEL CTS
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
 * (B) LINES/CONNECTIONS OK
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A
 * (E) TRANSFER PUMP OK
 * (F) MAIN TANK LEVEL OK
 * (G) VENT/OVERFLOW OK
 * (H) WATER IN FUEL N/A
 * (I) INJECTION PUMP OK
 * (J) SOLENOID VALVE OK
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATOR N/A
 * TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
 * (B) INSTRUMENTATION OK
 * (C) SAFETIES SHUTDOWNS OK
 (1) OVERCRANK OK
 (2) HIGH WATER TEMP. OK
 (3) LOW OIL PRESSURE OK
 (4) OVERSPEED OK
 * (D) ALARMS OK
 * (E) PREALARMS OK
 * (F) CIRCUIT BREAKERS OK
 * (G) FUSES OK
 * CHECK (H) INSULATION DAMAGE OK
 CLEAN (I) CABINETS OK

(2) LUBRICATION

CHECK (A) LEAKS OK
 * (B) ENGINE OIL LEVEL OK
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER OK
 * CHANGE (F) OIL FILTER N/A
 * CHANGE (G) ENGINE OIL N/A
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
 * (B) VIBRATION OK
 * (C) TIMING OK
 * (D) INJECTORS OK
 * (E) MOUNTING HARDWARE OK
 * (F) AIR INTAKE OK 45 PSI
 * (G) OIL PRESSURE OK 180 F
 * (H) WATER TEMPERATURE OK
 * (I) DC ALTERNATOR OK
 (1) VOLTS OK 27.3V
 (2) AMPS OK 5A
 ** CHANGE (J) AIR CLEANER OK
 ** TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
 * (B) COOLANT LEVEL OK
 * (C) FREEZE POINT OK -45
 * (D) RADIATOR AIR FLOW OK
 * (E) LOUVER SYSTEMS OK
 * (F) BLOCK HEATER OK
 * (G) WATER PUMP OK
 * (H) HOSES OK
 * (I) BELTS OK
 * (J) FAN HUB OK
 * (K) PULLEYS OK
 * (L) RADIATOR PSI OK
 * (M) RADIATOR CAP PSI OK
 * CHANGE (N) WATER FILTER N/A
 ** CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK
 * (B) STATOR OK
 * (C) EXCITOR OK
 (1) STATOR OK
 (2) ROTOR OK
 * (D) BEARINGS (IR) OK
 * (E) DIODES OK
 * (F) AIR FLOW OK
 * (G) VOLTAGE REGULATOR OK
 * TEST (H) FEED BREAKER OK
 RECORD (I) VOLTAGE OK L-L 208 L-N 120
 * (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
 * (B) CONDENSATION TRAP OK
 * (C) INSULATION OK
 * (D) RESTRICTION OK
 * (E) RAINCAP OK
 CHECK (F) HANGERS/SUPPORT OK
 * (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A
 LINEAR MOTORS ACTUATION N/A
 ATS Battery Replaced Y or N N/A
 * (B) SIMULATE POWER N/A
 * FAILURE (C) TIME DELAYS N/A
 * (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 25.85V
 (1) FLOAT OK
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A
 * (C) TERMINALS/CABLES OK
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST OK
 CLEAN (G) CORROSION OK

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
 * (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ N/A
 * (D) CB CONNECTIONS N/A
 * (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
 * (B) BREAKER CLOSED? OK

* As needed, specified at during annual inspection only
 ** Addition(s) if needed or specified.

Comments:

PERFORM QUARTERLY INSPECTION

10 MILES JOB # 920164

Customer Signature _____

3E Signature _____

Date 8/16/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: lincoln reg bldg 3 MAKE onan TYPE quarterly
 CONTACT: Bevan SERIAL R860827831 DATE 2/16/22
 PHONE: 402 309 3231 MODEL 70.0EN-15R/6598D HRS 1529
 ADDRESS 801 W. Prospector PL, #3 TECH Andre
 CITY lincoln

AUTOMATIC TRANSFER SWITCHES

MAKE onan SERIAL _____ MODEL 306-3596-03
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A NATRAL GASS
 * (E) TRANSFER PUMP N/A
 * (F) MAIN TANK LEVEL N/A
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP N/A
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATOR N/A
 * TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION FAIL OIL PRESS GAUGE IS AT 79 WHEN NOT RUNNING
 * (C) SAFETIES SHUTDOWNS PASS
 (1) OVERCRANK PASS
 (2) HIGH WATER TEMP PASS
 (3) LOW OIL PRESSURE PASS
 (4) OVERSPEED PASS
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PAILED below rated current
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS MINOR REAR OIL SEAL / VALVE COVERS
 * (B) ENGINE OIL LEVEL FULL
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER N/A
 * CHANGE (G) ENGINE OIL N/A
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS N/A
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE PASS 60
 * (H) WATER TEMPERATURE PASS 172
 * (I) DC ALTERNATOR PASS
 (1) VOLTS 13.4
 (2) AMPS 3.6
 ** CHANGE (J) AIR CLEANER PASS
 ** TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT PASS -16F
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS PASS
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI PASS
 * (M) RADIATOR CAP PSI PASS 10 PSI
 * CHANGE (N) WATER FILTER PASS
 ** CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 (1) STATOR PASS
 (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FREED BREAKER N/A
 RECORD (I) VOLTAGE 120/ 208
 * (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION N/A
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER WEDNESDAY WEEKLY

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS
 (1) FLOAT 13.2
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A MAINTENANCE FREE
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A no load
 * (B) VOLTAGE/LEG 208
 * (C) HERTZ 60
 * (D) CB CONNECTIONS PASS
 * (E) UNIT LOADED PASS

(12) EPSS

CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified.

Comments:

Completed quarterly inspection. unit is being replaced this spring.

j# 9747 43 miles 2.5 hrs

Customer Signature [Signature] 3E Signature [Signature] Date 2/16/22

Control #	320720220601	317420210609	313120201209	306620200603	300420191218
Date Taken	05/19/2022	05/19/2021	11/25/2020	05/30/2020	11/25/2019
Service Meter Reading	716	670	654	631	613
Fluid Run Time	716	670	0	15	613
Fluid Added Gal / Qts	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Fluid Status	Sampled	Sampled	Sampled	Sampled	Sampled
Filter Changed	Unknown	Unknown	Unknown	Unknown	Unknown
Copper (CU)	0	0	0	0	0
Iron (FE)	0	0	0	0	0
Lead (PB)	0	0	0	0	0
Tin (SN)	0	1	1	1	0
Aluminum (AL)	7	12	12	9	15
Silicon (SI)	3	0	0	0	33
Potassium (K)	3343	4234	3667	4112	5408
Boron (B)	0	0	0	0	0
Calcium (CA)	0	0	0	0	22
Magnesium (MG)	0	0	0	0	1
Moly (MO)	445	595	548	563	1155
Phosphorus (P)	0	27	0	0	0
Sodium (NA)	529	1041	566	1146	2535
Zinc (ZN)	0	0	0	0	24
Freeze Point °F	-40.0	-20.0	-39.0	-38.0	-61.0
Ph	8.1	7.9	7.8	8.2	8.2
Nitrites	1600	1600	1600	0	800
% Glycol	52	43	52	51	59
Conductivity	4020	4120	4220	3950	3650
Foam	None	None	None	None	None
Coolant Color	RED	RED	RED	RED	RED
Visible Oil	None	None	None	None	None
Debris	None	None	None	None	None



Testing Performed by Titan Laboratories®

COMPLETE FLUID ANALYSIS

888-591-4758

9052 Yosemite St, Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT SR4B

Unit/Serial

CER00941/CER00941

Compartment

Coolant

Fluid Type

ELC

WO / Reference

919054

Current Interpretation

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Place #5

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310

Attn: Fluid Analysis

.

Interpretation from sample # 317420210609 (Reportable)

Percent glycol is too low for proper protection. All other data is normal. Drain off 1/4 of system and refill with fresh coolant. Resample in three months to monitor system.

801 W Prospector Pl #5

Interpretation from sample # 313120201209 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector #5

Interpretation from sample # 306620200603 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

Interpretation from sample # 300420191218 (Reportable)

Aluminum corrosion is high. Aluminum corrosion may be from radiator, thermostat housing and/or piping. Zinc is high. There should be no Zinc in coolant. Check sampling procedure. Please use a separate sampling gun for coolants. All other data is normal. Drain off 1/4 of system and refill with fresh coolant. Resample in three months to monitor system.

...



<p><u>Oil Testing</u> Elements (ppm) ASTM D5185 Oil Condition ASTM E2412 Viscosity @ 100° C (cSt) ASTM D445 Water (est.) Crackle Test Fuel Dilution (%) ASTM D3828 Antifreeze ASTM D2982 KF Water (ppm) ASTM D6304 Particle Count ISO 4406 Total Acid Number ASTM D664 Total Base Number ASTM 4739 Viscosity @ 40° C (cSt) ASTM D445</p>	<p><u>Fuel Testing</u> Bacteria/Mold ASTM D6469 Base Water/Sediment (%) ASTM D2709 Cetane Index ASTM D976 Sulfur (%) ASTM D2622 API Gravity (API deg.) ASTM D4052 Cloud Point (°F) ASTM D2500 Pour Point (°F) ASTM D97 Cold Filter Plug Point (°F) ASTM D6371 Flash-Point (°F) ASTM D93 Distillation (°F) ASTM D86 Bio Fuel (%) ASTM D7371 Particulate (mg/l) ASTM D6217 Ash (%) ASTM D482 Copper Corrosion ASTM D130</p>
<p><u>Coolant Testing</u> Elements (ppm) ASTM D6130 pH Mfg. Method Conductivity (µS/cm) Mfg. Method Glycol (%) Mfg. Method Foam In-House Method Visuals In-House Method Nitrites (ppm) Mfg. Method</p>	

Control #	700220220602	702220210603	701620201210	701620191210	700120180830
Date Taken	05/19/2022	05/19/2021	11/25/2020	11/25/2019	08/16/2018
Service Meter Reading	0	0	0	0	0
Fluid Run Time	0	0	0	0	0
Fluid Added Gal / Qts	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Fluid Status	Sampled	Sampled	Sampled	Sampled	Sampled
Filter Changed	Unknown	Unknown	Unknown	Unknown	Unknown
Bacteria/Fungi	Negative	Negative	Negative	Negative	Negative
Water/Sediment	<0.05	<0.05	<0.05	<0.05	<0.05
Fuel Color	Red	Red	Red	Red	Red
Fuel Clarity	Clear	Clear	Clear	Clear	Clear
Visible Oil	None	None	None	None	None
Debris	None	None	None	None	None



COMPLETE FLUID ANALYSIS
888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT SR4B

Unit/Serial

CER00941/CER00941

Compartment

Diesel Fuel

Fluid Type

#2

WO / Reference

919054

Current Interpretation

Testing and specifications are in accordance to ASTM D975-Standard for Diesel Fuel. All readings are within specification. Resample at normal interval.

801 W Prospector Place #5

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

Interpretation from sample # 702220210603 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

Location: 801 W Prospector Pl #5

Interpretation from sample # 701620201210 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

Location: 801 W Prospector Lincoln NE

Interpretation from sample # 701620191210 (Normal)

All readings are within specification. Resample at normal interval.

801 W PROSPECTOR PL #5

Interpretation from sample # 700120180830 (Normal)

All readings are within specification. Resample at normal interval.

801 W Prospector Pl #5



Control # 024320220601 021220210604 016820201209 009820191212

Date Taken	05/19/2022	05/19/2021	11/25/2020	11/25/2019
Service Meter Reading	716	670	654	613
Fluid Run Time	46	16	35	57
Fluid Added Gal / Qts	10 / 0	10 / 0	0 / 0	10 / 0
Fluid Status	Changed	Changed	Changed	Changed
Filter Changed	Yes	Yes	Yes	Yes
Chrome (CR)	0	0	0	0
Copper (CU)	3	1	2	3
Iron (FE)	2	1	0	3
Lead (PB)	1	1	0	3
Tin (SN)	0	0	0	0
Aluminum (AL)	0	0	0	1
Silicon (SI)	2	3	2	3
Antimony (SB)	0	0	0	0
Barium (BA)	0	0	0	0
Potassium (K)	3	2	0	4
Boron (B)	1	1	1	4
Cadmium (CD)	0	0	0	0
Calcium (CA)	1131	1055	1214	1828
Magnesium (MG)	1022	963	944	380
Moly (MO)	59	62	71	56
Nickel (NI)	0	0	0	0
Manganese (MN)	0	0	0	0
Phosphorus (P)	1021	1073	1117	1055
Silver (AG)	0	0	0	0
Sodium (NA)	4	2	2	0
Titanium (TI)	0	0	0	0
Vanadium (V)	0	0	0	0
Zinc (ZN)	1323	1284	1336	1214
Visc 100°C	13.8	14.5	0.0	12.8
Water	Negative	Negative	Positive	Negative
Fuel	Negative	Negative	Negative	Negative
Anti-Freeze	Negative	Negative	Negative	Negative
Soot	1	2	2	1
Oxidation	15	13	14	14
Nitration	6	5	5	5
Sulfation	18	18	18	18



Testing Performed by Titan Laboratories*

COMPLETE FLUID ANALYSIS

888-591-4758

9052 Yosemite St, Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT SR4B

Unit/Serial

CER00941/CER00941

Compartment

Diesel Engine

Fluid Type

CAT 15W40

WO / Reference

919054

Current Interpretation

** Fluid Time Calculated** All readings appear to be within normal range. Resample at the normal interval.

801 W Prospector Place #5

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310

Attn: Fluid Analysis

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Interpretation from sample # 021220210604 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROSPECTOR

Interpretation from sample # 016820201209 (Critical)

Sample shows excessive water. Unable to run viscosity due to excessive water. Check to see if sample was taken hot. Check for abnormal noise/performance. Resample in 30 days.

801 w prospector

Interpretation from sample # 009820191212 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROSPECTOR PL #5



Oil Testing
Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Fuel Testing
Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Coolant Testing
Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity (µS/cm) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER # 5 MAKE CATERPILLAR TYPE _____
CONTACT: BEVAN FLYNN SERIAL CER00941 DATE 8/16/2022
PHONE: 402-309-3231 MODEL SR4B HRS 724
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG01407 MODEL CTS
MAKE CATERPILLAR SERIAL TSG01404 MODEL CTS
MAKE CATERPILLAR SERIAL TSG0171313 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK 3/4
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL N/A
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP. OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETS OK

(2) LUBRICATION

CHECK (A) LEAKS OK NONE FOUND
* (B) ENGINE OIL LEVEL OK WITHIN SPECIFICATIONS
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK 45 PSI
* (G) OIL PRESSURE OK 180 F
* (H) WATER TEMPERATURE OK
* (I) DC ALTERNATOR OK
* (1) VOLTS OK 27.55 V
* (2) AMPS OK 3 A
* CHANGE (J) AIR CLEANER OK
* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
* (B) COOLANT LEVEL OK FULL
* (C) FREEZE POINT OK -45 DEGREES
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK OPERATIONAL
* (F) BLOCK HEATER OK
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 10
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 480 L-N 277
* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS OK
* LINEAR MOTORS ACTUATION N/A
* A'S Battery Requested Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAYS N/A
* (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 28.76V .5A
* (1) FLOAT OK
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINALS/CABLES OK CLEAN TIGHT
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST OK PASSED
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
** Additional cost if needed or specified.

Comments:

PERFORMED QUARTERLY INSPECTION UNIT HAS FOUR ATS, 4TH M/N CTS S/N TSG01714
60 MILES JOB # 920165

Customer Signature _____ 3E Signature _____ Date 8/16/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG #5 MAKE CAT TYPE quarterly
 CONTACT: BEVAN SERIAL CER00941 DATE 2/15/22
 PHONE: _____ MODEL SR4B HRS 707
 ADDRESS 801 W. PROSPECTOR TECH ANDRE
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TSG01404 MODEL CTS
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A
 * (E) TRANSFER PUMP N/A
 * (F) MAIN TANK LEVEL PASS 95%
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP PASS
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER PASS
 * CHANGE (L) WATER SEPARATOR PASS
 * TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 * (1) OVERCRANK PASS
 * (2) HIGH WATER TEMP. N/A
 * (3) LOW OIL PRESSURE PASS
 * (4) OVERSPEED N/A
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS PASS
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE PASS 78
 * (H) WATER TEMPERATURE PASS 176
 * (I) DC ALTERNATOR PASS
 * (1) VOLTS 27
 * (2) AMPS 23
 ** CHANGE: (J) AIR CLEANER N/A
 ** TORQUE: (K) BOLTS N/A

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT PASS-40F
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS PASS
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI PASS
 * (M) RADIATOR CAP PSI PASS
 * CHANGE: (N) WATER FILTER N/A
 ** CHANGE: (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 * (1) STATOR PASS
 * (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE PASS 277/480
 * (J) HERTZ PASS 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP N/A
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS TUESDAYS @ 1

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS BATTERY DATE 08/2018
 * (1) FLOAT 26.6
 * (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL PASS
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY PASS
 * (1) HIGH 1300
 * (2) LOW 1300
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A NO LOAD
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ N/A
 * (D) CB CONNECTIONS N/A
 * (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified

Comments:

Completed quarterly inspection, no issues found

j# 9745 2.5 hrs 43 miles

Customer Signature _____

3E Signature Andre

Date 2/15/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG ENTER # 5 MAKE CATERPILLAR TYPE _____
 CONTACT: BEVAN FLYNN SERIAL CER00941 DATE 5/19/2022
 PHONE: 402-309-3231 MODEL SR4B HRS 716
 ADDRESS 801 W PROPECTOR PLACE TECH ELPERT BROWN
 CITY LINCOLN , NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG03541 MODEL CTS
 MAKE CATERPILLAR SERIAL TSG03540 MODEL CTS
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
 * (B) LINES/CONNECTIONS OK
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A
 * (E) TRANSFER PUMP OK
 * (F) MAIN TANK LEVEL OK
 * (G) VENT/OVERFLOW OK
 * (H) WATER IN FUEL OK
 * (I) INJECTION PUMP OK
 * (J) SOLENOID VALVE OK
 * CHANGE (K) FUEL FILTER OK
 * CHANGE (L) WATER SEPARATOR OK
 * TEST (M) FUEL SAMPLE OK

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
 * (B) INSTRUMENTATION OK
 * (C) SAFETIES SHUTDOWNS OK
 * (1) OVERCRANK OK
 * (2) HIGH WATER TEMP OK
 * (3) LOW OIL PRESSURE OK
 * (4) OVERSPEED OK
 * (D) ALARMS OK
 * (E) PREALARMS OK
 * (F) CIRCUIT BREAKERS OK
 * (G) FUSES OK
 * CHECK (H) INSULATION DAMAGE OK
 CLEAN (I) CABINETS OK

(2) LUBRICATION

CHECK (A) LEAKS OK
 * (B) ENGINE OIL LEVEL OK
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER OK
 * CHANGE (F) OIL FILTER OK
 * CHANGE (G) ENGINE OIL OK
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
 * (B) VIBRATION OK
 * (C) TIMING OK
 * (D) INJECTORS OK
 * (E) MOUNTING HARDWARE OK
 * (F) AIR INTAKE OK
 * (G) OIL PRESSURE OK
 * (H) WATER TEMPERATURE OK
 * (I) DC ALTERNATOR
 (1) VOLTS _____
 (2) AMPS _____
 ** CHANGE (J) AIR CLEANER OK
 ** TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
 * (B) COOLANT LEVEL OK
 * (C) FREEZE POINT OK -45
 * (D) RADIATOR AIR FLOW OK
 * (E) LOUVER SYSTEMS OK
 * (F) BLOCK HEATER OK
 * (G) WATER PUMP OK
 * (H) HOSES OK
 * (I) BELTS OK
 * (J) FAN HUB OK
 * (K) PULLEYS OK
 * (L) RADIATOR PSI OK
 * (M) RADIATOR CAP PSI OK 7 PSI
 * CHANGE (N) WATER FILTER OK
 ** CHANGE (O) ANTIFREEZE OK

(8) GENERATOR

CHECK (A) ROTOR OK
 * (B) STATOR OK
 * (C) EXCITOR OK
 * (1) STATOR OK
 * (2) ROTOR OK
 * (D) BEARINGS (IR) OK
 * (E) DIODES OK
 * (F) AIR FLOW OK
 * (G) VOLTAGE REGULATOR OK
 * TEST (H) FEED BREAKER OK
 RECORD (I) VOLTAGE OK L-L 480VAC L-N 277VAC
 * (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
 * (B) CONDENSATION TRAP OK
 * (C) INSULATION OK
 * (D) RESTRICTION OK
 * (E) RAINCAP OK
 CHECK (F) HANGERS/SUPPORT OK
 * (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A
 LINEAR MOTORS ACTUATION N/A
 ATS Battery Replaced Y or N N/A
 * (B) SIMULATE POWER N/A
 * FAILURE (C) TIME DELAYS N/A
 * (D) CLOCK EXERCISER OK WED 1:30PM - 2:04PM

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 27VDC 30A
 (1) FLOAT OK
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A
 * (C) TERMINALS/CABLES OK
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST OK
 CLEAN (G) CORROSION OK

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
 * (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ N/A
 * (D) CB CONNECTIONS N/A
 * (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
 * (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
 ** Additional cost if needed as specified.

Comments:

USED 10 GALLONS KOHLER 15W-40 OIL, OIL FILTER 1792, USED 2 FUEL FILTERS 3780 & 3674 60 MILES JOB NUMBER 919053

COLLECTED OIL, FUEL, AND COOLANT SAMPLES JOB NUMBER 919054

Customer Signature _____ 3E Signature _____ Date 5/19/2022

Control # 320820220601

Date Taken 05/23/2022

Service Meter Reading 41

Fluid Run Time 41

Fluid Added Gal / Qts 0 / 0

Fluid Status Sampled

Filter Changed Unknown

Copper (CU) 0

Iron (FE) 0

Lead (PB) 0

Tin (SN) 0

Aluminum (AL) 9

Silicon (SI) 39

Potassium (K) 742

Boron (B) 0

Calcium (CA) 0

Magnesium (MG) 0

Moly (MO) 576

Phosphorus (P) 2

Sodium (NA) 3480

Zinc (ZN) 0

Freeze Point °F -40.0

Ph 8.6

Nitrites 1600

% Glycol 52

Conductivity 3620

Foam None

Coolant Color RED

Visible Oil None

Debris None



COMPLETE FLUID ANALYSIS

888-591-4758

9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT DSG00GC

Unit/Serial

CAT0DS00TRKS001/CAT0DS00TRKS001...

Compartment

Coolant

Fluid Type

ELC

WO / Reference

919083

Current Interpretation

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Place #10

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310

Attn: Fluid Analysis

Oil Testing

Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Coolant Testing

Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity ($\mu\text{S}/\text{cm}$) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method

Fuel Testing

Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Control # 700120220602

Date Taken 05/23/2022

Service Meter Reading 0

Fluid Run Time 0

Fluid Added Gal / Qts 0 / 0

Fluid Status Sampled

Filter Changed Unknown

Bacteria/Fungi Negative

Water/Sediment <0.05

Fuel Color Red

Fuel Clarity Clear

Visible Oil None

Debris None



COMPLETE FLUID ANALYSIS
888-591-4758
9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT DSG00GC

Unit/Serial

CAT0DS00TRKS001/CAT0DS00TRKS001...

Compartment

Diesel Fuel

Fluid Type

#2

WO / Reference

919083

Current Interpretation

Testing and specifications are in accordance to ASTM D975-Standard for Diesel Fuel. All readings are within specification. Resample at normal interval.

801 W Prospector Place #10

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310

Attn: Fluid Analysis

Oil Testing

Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Coolant Testing

Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity ($\mu\text{S}/\text{cm}$) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method

Fuel Testing

Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Control # 024220220601

Date Taken 05/23/2022

Service Meter Reading 41

Fluid Run Time 41

Fluid Added Gal / Qts 15 / 0

Fluid Status Changed

Filter Changed Yes

Chrome (CR) 0

Copper (CU) 17

Iron (FE) 12

Lead (PB) 5

Tin (SN) 0

Aluminum (AL) 2

Silicon (SI) 23

Antimony (SB) 0

Barium (BA) 11

Potassium (K) 4

Boron (B) 78

Cadmium (CD) 0

Calcium (CA) 1829

Magnesium (MG) 578

Moly (MO) 56

Nickel (NI) 1

Manganese (MN) 4

Phosphorus (P) 1096

Silver (AG) 0

Sodium (NA) 7

Titanium (TI) 0

Vanadium (V) 0

Zinc (ZN) 1278

Visc 100°C 10.6

Water Negative

Fuel Negative

Anti-Freeze Negative

Soot 1

Oxidation 19

Nitration 5

Sulfation 22



Testing Performed by Titan Laboratories

COMPLETE FLUID ANALYSIS

888-591-4758

9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT DSG00GC

Unit/Serial

CAT0DS00TRKS001/CAT0DS00TRKS001...

Compartment

Diesel Engine

Fluid Type

CAT

WO / Reference

N/A

Current Interpretation

Data shows normal break-in wear.
Resample at normal interval.

801 W Prospector Place #10

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310

Attn: Fluid Analysis

Oil Testing

Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Coolant Testing

Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity ($\mu\text{S}/\text{cm}$) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method

Fuel Testing

Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER # 10 MAKE CATERPILLAR TYPE _____
CONTACT: BEVAN FLYNN SERIAL FTE04110 DATE 8/16/2022
PHONE: 402-309-3231 MODEL C15 HRS 52
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE TRYSTAR SERIAL 1121870001-06/2021 MODEL TMTS-085W-LLM-ACDS
MAKE CATERPILLAR SERIAL TSG06004 MODEL CTS
MAKE CATERPILLAR SERIAL TSG05470 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK 45%
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL N/A
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP. OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETY OK

(2) LUBRICATION

CHECK (A) LEAKS OK
* (B) ENGINE OIL LEVEL OK
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK 89 PSI
* (G) OIL PRESSURE OK 185 F
* (H) WATER TEMPERATURE OK
* (I) DC ALTERNATOR OK
* (1) VOLTS OK 27.4
* (2) AMPS OK
* CHANGE (J) AIR CLEANER OK
* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
* (B) COOLANT LEVEL OK FULL
* (C) FREEZE POINT OK -45
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK OPERATIONAL
* (F) BLOCK HEATER OK OPERATIONAL
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 10
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(6) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 480 L-N 277
* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(8) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A
* LINEAR MOTORS ACTUATION N/A
* ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAY N/A
* (D) CLOCK EXERCISER OK 1:15PM WED

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 28.9 V
* (1) FLOAT OK
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINALS/CABLES OK CLEAN AND TIGHT
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST OK PASSED
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
** Additional cost if needed or specified

Comments:

PERFORMED QUARTERLY INSPECTION

5 MILES JOB # 920166

Customer Signature _____

3E Signature _____

Date 8/16/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Lincoln reg #10 MAKE Cat TYPE quarterly
 CONTACT: Bevan SERIAL CAT0D500TRK500126 DATE 2/16/22
 PHONE: _____ MODEL D500GC HRS 31.42
 ADDRESS 801 W PROSPECTOR #10 TECH Andre
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TSG06004 MODEL CTS
 MAKE CAT SERIAL TSG05470 MODEL CTS
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A
 * (E) TRANSFER PUMP N/A
 * (F) MAIN TANK LEVEL 7/8 FULL
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP PASS
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER PASS
 * CHANGE (L) WATER SEPARATOR PASS
 * TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 (1) OVERCRANK N/A ECM
 (2) HIGH WATER TEMP N/A ECM
 (3) LOW OIL PRESSURE N/A ECM
 (4) OVERSPEED N/A ECM
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS PASS
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE 21
 * (H) WATER TEMPERATURE 158
 * (I) DC ALTERNATOR PASS
 (1) VOLTS 27.4
 (2) AMPS 2.2
 ** CHANGE (J) AIR CLEANER PASS
 ** TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT _____
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS PASS
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI PASS
 * (M) RADIATOR CAP PSI PASS TO PSI
 * CHANGE (N) WATER FILTER PASS
 ** CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 (1) STATOR PASS
 (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE 277/ABD
 * (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS PASS
 LINEAR MOTORS ACTUATION PASS
 MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER WITH LOAD WED 1:15-1:45

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS
 (1) FLOAT 20.8
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A MAINTENANCE FREE
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY PASS
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ 60
 * (D) CB CONNECTIONS PASS
 * (E) UNIT LOADED PASS

(12) EPSS

CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified

Comments:

Completed quarterly inspection on new unit that replaced old cat in building 10, noted covers missing on housing fire suppression sys
 J# 9746 43 miles 2.5 hrs

Customer Signature _____ 3E Signature Andre P. Mancato Date 2/16/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER # 10 MAKE CATERPILLAR TYPE _____
CONTACT: BEVAN FLNN SERIAL CAT0D500TRK500126 DATE 5/23/2022
PHONE: 402-309-3231 MODEL DG500GC HRS 41
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN
CITY LINCOLN NEBRASKA

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG06004 MODEL CTS
MAKE CATERPILLAR SERIAL TSG05470 MODEL CTS
MAKE TRYSTAR SERIAL 1121870001 MODEL TMTS-085W-LLM-ACDS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS 919083
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK FULL
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL OK NONE FOUND
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER OK
* CHANGE (L) WATER SEPARATOR OK
* TEST (M) FUEL SAMPLE OK

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
(1) OVERCRANK OK
(2) HIGH WATER TEMP OK
(3) LOW OIL PRESSURE OK
(4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETY OK

(2) LUBRICATION

CHECK (A) LEAKS OK
* (B) ENGINE OIL LEVEL OK
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER OK
* CHANGE (G) ENGINE OIL OK
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 88PSI
* (H) WATER TEMPERATURE OK 180 DEGREES
* (I) DC ALTERNATOR OK
(1) VOLTS OK 27.1
(2) AMPS OK 1.7
* CHANGE (J) AIR CLEANER OK
** TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
* (B) COOLANT LEVEL OK
* (C) FREEZE POINT OK -45
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK
* (F) BLOCK HEATER OK
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 10PSI
* CHANGE (N) WATER FILTER OK
** CHANGE (O) ANTIFREEZE OK

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
(1) STATOR OK
(2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 450 L-N 277
* (J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A
LINEAR MOTORS ACTUATION N/A
ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAYS N/A
* (D) CLOCK EXERCISER OK EACH WEEK WEDNESDAY

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 27VDC
(1) FLOAT OK
(2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINALS/CABLES OK
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
(1) HIGH N/A
(2) LOW N/A
* (F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
** Additional cost if needed or specified.

Comments:

USED 15 GALLONS KOHLER 15W-40 O/F 1R-1808 F/F 1R-0749 FWS/F 326-1641 JOB NUMBER 919082 110 COLLECTED SAMPLES JOB # 919083

Customer Signature _____

3E Signature _____

Date 5/23/2022

Control #	320520220601	320120210526	310220201229	308120191218
Date Taken	05/19/2022	05/24/2021	11/23/2020	11/26/2019
Service Meter Reading	1308	1276	1256	1224
Fluid Run Time	1308	2	0	0
Fluid Added Gal / Qts	0 / 0	0 / 0	0 / 0	0 / 0
Fluid Status	Sampled	Changed	Sampled	Sampled
Filter Changed	Unknown	Unknown	Unknown	No
Copper (CU)	0	0	0	1
Iron (FE)	0	0	0	0
Lead (PB)	0	0	0	9
Tin (SN)	0	1	3	3
Aluminum (AL)	0	1	0	2
Silicon (SI)	148	202	0	17
Potassium (K)	2532	2319	624	306
Boron (B)	0	0	313	337
Calcium (CA)	0	0	0	2
Magnesium (MG)	0	0	0	0
Moly (MO)	79	117	8	17
Phosphorus (P)	0	74	0	0
Sodium (NA)	1001	751	1185	1555
Zinc (ZN)	0	0	0	0
Freeze Point °F	-37.0	-38.0	-38.0	-46.0
Ph	8.5	8.4	9.4	9.5
Nitrites	0	0	1600	1600
% Glycol	51	51	51	54
Conductivity	3520	3470	2355	2145
Foam	None	None	None	None
Coolant Color	BLUE	BLUE	PINK	PINK
Visible Oil	None	None	None	None
Debris	None	None	None	None



COMPLETE FLUID ANALYSIS
888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1
 08/24/2022

Make / Model

ONAN 115.OWA

Unit/Serial

E850761997/E850761977

Compartment

Coolant

Fluid Type

ELC

WO / Reference

919081

Current Interpretation

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Place #11

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

This analysis is intended as an aid in predicting mechanical wear. No guarantee, expressed or implied, is made against failure of this component.

Interpretation from sample # 320120210526 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector- New radiator and hoses

Interpretation from sample # 310220201229 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Pl 11

Interpretation from sample # 308120191218 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W PROSPECTOR



Control #	028620220601	038920210525	007220201222
Date Taken	05/19/2022	05/23/2021	11/23/2020
Service Meter Reading	1308	1275	1256
Fluid Run Time	1308	35	33
Fluid Added Gal / Qts	0 / 18	0 / 0	0 / 18
Fluid Status	Changed	Sampled	Changed
Filter Changed	Yes	Unknown	Yes
Chrome (CR)	†	†	†
Copper (CU)	8	†	2
Iron (FE)	5	6	5
Lead (PB)	2	2	2
Tin (SN)	0	0	0
Aluminum (AL)	†	2	†
Silicon (SI)	2	3	3
Antimony (SB)	2	0	0
Barium (BA)	0	0	0
Potassium (K)	†	2	2
Boron (B)	172	199	183
Cadmium (CD)	0	0	0
Calcium (CA)	1103	1266	1385
Magnesium (MG)	559	381	394
Moly (MO)	73	42	42
Nickel (NI)	†	0	0
Manganese (MN)	0	0	0
Phosphorus (P)	706	702	714
Silver (AG)	0	0	0
Sodium (NA)	7	†	0
Titanium (TI)	0	0	0
Vanadium (V)	0	0	0
Zinc (ZN)	844	812	852
Visc 100°C	10.2	10.4	12.2
Water	Negative	Negative	Negative
Anti-Freeze	Negative	Negative	Negative
Oxidation	7	8	8
Nitration	5	5	5
Sulfation	15	16	15



COMPLETE FLUID ANALYSIS
888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Reportable

1 of 1
 08/24/2022

Make / Model

ONAN 115.OWA

Unit/Serial

E850761997/E850761977

Compartment

Natural Gas Engine

Fluid Type

MAG 1 10W40

WO / Reference

919081

Current Interpretation

Oil is thinner than normal. Verify viscosity in use. Check for excessive idling. All other data is normal. Resample at half the normal interval.

801 W Prospector Place #11

0000025002-00 Nebraska
 LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

This analysis is intended as an aid in predicting mechanical wear. No guarantee, expressed or implied, is made against failure of this component.

Interpretation from sample # 038920210525 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROPSECTOR

Interpretation from sample # 007220201222 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W Prospector #11



Oil Testing
Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Fuel Testing
Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Coolant Testing
Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity (µS/cm) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER # 11 MAKE ONAN TYPE _____
 CONTACT: BEVAN FLYNN SERIAL E850761977 DATE 8/15/2022
 PHONE: 402-309-3231 MODEL 115.OWA-15R/25122L HRS 1316.2
 ADDRESS 801 W PROPECTOR PLACE TECH ELPERT BROWN
 CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL A830647440 MODEL OTBCA400-5DU73103E
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
 * (B) LINES/CONNECTIONS OK
 * (C) DAYTANK LEVEL N/A
 * (D) DAYTANK OPERATION N/A
 * (E) TRANSFER PUMP OK
 * (F) MAIN TANK LEVEL OK
 * (G) VENT/OVERFLOW OK
 * (H) WATER IN FUEL OK
 * (I) INJECTION PUMP OK
 * (J) SOLENOID VALVE OK
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATOR N/A
 * TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
 * (B) INSTRUMENTATION OK
 * (C) SAFETIES SHUTDOWNS OK
 (1) OVERCRANK OK
 (2) HIGH WATER TEMP OK
 (3) LOW OIL PRESSURE OK
 (4) OVERSPEED OK
 * (D) ALARMS OK
 * (E) PREALARMS OK
 * (F) CIRCUIT BREAKERS OK
 * (G) FUSES OK
 * CHECK (H) INSULATION DAMAGE OK
 CLEAN (I) CABINETY OK

(2) LUBRICATION

CHECK (A) LEAKS OK
 * (B) ENGINE OIL LEVEL OK
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER OK
 * CHANGE (F) OIL FILTER N/A
 * CHANGE (G) ENGINE OIL N/A
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
 * (B) VIBRATION OK
 * (C) TIMING OK
 * (D) INJECTORS OK
 * (E) MOUNTING HARDWARE OK
 * (F) AIR INTAKE OK
 * (G) OIL PRESSURE OK 45 PSI
 * (H) WATER TEMPERATURE OK 175 F
 * (I) DC ALTERNATOR OK
 (1) VOLTS OK 14.1V
 (2) AMPS OK 2A
 ** CHANGE (J) AIR CLEANER N/A
 ** TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
 * (B) COOLANT LEVEL OK
 * (C) FREEZE POINT OK -45
 * (D) RADIATOR AIR FLOW OK
 * (E) LOUVER SYSTEMS OK OPERATIONAL
 * (F) BLOCK HEATER OK
 * (G) WATER PUMP OK
 * (H) HOSES OK
 * (I) BELTS OK
 * (J) FAN HUB OK
 * (K) PULLEYS OK
 * (L) RADIATOR PSI OK
 * (M) RADIATOR CAP PSI OK 7 PSI
 * CHANGE (N) WATER FILTER OK
 ** CHANGE (O) ANTIFREEZE OK

(8) GENERATOR

CHECK OK OPERATIONAL
 * (A) ROTOR OK
 * (B) STATOR OK
 * (C) EXCITOR OK
 (1) STATOR OK
 (2) ROTOR OK
 * (D) BEARINGS (IR) OK
 * (E) DIODES OK
 * (F) AIR FLOW OK
 * (G) VOLTAGE REGULATOR OK
 * TEST (H) FEED BREAKER OK
 RECORD (I) VOLTAGE OK L-L 240 L-N 120 L-2-N 208
 * (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
 * (B) CONDENSATION TRAP OK
 * (C) INSULATION OK
 * (D) RESTRICTION OK
 * (E) RAINCAP OK
 CHECK (F) HANGERS/SUPPORT OK
 * (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS OK
 LINEAR MOTORS ACTUATION N/A
 ATS Battery Replaced Y or N N/A
 * (B) SIMULATE POWER N/A
 * FAILURE (C) TIME DELAY N/A
 * (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 13.09 V
 (1) FLOAT OK
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A
 * (C) TERMINALS/CABLES OK
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST OK
 CLEAN (G) CORROSION OK

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
 * (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ N/A
 * (D) CB CONNECTIONS N/A
 * (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
 * (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified

Comments:

PERFORMED QUARTERLY INSPECTION

60 MILES JOB # 920167

Customer Signature _____

3E Signature _____

Date 8/15/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG #11 MAKE ONAN TYPE quarterly
 CONTACT: _____ SERIAL E850761997 DATE 2-15-22
 PHONE: _____ MODEL 11530WA-15R25122L HRS 1300.9
 ADDRESS 801 W PROSPECTOR TECH ANDRE
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES
 MAKE ONAN SERIAL A830647440 MODEL OTBCA400-5DU/3103
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM
 CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A NATURAL GAS
 * (E) TRANSFER PUMP N/A
 * (F) MAIN TANK LEVEL N/A
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP N/A
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATOR N/A
 * TEST (M) FUEL SAMPLE N/A

(2) LUBRICATION
 CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL PASS
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL PASS
 * TEST (I) OIL SAMPLE N/A

(3) COOLING SYSTEM
 CHECK (A) LEAKS MINOR COOLANT MANIFOLD
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT PASS -45F
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS PASS
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI PASS
 * (M) RADIATOR CAP PSI PASS 10 PSI
 * CHANGE (N) WATER FILTER PASS
 * CHANGE (O) ANTIFREEZE PASS

(4) EXHAUST SYSTEM
 CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION N/A
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(5) BATTERY SYSTEMS
 CHECK (A) CHARGER VOLTAGE PASS
 (1) FLOAT 13.1
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A Maintenance free
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(6) ELECTRICAL SYSTEM
 CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 (1) OVERCRANK PASS
 (2) HIGH WATER TEMP PASS
 (3) LOW OIL PRESSURE PASS
 (4) OVERSPEED N/A
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(7) PRIME MOVER
 CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS N/A
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE 45
 * (H) WATER TEMPERATURE 180 180
 * (I) DC ALTERNATOR PASS
 (1) VOLTS 14.4
 (2) AMPS 4.0
 ** CHANGE (J) AIR CLEANER PASS
 ** TORQUE (K) BOLTS PASS

(8) GENERATOR
 CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 (1) STATOR PASS
 (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE 120-240 WITH WILD.B.I.R.C. 2DR
 (J) HERTZ 60

(9) AUTOMATIC TRANSFER SWITCHES
 CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS

(10) GENERAL CONDITION - EPSS
 CHECK (A) UNUSUAL/UNSAFE PASS
 (B) HOUSEKEEPING PASS
 (11) LOAD TEST
 RECORD (A) AMPERAGE/LEG N/A NO LOAD
 (B) VOLTAGE/LEG N/A
 (C) HERTZ 60
 (D) CB CONNECTIONS PASS
 (E) UNIT LOADED PASS
 (12) EPSS
 CHECK (A) EPS IN AUTO? YES
 (B) BREAKER CLOSED? YES

* As needed specified or during annual inspection only
** Additional cost if needed or specified

Comments: Completed quarterly inspection. MORNOR COOLANT LEAK COOLANT MANIFOLD. During last load test by staff, boiler had issues. Checked voltage and phase rotation at transfer switch, no issues found. J#9744 43 miles 2.5 hrs

Customer Signature _____ 3E Signature Andre Date 2/15/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER# 11 MAKE ONAN GENSET TYPE _____
CONTACT: BEVAN FLYNN SERIAL E850761977 DATE 5/19/2022
PHONE: 402-309-3231 MODEL 115.0WA-15R/25122L HRS 1308.6
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN JR
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN TRANSFER SWITCH SERIAL A830647440 MODEL OTBCA400-5DU73103E
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK	(A) FUEL LEAKS	OK
*	(B) LINES/CONNECTIONS	OK
*	(C) DAYTANK LEVEL	N/A
*	(D) DAYTANK OPERATION	N/A
*	(E) TRANSFER PUMP	N/A
*	(F) MAIN TANK LEVEL	N/A
*	(G) VENT/OVERFLOW	N/A
*	(H) WATER IN FUEL	N/A
*	(I) INJECTION PUMP	OK
*	(J) SOLENOID VALVE	OK
* CHANGE	(K) FUEL FILTER	N/A
* CHANGE	(L) WATER SEPARATOR	N/A
* TEST	(M) FUEL SAMPLE	N/A

(6) ELECTRICAL SYSTEM

CHECK	(A) WIRING CONNECTIONS	OK
*	(B) INSTRUMENTATION	OK
*	(C) SAFETIES SHUTDOWNS	OK
*	(1) OVERCRANK	OK
*	(2) HIGH WATER TEMP	OK
*	(3) LOW OIL PRESSURE	OK
*	(4) OVERSPEED	OK
*	(D) ALARMS	OK
*	(E) PREALARMS	OK
*	(F) CIRCUIT BREAKERS	OK
*	(G) FUSES	OK
* CHECK	(H) INSULATION DAMAGE	OK
CLEAN	(I) CABINETRY	OK

(2) LUBRICATION

CHECK	(A) LEAKS	OK
*	(B) ENGINE OIL LEVEL	OK
*	(C) OIL HEATER	N/A
*	(D) GOVERNOR OIL LEVEL	N/A
*	(E) CRANKCASE BREATHER	OK
* CHANGE	(F) OIL FILTER	OK
* CHANGE	(G) ENGINE OIL	OK
* CHANGE	(H) GOVERNOR OIL	N/A
* TEST	(I) OIL SAMPLE	OK

(7) PRIME MOVER

CHECK	(A) GOVERNOR OPERATION	OK
*	(B) VIBRATION	OK
*	(C) TIMING	OK
*	(D) INJECTORS	OK
*	(E) MOUNTING HARDWARE	OK
*	(F) AIR INTAKE	OK
*	(G) OIL PRESSURE	OK
*	(H) WATER TEMPERATURE	OK
*	(I) DC ALTERNATOR	OK
*	(1) VOLTS	OK 13.9VDC
*	(2) AMPS	OK 2A
** CHANGE	(J) AIR CLEANER	OK
** TORQUE	(K) BOLTS	OK

(3) COOLING SYSTEM

CHECK	(A) LEAKS	OK
*	(B) COOLANT LEVEL	OK
*	(C) FREEZE POINT	OK -35
*	(D) RADIATOR AIR FLOW	OK
*	(E) LOUVER SYSTEMS	OK
*	(F) BLOCK HEATER	OK
*	(G) WATER PUMP	OK
*	(H) HOSES	OK
*	(I) BELTS	OK
*	(J) FAN HUB	OK
*	(K) PULLEYS	OK
*	(L) RADIATOR PSI	OK
*	(M) RADIATOR CAP PSI	OK 7 PSI
* CHANGE	(N) WATER FILTER	N/A
** CHANGE	(O) ANTIFREEZE	N/A

(8) GENERATOR

CHECK	(A) ROTOR	OK
*	(B) STATOR	OK
*	(C) EXCITOR	OK
*	(1) STATOR	OK
*	(2) ROTOR	OK
*	(D) BEARINGS (IR)	OK
*	(E) DIODES	OK
*	(F) AIR FLOW	OK
*	(G) VOLTAGE REGULATOR	OK
* TEST	(H) FEED BREAKER	OK
RECORD	(I) VOLTAGE	OK
*	(J) HERTZ	OK 60HZ

(4) EXHAUST SYSTEM

CHECK	(A) LEAKS	OK
*	(B) CONDENSATION TRAP	OK
*	(C) INSULATION	OK
*	(D) RESTRICTION	OK
*	(E) RAINGAP	OK
CHECK	(F) HANGERS/SUPPORT	OK
*	(G) FLEX SECTIONS	OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK	(A) ATS, CONTACTS	N/A
*	LINEAR MOTORS ACTUATION	N/A
*	ATS Battery Replaced Y or N	N/A
*	(B) SIMULATE POWER	N/A
*	FAILURE (C) TIME DELAYS	N/A
*	(D) CLOCK EXERCISER	OK WED 1:30PM-2:04PM

(5) BATTERY SYSTEMS

CHECK	(A) CHARGER VOLTAGE	OK 13.9VDC 2A
*	(1) FLOAT	OK
*	(2) EQUALIZE	N/A
*	(B) ELECTROLYTE LEVEL	N/A
*	(C) TERMINALS/CABLES	OK
*	(D) BLANKET HEATER	N/A
*	(E) SPECIFIC GRAVITY	N/A
*	(1) HIGH	N/A
*	(2) LOW	N/A
*	(F) LOAD TEST	OK
CLEAN	(G) CORROSION	OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK	(A) UNUSUAL/UNSAFE	OK
*	(B) HOUSEKEEPING	OK

(11) LOAD TEST

RECORD	(A) AMPERAGE/LEG	N/A
*	(B) VOLTAGE/LEG	N/A
*	(C) HERTZ	N/A
*	(D) CB CONNECTIONS	N/A
*	(E) UNIT LOADED	N/A

(12) EPSS

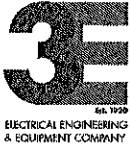
CHECK	(A) EPS IN AUTO?	OK
*	(B) BREAKER CLOSED?	OK

* As needed specified on during Annual Inspection only
** Additional cost if needed or special

Comments:

USED 18 QUARTS 10W-40 OIL, OIL FILTER 1758 JOB NUMBER 919080 50 MILES
COLLECTED OIL, AND COOLANT SAMPLES JOB NUMBER 919081

Customer Signature _____ 3E Signature _____ Date 5/19/2022



3E GENERATOR SHOP
 7402 L STREET
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
05/26/22	919080-00
PO. NO.	PAGE #
REG CENTER #11	1

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				05/26/22		07/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 5/19/22 ANNUAL SERVICE & INSPECTION	1	0	1	E	590.00	590.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1	0	1	E	0.00	0.00	
3	7300MILEAGE MILEAGE	50	0	50	E	0.00	0.00	
4	7000OIL10W40 10W40 OIL	18	0	18	E	0.00	0.00	
5	70001758 1758 OIL FILTER	1	0	1	E	0.00	0.00	
5	Lines Total	Qty Shipped Total		71	Total	Invoice Total		590.00
							590.00	

Last Page

Cash Discount 0.00 If Paid By 07/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OURTERMS.COM, WHICH WE MAY CHANGE FROM TIME
 TO TIME WITH PRIOR NOTICE.



3E GENERATOR SHOP
 7402 L STREET
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
05/26/22	919081-00
PO. NO.	PAGE #
LINCOLN REG CENTER #11	1

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				SAMPLES			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				05/26/22		07/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	7000OD8011 OD8011 TITAN KIT W/ ANALYSIS (3EOIL)	1	0	1	E	40.00	40.00	
2	7000OD6666 OD6666 COOLANT SAMPLE KIT (3ECOOL)	1	0	1	E	40.00	40.00	
3	EEE LABOR LABOR	1	0	1	E	0.00	0.00	
3	Lines Total	Qty Shipped Total		3	Total	80.00		80.00
						Invoice Total	80.00	

Last Page

Cash Discount 0.00 If Paid By 07/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OURTERMS.COM, WHICH WE MAY CHANGE FROM TIME
 TO TIME WITH PRIOR NOTICE.

Control #	320620220601	307220210609	317820201222	300320191218	309620180905
Date Taken	05/19/2022	05/17/2021	11/23/2020	11/26/2019	08/15/2018
Service Meter Reading	685	637	620	580	527
Fluid Run Time	685	0	70	580	0
Fluid Added Gal / Qts	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Fluid Status	Sampled	Sampled	Sampled	Sampled	Sampled
Filter Changed	Unknown	Unknown	Unknown	Unknown	Unknown
Copper (CU)	0	0	0	1	0
Iron (FE)	0	0	0	0	0
Lead (PB)	0	0	0	3	0
Tin (SN)	0	0	0	0	0
Aluminum (AL)	5	7	9	12	11
Silicon (SI)	11	0	0	25	5
Potassium (K)	2670	2735	2679	4667	1278
Boron (B)	0	0	0	0	0
Calcium (CA)	0	0	0	0	0
Magnesium (MG)	0	0	0	0	0
Moly (MO)	350	395	373	901	715
Phosphorus (P)	0	0	0	0	0
Sodium (NA)	965	952	1017	2357	4031
Zinc (ZN)	0	0	0	0	0
Freeze Point °F	-37.0	-17.0	-36.0	-44.0	-40.0
Ph	8.1	7.9	8.0	8.3	8.7
Nitrites	1600	1200	1200	800	1600
% Glycol	51	42	51	53	52
Conductivity	3830	3920	4000	3670	3560
Foam	None	None	None	None	None
Coolant Color	RED	RED	RED	RED	RED
Visible Oil	None	None	None	None	None
Debris	None	None	None	None	None



COMPLETE FLUID ANALYSIS
 888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT 8R4B

Unit/Serial

AER00540/

Compartment

Coolant

Fluid Type

ELC

WO / Reference

919056

Current Interpretation

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Place #14

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

Interpretation from sample # 307220210609 (Reportable)

Percent glycol is too low for proper protection. All other data is normal. Drain off 1/4 of system and refill with fresh coolant. Resample in three months to monitor system.

801 PROSPECT

Interpretation from sample # 317820201222 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 Prospector Pl #14

Interpretation from sample # 300320191218 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W PROSPECTOR PL. #14

Interpretation from sample # 309620180905 (Normal)

Antifreeze and system are in satisfactory condition. Resample in six months.

801 W Prospector Pl #14

Oil Testing
Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Fuel Testing
Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Coolant Testing
Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity (µS/cm) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method

Control #	700420220602	702320210603	700820201229	701520191210	700220180830
Date Taken	05/18/2022	05/17/2021	11/23/2020	11/26/2019	08/15/2018
Service Meter Reading	0	0	0	0	0
Fluid Run Time	0	0	0	0	0
Fluid Added Gal / Qts	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Fluid Status	Sampled	Sampled	Sampled	Sampled	Sampled
Filter Changed	Unknown	Unknown	Unknown	Unknown	Unknown
Bacteria/Fungi	Negative	Negative	Negative	Negative	Negative
Water/Sediment	<0.05	<0.05	<0.05	<0.05	<0.05
Fuel Color	Red	Red	Red	Red	Red
Fuel Clarity	Clear	Clear	Clear	Clear	Clear
Visible Oil	None	None	None	None	None
Debris	None	None	None	Lt nonmag	None



COMPLETE FLUID ANALYSIS
888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1

08/24/2022

Make / Model

CAT 8R4B

Unit/Serial

AER00540/

Compartment

Diesel Fuel

Fluid Type

#2

WO / Reference

919056

Current Interpretation

Testing and specifications are in accordance to ASTM D975-Standard for Diesel Fuel. All readings are within specification. Resample at normal interval.

801 W Prospector Place #14

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

Interpretation from sample # 702320210603 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

Location: 801 Prospector Pl #14

Interpretation from sample # 700820201229 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

Location: Nebraska

Interpretation from sample # 701520191210 (Reportable)

Sample has a light amount of visible debris. All other data is normal. Please check sampling procedure. Resample at normal interval.

801 W PROSPECTOR PL #14

Interpretation from sample # 700220180830 (Normal)

All readings are within specification. Resample at normal interval.

801 W Prospector Pl #14



Oil Testing
Elements (ppm) ASTM D5185
Oil Condition ASTM E2412
Viscosity @ 100° C (cSt) ASTM D445
Water (est.) Crackle Test
Fuel Dilution (%) ASTM D3828
Antifreeze ASTM D2982
KF Water (ppm) ASTM D6304
Particle Count ISO 4406
Total Acid Number ASTM D664
Total Base Number ASTM 4739
Viscosity @ 40° C (cSt) ASTM D445

Fuel Testing
Bacteria/Mold ASTM D6469
Base Water/Sediment (%) ASTM D2709
Cetane Index ASTM D976
Sulfur (%) ASTM D2622
API Gravity (API deg.) ASTM D4052
Cloud Point (°F) ASTM D2500
Pour Point (°F) ASTM D97
Cold Filter Plug Point (°F) ASTM D6371
Flash-Point (°F) ASTM D93
Distillation (°F) ASTM D86
Bio Fuel (%) ASTM D7371
Particulate (mg/l) ASTM D6217
Ash (%) ASTM D482
Copper Corrosion ASTM D130

Coolant Testing
Elements (ppm) ASTM D6130
pH Mfg. Method
Conductivity (µS/cm) Mfg. Method
Glycol (%) Mfg. Method
Foam In-House Method
Visuals In-House Method
Nitrites (ppm) Mfg. Method

Control #	024120220601	026220210603	020120201229	009920191212	014520180830
Date Taken	05/18/2022	05/17/2021	11/23/2020	11/26/2019	08/28/2018
Service Meter Reading	685	637	620	589	52
Fluid Run Time	48	17	31	53	1
Fluid Added Gal / Qts	20 / 0	20 / 0	20 / 0	20 / 0	0 / 0
Fluid Status	Changed	Changed	Changed	Changed	Changed
Filter Changed	Yes	Yes	Yes	Yes	Yes
Chrome (CR)	0	0	0	0	1
Copper (CU)	6	0	0	1	0
Iron (FE)	2	1	1	2	1
Lead (PB)	1	0	1	0	0
Tin (SN)	0	0	0	0	0
Aluminum (AL)	0	0	0	1	1
Silicon (SI)	2	2	1	3	6
Antimony (SB)	0	0	0	0	3
Barium (BA)	0	0	0	0	0
Potassium (K)	3	2	1	3	5
Boron (B)	1	2	8	44	41
Cadmium (CD)	0	0	0	0	0
Calcium (CA)	1193	1072	1116	1663	1526
Magnesium (MG)	1109	1020	958	779	691
Moly (MO)	70	65	65	62	51
Nickel (NI)	0	0	0	1	0
Manganese (MN)	0	0	0	0	0
Phosphorus (P)	1204	1125	1068	1201	1086
Silver (AG)	0	0	0	0	0
Sodium (NA)	2	4	2	0	0
Titanium (TI)	0	0	0	0	0
Vanadium (V)	0	0	0	0	0
Zinc (ZN)	1426	1327	1266	1396	1255
Visc 100°C	13.6	15.4	13.6	13.8	15.3
Water	Negative	Negative	Negative	Negative	Negative
Fuel	Negative	Negative	Negative	Negative	Negative
Anti-Freeze	Negative	Negative	Negative	Negative	Negative
Soot	1	1	0	2	0
Oxidation	14	13	14	14	14
Nitration	5	5	5	5	5
Sulfation	19	18	18	18	19



COMPLETE FLUID ANALYSIS
 888-591-4758
 9052 Yosemite St., Henderson, CO 80640

Normal

1 of 1
 08/24/2022

Make / Model

CAT 8R4B

Unit/Serial

AER00540/

Compartment

Diesel Engine

Fluid Type

CAT 15W40

WO / Reference

919056

Current Interpretation

** Fluid Time Calculated** All readings appear to be within normal range. Resample at the normal interval.

801 W Prospector Place #14

0000025002-00 Nebraska

LINCOLN REG. CENTER - 200310
 Attn: Fluid Analysis

This analysis is intended as an aid in predicting mechanical wear. No guarantee, expressed or implied, is made against failure of this component.

Interpretation from sample # 026220210603 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 Prospector Pl #14

Interpretation from sample # 020120201229 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROSPECTOR

Interpretation from sample # 009920191212 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROSPECTOR PL #14

Interpretation from sample # 014520180830 (Normal)

All readings appear to be within normal range. Resample at the normal interval.

801 W PROSPECTOR





LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER #14 MAKE CATERPILLAR TYPE _____
CONTACT: BEVAN FLYNN SERIAL AER00540 DATE 8/15/2022
PHONE: 402-309-3231 MODEL SR4B HRS 693
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN JR
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG01724 MODEL CTS
MAKE CATERPILLAR SERIAL TSG01713 MODEL CTS
MAKE CATERPILLAR SERIAL TSG01714 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND
* (B) LINES/CONNECTIONS OK
* (C) DAYTANK LEVEL N/A
* (D) DAYTANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK 3/4 FULL
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL OK NONE FOUND
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST: (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETY OK

(2) LUBRICATION

CHECK (A) LEAKS OK NONE FOUND
* (B) ENGINE OIL LEVEL OK FULL
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 77 PSI
* (H) WATER TEMPERATURE OK 178 DEGREES
* (I) DC ALTERNATOR OK
* (1) VOLTS OK 27.6 VOLTS
* (2) AMPS OK 5A
* CHANGE (J) AIR CLEANER OK
* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
* (B) COOLANT LEVEL OK FULL
* (C) FREEZE POINT OK -45 DEGREES
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK OPERATIONAL
* (F) BLOWER HEATER OK
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 7 PSI
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 480VAC L-N 277
* (J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINGAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS N/A
* LINEAR MOTORS ACTUATION N/A
* ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAY N/A
* (D) CLOCK EXERCISER OK WED 1:28 PM - 2:04 PM

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASSED 28.60 VDC 10A
* (1) FLOAT OK
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL NA
* (C) TERMINALS/CABLES OK CLEAN AND TIGHT
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW NA
* (F) LOAD TEST PASSED
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
** Additional cost if needed or specified

Comments:

PERFORMED QUARTERLY INSPECTION

JOB# 920168

Customer Signature _____

3E Signature _____

Date 8/15/2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG #14 MAKE CAT TYPE quarterly
CONTACT: BEVAN FLINN SERIAL AER00540 DATE 2/15/22
PHONE: 402 309 3231 MODEL SR4B HRS 676
ADDRESS: 801 PROSPECTOR PL # 14 TECH ANDRE
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TSG01724 MODEL 80A CTS
MAKE CAT SERIAL TSG01713 MODEL 800A CTS
MAKE CAT SERIAL TSG01714 MODEL 800A CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
* (B) LINES/CONNECTIONS PASS
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP PASS
* (F) MAIN TANK LEVEL PASS 90%
* (G) VENT/OVERFLOW PASS
* (H) WATER IN FUEL PASS
* (I) INJECTION PUMP PASS
* (J) SOLENOID VALVE N/A
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
* (B) INSTRUMENTATION PASS
* (C) SAFETIES SHUTDOWNS PASS
* (1) OVERCRANK PASS
* (2) HIGH WATER TEMP PASS
* (3) LOW OIL PRESSURE PASS
* (4) OVERSPEED N/A
* (D) ALARMS PASS
* (E) PREALARMS PASS
* (F) CIRCUIT BREAKERS PASS
* (G) FUSES PASS
* CHECK (H) INSULATION DAMAGE PASS
CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
* (B) ENGINE OIL LEVEL PASS
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER PASS
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
* (B) VIBRATION PASS
* (C) TIMING PASS
* (D) INJECTORS PASS
* (E) MOUNTING HARDWARE PASS
* (F) AIR INTAKE PASS
* (G) OIL PRESSURE PASS 75
* (H) WATER TEMPERATURE PASS 178
* (I) DC ALTERNATOR PASS
* (1) VOLTS PASS 27.0
* (2) AMPS PASS 2.3
** CHANGE (J) AIR CLEANER N/A
** TORQUE (K) BOLTS N/A

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
* (B) COOLANT LEVEL PASS
* (C) FREEZE POINT PASS -45F
* (D) RADIATOR AIR FLOW PASS
* (E) LOUVER SYSTEMS PASS
* (F) BLOCK HEATER PASS
* (G) WATER PUMP PASS
* (H) HOSES PASS
* (I) BELTS PASS
* (J) FAN HUB PASS
* (K) PULLEYS PASS
* (L) RADIATOR PSI PASS
* (M) RADIATOR CAP PSI PASS
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR PASS
* (B) STATOR PASS
* (C) EXCITOR PASS
* (1) STATOR PASS
* (2) ROTOR PASS
* (D) BEARINGS (IR) PASS
* (E) DIODES PASS
* (F) AIR FLOW PASS
* (G) VOLTAGE REGULATOR PASS
* TEST (H) FEED BREAKER N/A
RECORD (I) VOLTAGE PASS 277/180
* (J) HERTZ PASS 60H

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
* (B) CONDENSATION TRAP PASS
* (C) INSULATION PASS
* (D) RESTRICTION PASS
* (E) RAINGAP PASS
CHECK (F) HANGERS/SUPPORT PASS
* (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS PASS
* LINEAR MOTORS ACTUATION PASS
* MOVING PARTS PASS
* (B) SIMULATE POWER FAILURE N/A
* (C) TIME DELAYS PASS
* (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS
* (1) FLOAT PASS 27.1
* (2) EQUALIZE PASS
* (B) ELECTROLYTE LEVEL PASS
* (C) TERMINALS/CABLES PASS
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY PASS
* (1) HIGH 1300
* (2) LOW 1300
* (F) LOAD TEST PASS
CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
* (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A NO LOAD
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? YES
* (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
** Additional cost if needed or specified

Comments:

Completed quarterly inspection no issues found

j# 9743 2.5 hrs 43 miles

Customer Signature Andy MDe

3E Signature Andre MDe

Date 2/15/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E'S GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REG CENTER #14 MAKE CATERPILLAR TYPE _____
CONTACT: BEVAN FLYNN SERIAL AER00540 DATE 5/18/2022
PHONE: 402-309-3231 MODEL SR4B HRS 685
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN JR
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG01724 MODEL 80A CTS
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL OK 3/4 FULL
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL OK NONE FOUND
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER OK
* CHANGE (L) WATER SEPARATOR OK
* TEST (M) FUEL SAMPLE OK RETRIEVED

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETS OK

(2) LUBRICATION

CHECK (A) LEAKS OK NONE FOUND
* (B) ENGINE OIL LEVEL OK FULL
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER OK
* CHANGE (G) ENGINE OIL OK REPLACED
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE OK RETRIEVED

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 80 PSI
* (H) WATER TEMPERATURE OK 180 DEGREES
* (I) DC ALTERNATOR OK
* (1) VOLTS OK
* (2) AMPS OK
* CHANGE (J) AIR CLEANER OK
* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
* (B) COOLANT LEVEL OK FULL
* (C) FREEZE POINT OK -45 DEGREES
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK OPERATIONAL
* (F) BLOCK HEATER OK
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 7 PSI
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE OK

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 480VAC L-N 277
* (J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS N/A
LINEAR MOTORS ACTUATION N/A
ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAY N/A
* (D) CLOCK EXERCISER OK WED 1:28 PM - 2:04 PM

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASSED 27VDC 10A
* (1) FLOAT OK
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINAL S/CABLES OK CLEAN AND TIGHT
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST PASSED
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL INSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified on during annual inspection only
** Additional class if needed or specified.

Comments:

20 GALLONS KOHLER 15W-40 USED 2 OIL FILTERS 7792 USED 2 FUEL FILTERS 3674, USED 1 FUEL WATER SEPERATOR 3780 100 MILES DRIVEN
JOB # 919055 COLLECTED FUEL, OIL AND COOLANT SAMPLES JOB NUMBER 919056

Customer Signature _____ 3E Signature _____ Date 5/18/2022



3E GENERATOR SHOP
 7402 L STREET
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
05/26/22	919055-00
PO. NO.	PAGE #
REG CENTER #14	1

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

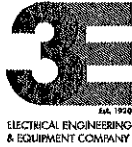
STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN REG CENTER #14
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
							0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				05/26/22		07/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 5/18/22 ANNUAL SERVICE & INSPECTION	1	0	1	E	900.00	900.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1	0	1	E	0.00	0.00	
3	7300MILEAGE MILEAGE	100	0	100	E	0.00	0.00	
4	7080 15W40KOH 15W40 OIL QTS KOHLER	80	0	80	E	0.00	0.00	
5	70007792 7792 OIL FILTER	2	0	2	E	0.00	0.00	
6	70003674 NAPA 3674 FUEL FILTER	2	0	2	E	0.00	0.00	
7	70003780 3780 FUEL FILTER	1	0	1	E	0.00	0.00	
7	Lines Total	Qty Shipped Total		187	Total	Invoice Total		900.00 900.00

Last Page

Cash Discount 0.00 If Paid By 07/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OURTERMS.COM, WHICH WE MAY CHANGE FROM TIME
 TO TIME WITH PRIOR NOTICE.



3E GENERATOR SHOP
 7402 L STREET
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
05/26/22	919056-00
PO. NO.	PAGE #
REG CENTER #14	1

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN REG CENTER #14
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				SAMPLES			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				05/26/22		07/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	7000OD8011 OD8011 TITAN KIT W/ ANALYSIS (3EOIL)	1	0	1	E	40.00	40.00	
2	7000OD6666 OD6666 COOLANT SAMPLE KIT (3ECOOL)	1	0	1	E	40.00	40.00	
3	7000BWSFUELSAMPLEKIT BACTERIA WATER & SEDMNT FUEL SAMPLE KIT (3EBAWA)	1	0	1	E	100.00	100.00	
4	EEE LABOR LABOR	1	0	1	E	0.00	0.00	
4	Lines Total	Qty Shipped Total		4	Total	180.00		180.00
						Invoice Total	180.00	

Last Page

Cash Discount 0.00 If Paid By 07/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OURTERMS.COM, WHICH WE MAY CHANGE FROM TIME
 TO TIME WITH PRIOR NOTICE.

Attachment 17

LRC 2019 Joint Commission Accreditation Award Letter for Behavioral Health Care and Human Services Program



December 18, 2019

Ashley Sacriste
Hospital Administrator
State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln , NE 68509-4949

Joint Commission ID #: 1640
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 12/18/2019

Dear Ms. Sacriste:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

This accreditation cycle is effective beginning September 19, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 18

LRC 2019 Joint
Commission Award letter
Hospital Accreditation



December 27, 2019

Ashley Sacriste
Hospital Administrator
State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln , NE 68509-4949

Joint Commission ID #: 1640
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 12/27/2019

Dear Ms. Sacriste:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning September 21, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 19

LRC 2022 Joint Commission Accreditation Award Letter for Behavioral Health Care and Human Services Program



September 9, 2022

Larry Kahl
Chief Operating Officer
State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, NE 68522

Joint Commission ID #: 1640
Program: Behavioral Health Care and Human Services
Accreditation Activity: Unannounced Full Event
Accreditation Activity Completed : 8/26/2022

Dear Mr. Kahl:

The Joint Commission thanks State of Nebraska Dept. of Admin Services for participating in the accreditation process.

Your organization received Requirement(s) for Improvement during its recent review. These Requirement(s) for Improvement and follow-up activities have been summarized in the Accreditation Report that is posted on your secure extranet site, The Joint Commission Connect.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that our information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 20

LRC 2022 Joint Commission Award Letter Hospital Accreditation



September 9, 2022

Larry Kahl
Chief Operating Officer
State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, NE 68522

Joint Commission ID #: 1640
Program: Hospital Accreditation
Accreditation Activity: Unannounced Full Event
Accreditation Activity Completed : 8/26/2022

Dear Mr. Kahl:

The Joint Commission thanks State of Nebraska Dept. of Admin Services for participating in the accreditation process.

Your organization received Requirement(s) for Improvement during its recent review. These Requirement(s) for Improvement and follow-up activities have been summarized in the Accreditation Report that is posted on your secure extranet site, The Joint Commission Connect.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that our information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 21

LRC 2019 Joint Commission/CMS Psychiatric Hospital Award Letter



December 27, 2019

Re: # 1640
CCN: #284003
Program: Psychiatric Hospital
Accreditation Expiration Date: September 21, 2022

Ashley Sacriste
Hospital Administrator
State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, Nebraska 68509-4949

Dear Ms. Sacriste:

This letter confirms that your September 17, 2019 - September 20, 2019 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals, as well as the special Conditions for psychiatric hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on December 17, 2019 and December 23, 2019 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on October 31, 2019, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of September 21, 2019. We congratulate you on your effective resolution of these deficiencies.

§482.13 Patient's Rights

The Joint Commission is also recommending your organization for continued Medicare certification effective September 21, 2019. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Lincoln Regional Center
801 West Prospector Place, Lincoln, NE, 68509-4949

Lincoln Regional Center Whitehall Program
5845 Huntington Ave, Lincoln, NE, 68504

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.



Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 7 /Survey and Certification Staff

Attachment 22

LRC 2022 Hospital License

**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Lincoln Regional Center

MEETS STATUTORY REQUIREMENTS AS
PSYCHIATRIC HOSPITAL
Lic # 500004

EXPIRES
12/31/2022



Gary J. Anthone, MD

Gary J. Anthone, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Cut on heavy line and place on license.

Lincoln Regional Center
ADDRESS: 801 W PROSPECTOR PLACE, LINCOLN, NE 68522

This is to verify that your PSYCHIATRIC HOSPITAL is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

Attachment 23

LRC Public Health/Licensure Review Documents

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
FACILITY OPERATING OFFICER LINCOLN REG 801 W PROSPECTOR PL LINCOLN, NE 68522	28D0670944
LABORATORY DIRECTOR	EFFECTIVE DATE
ROGER DONOVICK M.D.	09/01/2022
	EXPIRATION DATE
	08/31/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown herein (and other approved locations) may accept human specimens for the purpose of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spucill
Monique Spucill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

19306 Cert1_060222

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



November 9, 2022

Larry Kahl, Administrator
Lincoln Regional Center
801 W Prospector Place
Lincoln, NE 68522-4949

Dear Mr. Kahl:

An unannounced visit was made to Lincoln Regional Center on October 4-12, 2022, by representatives of this Department. The purpose of the visit was to investigate complaints on non-compliance with regulatory requirements received by our office.

The following are the general allegations of non-compliance and conclusions:

ALLEGATIONS:

1. The facility failed to provide ensure the patient was provided care in a safe setting.
2. The facility failed to implement policies and procedures to protect patients from abuse.
3. The facility failed to ensure the staff followed the policy and procedures to protect patient rights.

FINDINGS:

1. Based on observations, staff interviews, patient record reviews, review of policies and procedures, revealed the facility implements policies and procedures to ensure care was provided in a safe setting. Deficient practice was identified, substantiated, and deficiency was cited.
2. Based on record review sampled patients. A review of the facility internal investigations; observations and interviews, it was found that staff implemented policies and procedures to protect patients. This allegation was not substantiated.
3. Based on observations, staff interviews, patient record reviews, review of policies and procedures, revealed the facility implements policies and procedures to protect patients from abuse and to protect patient's rights. Deficient practice was identified and deficiency cited.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4986
Email: mark.luger@nebraska.gov

ML/lc



November 9, 2022

Larry Kahl, Administrator, Administrator
Lincoln Regional Center
801 W Prospector Place
Lincoln, NE 68522-4949

Dear Mr. Kahl:

An unannounced visit was made to Lincoln Regional Center on October 24 & 25, 2022, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following is the general allegation of non-compliance and conclusions:

ALLEGATION:

The facility failed to ensure the staff followed policies and procedures to provide care in a safe setting.

FINDINGS:

Based on observations, staff interviews, patient record reviews, review of policies and procedures, revealed the facility implements policies and procedures to ensure care was provided in a safe setting. Staff had intervened with new precautions prior to arrival. This was substantiated with no deficiency cited.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4986
Email: mark.luger@nebraska.gov

ML/lc

<u>Building</u>	<u>Unit</u>	<u>Licensed beds</u>	<u>Beds Set-up</u>	<u>Occupied</u>
3	1st Floor	24	24	20
3	Northwest	11	11	0
3	Southeast	13	13	0
5	S1	20	20	19
5	S2	22	22	22
5	S3	20	20	18
5	S4	19	19	4
5	S5	16	16	13
10	North	16	16	0
10	South	24	24	0
		<u>185</u>	<u>185</u>	<u>96</u>



November 9, 2022

Larry Kahl
Administrator
Lincoln Regional Center
801 W Prospector Place
Lincoln, NE 68522-4949

Dear Mr. Kahl:

The enclosed report documents a finding of noncompliance with the licensure regulations for Lincoln Regional Center Hospital following the investigative survey at your facility completed on October 12, 2022 by representatives of the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include for each deficiency cited:

- 1) Action(s) that will be taken to correct the deficiency;
- 2) The procedure for implementing the corrective action(s);
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected (which should be within 45 days of the exit of the survey); and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4669
Email: mark.luger@nebraska.gov

ML/lc

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

November 9, 2022

Larry Kahl
Administrator
Lincoln Regional Center
801 W Prospector Place
Lincoln, NE 68522-4949

Dear Mr. Kahl:

An investigative licensure survey was conducted by a representatives of the Department on October 24 - 25, 2022 at Lincoln Regional Center. We are pleased to inform you that your facility is in substantial compliance with the Regulations Governing Licensure of Hospitals Title 175 NAC 9.

The enclosed form indicates the survey results. Please retain for your files.

The surveyors wish to thank you and your staff for the courtesy and assistance during the survey. If you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark Luger".

Mark Luger - Program Manager II
DHHS Public Health - Licensure Unit
Office of DD and Behavioral Health
PO Box 94669, Lincoln, NE 68509-4986
Email: mark.luger@nebraska.gov

ML/lc

Enclosure: State Form

Event ID: JH311

Count of Licensed/Approved Beds

Provider Name:			Address:			Licensed Capacity for Building or Living Unit:		
Lincoln Regional Center			Folsom & Prospector			85		
Building/Living Unit:			ICF/ID			CDD		MHSU
B14 Residential Units								
Surveyor:			Date Reviewed:			Current Facility Census:		
			11/1/22			53		
Room #	Location	Licensed Beds	Beds Set Up	Beds Occupied	Remarks/Comments			
103		1	1					
105		1	1					
106		1	1					
110		1	1					
111		1	1					
117		1	1					
118		1	1					
119		1	1					
120		1	1					
121		1	1					
122		1	1					
123		1	1					
124		2	2					
126		2	2					
138		1	1					
140		1	1					
141		1	1					
145		2	2					
146		2	2					
176		2	2					
180		1	1					
181		1	1					
182		1	1					
185		1	1					
186		1	1					
187		1	1					
188		1	1					
189		1	1					
190		1	1					
193		2	2					
194		1	1					
195		1	1					
196		1	1					
197		1	1					
203		2	2					
205		3	3					
209		3	3					
210		3	3					
215		3	3					
216		2	2					
220		0	0					
221		1	1					
222		1	1					
223		1	1					
224		1	1					
258		1	1					
259		1	1					
260		1	1					
261		1	1					
262		1	1					

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<p>Initial Comments</p> <p>On 10/24/22-10/25/22, DHHS Public Health representatives conducted a complaint survey to determine compliance with 175 NAC 9, 9-006.06 and 9-006.04. The allegation for Care & Treatment was substantiated with no deficiency.</p>	I 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	Initial Comments On 10/4/22-10/12/22, DHHS Public Health representatives conducted a complaint survey to determine compliance with 175 NAC 9, 9-006.06 and 9-006.04. The facility was out of compliance with the regulations for Patient Rights and Care & Treatment, identified at the time of the survey.	I 000		
I 180	9-006.04 Patient Rights Each hospital must protect and promote each patient ' s rights. This includes the establishment and implementation of written policies and procedures, which include, but are not limited to, the following rights. Each patient or designee, when appropriate, must have the right to: <ol style="list-style-type: none"> 1. Respectful and safe care given by competent personnel; 2. Be informed of patient rights during the admission process; 3. Be informed in advance about care and treatment and of any change; 4. Participate in the development and implementation of a plan of care and any changes; 5. Make informed decisions regarding care and to receive information necessary to make decisions; 6. Refuse treatment and to be informed of the medical consequences of refusing treatment; 7. Formulate advance directives and to have the hospital comply with the directives unless the hospital notifies the patient of the inability to do so; 8. Personal privacy and confidentiality of medical records; 9. Be free from abuse, neglect, and exploitation; 10. Access information contained in his/her medical record within a reasonable time frame 	I 180		

Licensure Unit
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 180	<p>Continued From page 1</p> <p>when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to the patient for therapeutic reasons;</p> <p>11. Be free from chemical and physical restraints that are not medically necessary;</p> <p>12. Receive hospital services without discrimination based upon race, color, religion, gender, national origin, or payer. Hospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law; and</p> <p>13. Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed.</p> <p>This Standard is not met as evidenced by: Based on record review, staff interview, administrative investigation report review, and review of policies and procedures, available security video, the facility failed to ensure 1 of 10 (Patient 5) patients was placed in a restraint and /released from a restraint timely after meeting the release criteria. This has the potential to effect all patients that are periodically restrained.</p> <p>Findings are:</p> <p>A. A review of Patient 5's Administrative investigation report dated 3/8/22, revealed that on 3/4/22 at 4:54 PM; this patient was involved with a patient to patient altercation. The 2 patients were in the dining room. Pt 5 had a 1:1 staff member present. Pt 5 was served her food tray, she grabbed a plastic cup from the tray, suddenly stood up and quickly went over to another table and poured a warm cup of noodle soup onto Pt 6. The 1:1 staff immediately intervened and redirected Pt 5 back to her table, which Pt 5 went back to her table and sat in her seat. The</p>	I 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 180	<p>Continued From page 2</p> <p>Registered Nurse (RN P) arrived to the dining room. RN P instructed the staff to remove Pt 5 from the dining room. RN P instructed staff to place Pt 5 in LWWR (leather waist wrist restraint) at 5:00 PM and patient taken to the living unit.</p> <p>A review of the security video of the 3/4/22 incident at 4:54 PM revealed, Pt 5 was seated at the dining table and her 1:1 SSII E was seated across from the patient at the table. The patient was served the tray of food that had a bowl of noodles. The patient quickly stood up and went over to Pt 5 seated at the next table and flung the noodles at her. The 1:1 SSII E jumped up to intervene and redirected Pt 5 to go sit down, which she did. The RN P came and the patient was removed from the dining room. The patient is seen talking to the staff outside of the dining room, no gestures made. RN P told the staff to put her in LWWR and she was put into the restraints and taken to the living area.</p> <p>Interview with the ADON on 3/6/22 at 11:30 AM, while watching the video of the incident on 3/4/22 at 4:54 PM verified that the patient was not making verbal or physical threats to staff. This was a traveling RN (RN P) and was talked to about the appropriateness of that restraint. The ADON also reviewed the documentation of the SSII sitting with the patient while in LWWR and does not identify why the patient was not released earlier by RN P, as the documentation appears to show the patient is calm and cooperative.</p> <p>A review of the 1:1 documentation by SSII E and SSII F of LWWR restrained Pt 5 on 3/4/22 indicated: - 5:00 PM to 6:00 PM documentation by SSII E revealed, "Pt 5 sat in dayhall, and watched TV. the Pt kept repeating to release them from</p>	I 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 180	<p>Continued From page 3</p> <p>restraints. Patient got her nails trimmed by the nurse, and waited patiently." - 6:00 PM to 6:55 PM documentation by SSII F revealed, "Pt 5 was hungry, nurse notified. Right wrist released from restraint. Pt ate 100% of meal, after eating patient's right wrist put back into restraint. Pt walked around center area. Patient stated she had to use the restroom, nurse notified. Prior to patient's entry to the bathroom, right wrist released from restraints. When patient finished in the bathroom, hand was washed and right wrist put back into restraints. PATIENT WAS COOPERATIVE WITH ALL OF THIS. At 6:55 PM the nurse released the restraints.</p> <p>A review of RN P's documentation of Pt 5's for 3/4/22 revealed: - "Pt SO (safety observation) 1:1 with 5 minute checks. - 5:00 PM Staff calling for RN to come to dining hall via radio. RN's responded immediately. Peer (Pt 5) complained that the Pt threw a cup of warm noodles on her. Pt 5 stated "She told me to do it." Pt removed from the dining hall, RN gave instructions to SSII E for wrist/waist restraints. Order obtained from on call provider. -5:30 PM this nurse assessed restraints, 2 fingers checked under restraint without difficulty, ROM (range of motion) completed, Pt able to wiggle fingers, move wrists around without difficulties, capillary refill: 3 sec's. -5:43 PM VS/ROM/Circulation checks completed. 137/90, 118, 16, oximetry 95%. Temp 99.9, provider notified, 6:00 PM PRN Tylenol administered. - 6:43 PM VS 128/92, 127, 16, oximetry 97%, lung sounds auscultated and clear through out. On call provider notified of increase of temp. Patient has no signs or symptoms or complaints of cough, sore throat, body aches.</p>	I 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 180	<p>Continued From page 4</p> <p>- 6:55 PM Pt 5 released from restraints, Pt calm, cooperative. Put on long sleeve sweater to protect her arms from her scratching and drank a cup of water. Pt smiling, cooperative."</p> <p>Review of the Seclusion/Restraint Policy dated 3/21 revealed:</p> <p>-General Guidelines: -A patient has the right to be free from Restraint. -Restraint may only be used to ensure the immediate physical safety of a pt or others. -Restraint is not used as a means of coercion, discipline, convenience, or retaliation.- The type or technique of Restraint used must be the least restrictive intervention that is effective to protect the patient, a staff member, or others from harm.' Use of Restraint must be clinically justified. - The ordering practitioner must be available for consultation throughout the duration of the Restraint. -It is the responsibility of all staff members to pursue the discontinuation S/R (seclusion/restraint) as soon as possible following the procedures outlined below.</p> <p>-Ongoing Assessments and Treatment Planning Procedures: - An initial face-to-face assessment is completed by a physician, APRN, PA or a RN within 1 hour of the implementation of Seclusion and documented on the Seclusion/Restraint Report.; - The patient is then assessed by a Physician, APRN, PA or a RN at least every 2 hours until the Restraint is discontinued, which is documented in the Medical Record.</p> <p>UPDATED Restraint Policy dated 5/22 stated Criteria For Release:</p> <p>-Staff are expected to continually observe and monitor the patient to ensure that the patient is released from restraints at the earliest possible time. Restraint may only be utilized while the unsafe situation continues. Once the unsafe situation ends, the use of restraint should be discontinued by the RN or LIP.</p>	I 180		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 210	<p>9-006.06 Patient Care and Treatment</p> <p>Each hospital must provide the necessary care and treatment within the hospital ' s ability to meet the needs of patients. Care and treatment provided must meet prevailing professional standards and scope of practice requirements. Each hospital must establish and implement written policies and procedures that encompass care and treatment provided to patients.</p> <p>This Standard is not met as evidenced by: Based on record review, staff interviews, policy reviews and review of security video's the facility failed to prevent 1 patient (1) from a sample of 10 patients, from swallowing objects while on 1:1 supervision (1 staff working with 1 patient and within arms reach at all times). The patient swallowed 2 double A batteries out of a portable phone on 9/29/22 and a crayon on 10/5/22 (while on a 2:1). This failure has the potential to effect patients that have a known behavior of swallowing objects.</p> <p>Findings are:</p> <p>A review of the medical record and security video for Pt 1 revealed that on 2 occasions (9/29/22 and 10/5/22) that while the patient was on a 1:1 supervision on 9/29/22 and on a 2:1 on 10/5/22 swallowed an object:</p> <p>-On 9/29/22 at 13:45 PM, per the security video revealed, the patient was under the supervision of a Security Specialist II (SSII A- a nurse aid type staff to monitor the patient) and was sitting on her bed when she asked to use the phone. Another Security Specialist II-D brought the phone to Pt 1, SSII A remained seated in the doorway of Pt 1's room. SSII A was documenting in the phone log</p>	I 210		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 210	<p>Continued From page 6</p> <p>Pt 1 making the call. The video showed Pt 1 looked toward SSII A and pried off the telephone's battery cover, removed the batteries and put them in her mouth the tossed the phone pieces to the floor. When Security Specialist II A saw that she grabbed the patient's hands and tried to prevent her from swallowing the batteries, also yelling for assistance from the other staff. Pt 1 swallowed both batteries. The RN assessed the patient and arranged to transport the patient to a hospital.</p> <p>Review of Registered Nurse L (RN L) charting on 9/29/22 at 7:00 PM, revealed "Pt placed on SA (suicide alert) and SO (safety observation) with 2:1 staff for swallowing 2 AA batteries. Pt 1 remains on FP (fall precautions), no falls during this shift. Pt sent to ER (emergency room) at 13:09 (1:09 PM), swallowed batteries at 12:50 PM. Pt will be admitted to hospital, 1 battery was removed via endoscopy but the other was covered in food so they will try again in the am."</p> <p>Review of the Acute Care Hospital's Discharge Summary dated 10/4/22 at 9:29 AM, revealed "Xray shows that the 2 batteries projecting over the stomach. (Pt 1) underwent an EGD (esophogogastroduodenoscope-a scope passed through the mouth, down the "food pipe" and into the stomach) with findings of 2 batteries. Doctor was able to remove 1 but the other was unable to be retrieved." Serial abdominal Xrays were completed. On 10/4/22 Pt 1 underwent a colonoscopy (a scope passed through the rectum to visualize bowel). The Doctor was able to remove the battery. The patient was returned to the facility.</p> <p>Review of post hospital return orders 10/4/22 included: Pt 1 continues previous medications,</p>	I 210		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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I 210	<p>Continued From page 7</p> <p>and remains on fall precautions, suicide alert, safety observation with 2:1 staff and 10 minute checks.</p> <p>-On 10/6/22 at 6:12 PM per the security video, the Pt 1 was under the 2:1 supervision of 2 Security Specialist II (SSII B & SSII C) and was sitting on bed on floor in room. At 6:08 PM a third SSII D took Pt 1 a crayon and a piece of paper. The video identifies at 6:09 PM that that SSII B & SSII C remain within arms reach of Pt 1, and SSII D left the room. At 6:11 PM SSII D is seen in the hallway running toward Pt 1's room, at 6:13 PM it was noted that 5 more staff were running to Pt 1's room.</p> <p>Review of the 10/6/22 Special Treatment Plan review from the 10/5/22 6:12 PM incident revealed: "Patient is on suicide alert and safety observation 2:1." According to the report, patient swallowed a crayon. "Patient will have a safety pillow and a safety blanket. Pt is not allowed crayon due to recent history of swallowing a crayon. Patient will use wall phone and will be able to make a calls after 48 hours of no restraints or seclusion."</p> <p>Review of the Patient Safety Precautions Policy PC-14 last revised on 6/2020 revealed: -Safety One to One- This level of observation is used in those situations with high degree of unpredictability and constant supervision is required. Staff assigned 1:1 are to remain within arm's length reach unless otherwise ordered by the LIP (Licensed Independent Practitioner), and patient must be within eye sight of the staff at all times. -Assault Precautions- Patients may be placed on AP for threatening/intimidating behaviors, behaviors that pose a threat to or jeopardize the</p>	I 210		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLN REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 W PROSPECTOR PLACE LINCOLN, NE 68522
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I 210	<p>Continued From page 8</p> <p>safety of others. When on Assault Precaution the patient must be in view of staff at all times when pt is out of their rooms; will not be alone with any other person (staff or patients).</p> <p>An interview with ADON (Assistant Director of Nurses) on 10/11/22 at 1:10 PM revealed, Pt 1 was screaming and yelling she wanted to fill a grievance due to her 2:1 staff members would not visit with her. The staff were told to not visit with patients on 2:1's, in order to keep alert related to the task at hand. (SSII D) heard over the radio's that she was yelling and got her a crayon and a piece of paper. It was ok to provide the 1:1's a non toxic crayon, so thought it was ok." We have now provided all staff education on the precautions for Pt 1, which includes no crayons.</p>	I 210		

Attachment 24

LRC MSHU Treatment Center License

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT Lincoln Regional Center MEETS STATUTORY REQUIREMENTS AS MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER Lic # MHSU030	
	 _____ Gary J. Anthone, MD Chief Medical Officer Director, Division of Public Health Department of Health and Human Services
EXPIRES 9/30/2023	

Cut on heavy line and place on license.

Lincoln Regional Center

ADDRESS: FOLSOM & PROSPECTOR, BUILDING 14, LINCOLN, NE 68509

This is to verify that your MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

Attachment 25

NRC Backflow Testing

BACKFLOW DEVICE TEST REPORT

CUSTOMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.) Norfolk Regional Center

Service Address 1700 N Victory Rd City Norfolk State NE Zip 68701

Location of Device Power House - Boiler Room

Device Type RP Manufacturer Febco Serial No. N1006020935 Model No. 82540 Size 6"

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Re-tested

Line Pressure at Time of Test (at inlet test cock) <u>65</u> PSI	Date Installed	Detector Assemblies
Apparent Pressure Drop Across First Check Valve (A) <u>65</u> PSID	Date Rebuilt	Meter #
Relief Valve Opened at (B) <u>30</u> PSD		Reading
Difference (I) <u>35</u> PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss	<u>1</u>	<input type="checkbox"/> Opened at <u>(E)</u> PSID	Opened at <u>30</u> PSID	1. Leaked <u>(G)</u>	<u>(H)</u>
	1. Leaked	<input type="checkbox"/> (C) <input type="checkbox"/> (D)	<input type="checkbox"/> Did Not Open	Old Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/> <input checked="" type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
REPAIRS	Cleaned Replaced:		Cleaned Replaced:	Cleaned Replaced:	Cleaned Replaced:	
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Spring <input type="checkbox"/>	
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seal <input type="checkbox"/>	Lower <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Large <input type="checkbox"/>	Other: <input type="checkbox"/>	
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>		Lower <input type="checkbox"/>		
	Other <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Small <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Other: <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSD	Opened at _____ PSD	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation Fire Protection Domestic Usage Boiler

Other (explain) _____

Remarks: _____

Initial test performed by: (Please Print) <u>Craig S Podany</u>	Company <u>NRC</u>	BFDT Cert. No. <u>246-6-1725</u>	Date of Testing <u>10/12/22</u>
Signature) <u>Craig Podany</u>	Company	Expiration Date <u>7/21/23</u>	Date of Repair
Repaired by (Please Print)		BFDT Cert. No.	
Signature)		Expiration Date	
Initial test performed by (Please Print)	Company	BFDT Cert. No.	Date of Testing
Signature)		Expiration Date	

BACKFLOW DEVICE TEST REPORT

CUSTOMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.)

Norfolk Regional Center

Service Address

1700 N Victory Rd

City

Norfolk

State

NE

Zip

68701

Location of Device

Power House - Boiler Room

Device Type

RP

Manufacturer

Zurn Wilkin

Serial No.

L15089

Model No.

375

Size

4"

NOTE: Final Slots to be Filled in Only If Device in Disrepair and is Rerealed

Line Pressure at Time of Test (at inlet test cock) <u>1.5</u> PSI	Date Installed	Detector Assemblies
Apparent Pressure Drop Across First Check Valve (A) <u>7</u> PSD	Date Rerealed	Meter #
Relief Valve Opened at (B) <u>20</u> PSD		Reading
Difference (I) <u>50</u> PSD		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL						
Pressure Loss		<u>1.5</u>	<input type="checkbox"/> Opened at <u>(E)</u> PSD	Opened at <u>50</u> PSD	1. Leaked <u>(G)</u>	<u>(H)</u>
1. Leaked	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input checked="" type="checkbox"/>
2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
REPAIRS						
Cleaned Replaced:			Cleaned Replaced:	Cleaned Replaced:	Cleaned	
Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc	Disc	Replaced	
Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring	Upper		
Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seal	Lower		
Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm	Spring		
Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float	Diaphragm		
Seat	<input type="checkbox"/>	<input type="checkbox"/>		Large:		
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	Upper	Other:	
				Lower		
				Small		
				Seat		
				Upper		
				Lower		
				Spacer		
				Other:		
FINAL TEST			<input type="checkbox"/> Opened at PSID	Opened at _____ PSD	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>				

Prevents backflow from:

Lawn Irrigation Fire Protection

Domestic Usage Boiler

Other (explain) _____

Remarks: _____

Initial test performed by: (Please Print) <u>Craig P. Ryan</u>	Company <u>NRC</u>	BFDT Cert. No. <u>246-6-1725</u>	Date of Testing <u>10/12/22</u>
Signature) <u>G. A. N...</u>	Company	Expiration Date <u>7-21-23</u>	Date of Repair
Repaired by: (Please Print)	Company	BFDT Cert. No.	Date of Testing
Signature)	Company	Expiration Date	Date of Testing
Final test performed by: (Please Print)	Company	BFDT Cert. No.	Date of Testing
Signature)	Company	Expiration Date	Date of Testing

Attachment 26

NRC Boiler Inspection



Nebraska State Fire Marshal Agency
Boiler Inspection Division
246 S. 14th Street, Suite 1
Lincoln, NE 68508
Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Chris Cantrell
Chief Boiler Inspector
State Fire Marshal

Norfolk Regional Center
ATTN: Kevin Wragge
1700 N Victory Rd
Norfolk, NE 68701-6859

05/19/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
Boiler Inspection Division
246 S. 14th Street, Suite 1
Lincoln, NE 68508
Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner 1084254

Location 503411

Norfolk Regional Center
PO Box 1209
Norfolk, NE 68702-1209

Norfolk Regional Center
1700 N Victory Rd
Norfolk, NE 68701-6859

State ID Number: NE19530
Type: FTHT - Firetube Horizontal
Last External Inspection: 03/29/2022
Expiration Date: 03/31/2023
Inspected By: Michael Hamer
Inspecting Agency: BVI&I
Last Internal Inspection: 08/17/2021
National Board Number: 16818

Pressure Allowed: 15 PSI
Safety-Relief Valves Setting: 15 PSI
Manufacturer: Superior Boiler Works
Year Built: 2010
Print Date: 05/19/2022
Next Internal Due Date: 08/17/2023
Serial Number: 16818
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Chris Cantrell
 Chief Boiler Inspector
 State Fire Marshal

Norfolk Regional Center
 ATTN: Kevin Wragge
 1700 N Victory Rd
 Norfolk, NE 68701-6859

05/19/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the Inspector or any other legal authority.



CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner 1084254

Location 503411

Norfolk Regional Center
 PO Box 1209
 Norfolk, NE 68702-1209

Norfolk Regional Center
 1700 N Victory Rd
 Norfolk, NE 68701-6859

State ID Number: NE19531
 Type: FTHT - Firetube Horizontal
 Last External Inspection: 03/29/2022
 Expiration Date: 03/31/2023
 Inspected By: Michael Hamer
 Inspecting Agency: BVI&I
 Last Internal Inspection: 08/17/2021
 National Board Number: 16822

Pressure Allowed: 15 PSI
 Safety-Relief Valves Setting: 15 PSI
 Manufacturer: Superior Boiler Works
 Year Built: 2010
 Print Date: 05/19/2022
 Next Internal Due Date: 08/17/2023
 Serial Number: 16822
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell



Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

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 Chief Boiler Inspector
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 Norfolk, NE 68701-6859

05/19/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.

CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov



Owner 1084254

Location 503411

Norfolk Regional Center
 PO Box 1209
 Norfolk, NE 68702-1209

Norfolk Regional Center
 1700 N Victory Rd
 Norfolk, NE 68701-6859

State ID Number: NE19529
 Type: FTHT - Firetube Horizontal
 Last External Inspection: 03/29/2022
 Expiration Date: 03/31/2023
 Inspected By: Michael Hamer
 Inspecting Agency: BVI&I
 Last Internal Inspection: 08/17/2021
 National Board Number: 16819

Pressure Allowed: 15 PSI
 Safety-Relief Valves Setting: 15 PSI
 Manufacturer: Superior Boiler Works
 Year Built: 2010
 Print Date: 05/19/2022
 Next Internal Due Date: 08/17/2023
 Serial Number: 16819
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell

Attachment 27

NRC Elevator Inspection

State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State
Fire Marshal Agency



Elevator
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.
NSEM Elevator Division: 402-595-3184

STATE #	4095	UNIT ID	#2, BLDG. 16 WEST
MANUFACTURER	KONE	TYPE	PASSENGER
INSPECTION DATE	11/1/2021	CERTIFICATE #	257098
BUILDING NAME	<u>Timothy Trujillo</u> Elevator Division Chief		
NORFOLK REGIONAL CENTER 1700 N VICTORY RD NORFOLK, NE 68701	<u>Christopher B. Cantrell</u> State Fire Marshal		

This Certificate must be posted in the elevator car.

State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State
Fire Marshal Agency



Elevator
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.
NSFM Elevator Division: 402-595-3184

STATE # **4098**

UNIT ID **BLDG 16 EAST**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **11/1/2021**

CERTIFICATE # **257100**

BUILDING NAME

Timothy Trujillo

NORFOLK REGIONAL CENTER

Elevator Division Chief

1700 N VICTORY RD

Christopher B. Cantrell

NORFOLK, NE 68701

State Fire Marshal

This Certificate must be posted in the Elevator car

Attachment 28

NRC Fire Alarm Inspection

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance
 Re-acceptance
 Periodic 1 2

Date: 1-19-22

ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260
 Telephone (402) 463-0200

CUSTOMER: Regional Center Heating and Maint.

Address: 1700 N Victoria Rd Norfolk, NE 68701

PREMISES PROTECTED: _____

Address: _____

TYPE OF SYSTEM: Fire Alarm MODEL #: X25-V STANDBY POWER TYPE: SLA

MANUFACTURER: Siemens SERIAL #: _____ TROUBLE BATTERY TYPE: Cell

INSTALLED BY: Electronic Systems Inc. AND VOLTAGE: 24VDC

System remotely monitored by: _____ Date 100% smoke calibration performed: _____
 Time of inspection: _____ Next scheduled: _____
 Time inspection completed and system back in service: _____ Date 100% heat detection last performed: _____
 Smoke Detection Calibration Test method used _____ Next scheduled: _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	2	2
Heat Detectors		
Fixed Temp. Non-Restorable Line Type.....		
Fixed Temp. Non-Restorable Spot Type.....		
Fixed Temp./Rate of Rise/Restorable.....		
Restorable Line Type, Pneumatic.....		
Smoke Detectors		
Functional.....	2	2
Calibrated.....		
Duct Detectors.....	1	1
Waterflow Devices (TIME to ACTIVATE).....	3	3
Supervisory Switches.....	10	10
Audible Devices.....	11	11
Visual Devices.....		
Annunciators.....		
Control Unit		
Lamps and LED's.....	156	156
Fuses.....	13	13
Primary Power Supply.....	1	1
Secondary Supply.....	1	1
Magnetic Hold-open Devices.....		
Fan Relays.....		
Voice Alarm and 2-way phone.....		
Trouble Signals		
Alarm Circuit.....	4	4
Zone Initiating Circuit.....	1	1
Supervisory Signals.....		
Ground Fault.....		
Elevator Controls.....		
Powered Fire and Smoke Dampers.....		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER
 Did Trouble Signal operate properly? Yes No Date: 1/19/22
 Did Alarm Signal operate properly? Yes No Date: 1/19/22

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
 Emergency Power Battery Type: SLA Test Volts: 26.9
 Main Operating Power Type: PS Test Volts: 20.9VDC

What code is system installed under? NFPA 72
 Is system operating according to code? Y/N
 Comments: (Note any known deficiencies here) _____

List Current Repairs to System and Date of Repairs _____
 Use back if needed _____
Replaced two 12 volt 18AH batteries
in RACT.

INSPECTOR: Cody Nicks LICENSE #: 432 WITNESS: (For acceptance test only) _____
 Expiration Date: 3-23

SUBSCRIBER: _____ State Fire Marshal

Report shall be submitted to SFM following each inspection.

246 So. 14 St.
 Lincoln, NE 68508-1804
 (402) 471-2027

MAIN OFFICE
 DISTRICT A
 DISTRICT B
 DISTRICT C

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance
 Re-acceptance
 Periodic 1 2

Date: 1-19-27

ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260
 Telephone (402) 463-0200

CUSTOMER: _____

Address: _____

PREMISES PROTECTED: Building 16

Address: _____

TYPE OF SYSTEM: Fire Alarm MODEL #: 472 STANDBY POWER TYPE SEA

MANUFACTURER: _____ SERIAL #: _____ TROUBLE BATTERY TYPE _____

INSTALLED BY: Electronic Systems AND VOLTAGE 44 DC

System remotely monitored by: NEFA Date 100% smoke calibration performed: _____

Time of inspection: _____ Next scheduled: _____

Time inspection completed and system back in service: _____ Date 100% heat detection last performed: _____

Smoke Detection Calibration Test method used _____ Next scheduled: _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations		
Heat Detectors		
Fixed Temp. Non-Restorable Line Type		
Fixed Temp. Non-Restorable Spot Type		
Fixed Temp./Rate of Rise/Restorable		
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional		
Calibrated		
Duct Detectors		
Waterflow Devices (TIME to ACTIVATE)		
Supervisory Switches		
Audible Devices		
Visual Devices		
Annunciators		
Control Unit		
Lamps and LED's		
Fuses		
Primary Power Supply		
Secondary Supply		
Magnetic Hold-open Devices		
Fan Relays		
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit		
Zone Initiating Circuit		
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 1/19/27

Did Alarm Signal operate properly? Yes No Date: 1/19/27

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type _____ Test Volts _____

Main Operating Power Type _____ Test Volts 40

What code is system installed under? NEFA 27

Is system operating according to code? _____

Comments: (Note any known deficiencies here) _____

List Current Repairs to System and Date of Repairs _____

(use back if needed) _____

INSPECTOR: _____ LICENSE #: 1132 WITNESS: (For acceptance test only)

Expiration Date: 3-23

SUBSCRIBER: _____ State Fire Marshal

Report shall be submitted to SFM following each inspection.

246 So. 14 St.
 Lincoln, NE 68508-1804
 (402) 471-2027

MAIN OFFICE
 DISTRICT A
 DISTRICT B
 DISTRICT C

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance
Re-acceptance
Periodic 1 2

Date: 7-21-22

ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260
Telephone (402) 463-0200

CUSTOMER: Regional Center Hastings/Mount

Address: 1700 N Victory Rd. Norfolk, NE

PREMISES PROTECTED: _____

Address: _____

TYPE OF SYSTEM: Fire Alarm MODEL #: XLS-V STANDBY POWER TYPE SLA

MANUFACTURER: Siemens SERIAL #: _____ TROUBLE BATTERY TYPE Cell

INSTALLED BY: E.S.T. AND VOLTAGE 24 VDC

System remotely monitored by: _____ Date 100% smoke calibration performed: _____

Time of inspection: 1:00 Next scheduled: _____

Time inspection completed and system back in service: 1:35 Date 100% heat detection last performed: _____

Smoke Detection Calibration Test method used _____ Next scheduled: _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	<u>2</u>	<u>2</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type		
Fixed Temp. Non-Restorable Spot Type		
Fixed Temp./Rate of Rise/Restorable		
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional	<u>2</u>	<u>2</u>
Calibrated		
Photo Detectors	<u>1</u>	<u>1</u>
Waterflow Devices (TIME to ACTIVATE)	<u>3</u>	<u>3</u>
Supervisory Switches	<u>10</u>	<u>10</u>
Audible Devices	<u>11</u>	<u>11</u>
Visual Devices		
Annunciators		
Control Unit		
Lamps and LED's	<u>156</u>	<u>156</u>
Fuses	<u>3</u>	<u>3</u>
Primary Power Supply	<u>1</u>	<u>1</u>
Secondary Supply		
Magnetic Hold-open Devices		
Fan Relays		
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit	<u>4</u>	<u>4</u>
Zone Initiating Circuit	<u>4</u>	<u>4</u>
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 7/21

Did Alarm Signal operate properly? Yes No Date: 7/21

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 25.7

Main Operating Power Type AC Test Volts 120VAC

What code is system installed under? NEPA 72

Is system operating according to code? YES

Comments: (Note any known deficiencies here)

List Current Repairs to System and Date of Repairs

(use back if needed)

INSPECTOR: Andrew Sudd LICENSE #: 225 WITNESS: (For acceptance test only)

Expiration Date: 3-19-23

SUBSCRIBER: Paul Blumstein State Fire Marshal

Report shall be submitted to SFM following each inspection

246 So. 14 St.
Lincoln, NE 68508-1804
(402) 471-2027

MAIN OFFICE
DISTRICT A
DISTRICT B
DISTRICT C

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance
 Re-acceptance
 Periodic 1 2

Date: 7-21-22

ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260
 Telephone (402) 463-0200

CUSTOMER: North Platte Regional Center
 Address: 1700 N Victory Rd
 PREMISES PROTECTED: Building 16
 Address: _____
 TYPE OF SYSTEM: Fire Alarm MODEL #: MXL STANDBY POWER TYPE SLA
 MANUFACTURER: Pyrotechnics SERIAL #: _____ TROUBLE BATTERY TYPE Cell
 INSTALLED BY: E.S.I AND VOLTAGE 24VDC

System remotely monitored by: JCT Date 100% smoke calibration performed: _____
 Time of inspection: _____ Next scheduled: _____
 Time inspection completed and system back in service: _____ Date 100% heat detection last performed: _____
 Smoke Detection Calibration Test method used _____ Next scheduled: _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	45	45
Heat Detectors		
Fixed Temp. Non-Restorable Line Type		
Fixed Temp. Non-Restorable Spot Type		
Fixed Temp./Rate of Rise/Restorable	24	24
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional	198	198
Calibrated		
Photo Detectors	3	3
Waterflow Devices (TIME to ACTIVATE)		
Supervisory Switches		
Audible Devices	49	49
Visual Devices	116	116
Annunciators	8	8
Control Unit		
Lamps and LED's	29	29
Fuses	1	1
Primary Power Supply	1	1
Secondary Supply	1	1
Magnetic Hold-open Devices	30	30
Fan Relays	22	22
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit	10	10
Zone Initiating Circuit	10	10
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER
 Did Trouble Signal operate properly? Yes No Date: 7/21/22
 Did Alarm Signal operate properly? Yes No Date: 7/21/22

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
 Emergency Power Battery Type SLA Test Volts 24.9
 Main Operating Power Type PS Test Volts 120VAC

What code is system installed under? NEPA 72
 Is system operating according to code? YES
 Comments: (Note any known deficiencies here)
PART #1 29.1
PART #2 25.7

List Current Repairs to System and Date of Repairs _____
 (use back if needed) _____

INSPECTOR: Andrew Gadd LICENSE #: 125 WITNESS: (For acceptance test only) _____
 Expiration Date: 3-19-23

SUBSCRIBER: Rich Klumpp State Fire Marshal

Report shall be submitted to SFM following each inspection.

246 So. 14 St.
 Lincoln, NE 68508-1804
 (402) 471-2027

MAIN OFFICE
 DISTRICT A
 DISTRICT B
 DISTRICT C

Attachment 29

NRC Fire Extinguisher Report



**FIRE and SAFETY
EQUIPMENT COMPANY**

2431 Fairfield St. • Lincoln, NE 68521
(402) 476-4646 • 800-228-4555
www.generalfiresafety.com

1 of 2

**WORK
ORDER**

Customer Information Lincoln Regional Center 801 W Prospector PL Lincoln, NE	Work Order Type 110402373	Freight Type	Work Order Information
	Special Instructions		Work Order Date: 9/9/22 Svc Rep: ZH Time In: Time Out: Svc Rep: Time In: Time Out: Svc Rep: Time In: Time Out:

Item Number	Description	Qty	Each	Disc %	Net	Rep
	Annual Maintenance F/E Inspections	116				
	10 LB ABC Hydro	1				JD
	10 LB ABC Recharge	1				JD
	5 LB ABC Hydro	1				JD
	5 LB ABC Recharge	2				JD
	5 LB ABC Hose Replacement	1				JD
	5 LB ABC 6 Year	1				JD
0027	0 -- 7	2				JD
0028	0 -- 7	2				JD
SCP3	Service collar	4				JD
	Used Hose	1	5.00			JD
	Dot compliant	1				JD
TOTAL						

Received By: B.K. F.

CALL US FOR ALL OF YOUR SAFETY REQUIREMENTS

Attachment 30

NRC Fire Marshal Reports



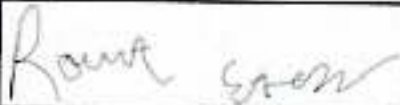
Nebraska State Fire Marshal Inspection Report

Facility Name	Norfolk Regional Center Hospital
Address	1700 N Victory Rd, Norfolk, NE
ZIP	68701
Facility Phone Number	(402) 649-1376
Inspector Name	Robert Stoess
Inspector Badge#	8728
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	robert.stoess@nebraska.gov
Inspector Phone Number	402-606-0337
Number of Visits	1
Date of Inspection	2022-09-27
Inspection Type	Initial
Status	Failed
Complete Corrections By	2022-10-27
Occupant Load	150
Fee Card	Y
Fee Sheet/Facility ID Number	10149
Code Reviews	

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Robert Stoess	8728	Nebraska State Fire Marshal	402-606-0337
Owner / Responsible Party	Phone Number	email	
Kevin Wragge	(402) 649-1376	Kevin.wragge@nebraska.gov	
Mailing Address: 1700 North Victory Rd Norfolk, NE 68702			

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01. It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE 2022-10-27

If you have questions on this Order, contact Robert Stoess by phone at 402-606-0337 or by Email at robert.stoess@nebraska.gov

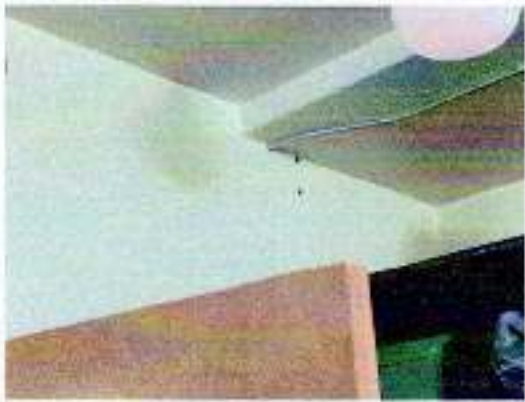
Inspector Comments / Notes	
Report completed by Deputy	Robert Stoess
Date Signed	2022-09-27
Signature	

Inspection Violations

Failed Item	Status	Code
Existing Healthcare		
18. Hazardous areas 2 west supply room penetrations shall be sealed. 1 west door shall remain closed to prevent smoke spread.	Fail	See below code 19.3.2
19. Cooking facilities Stove in activity room shall have a sign which reads no cooking with grease.	Fail	See below code 19.3.2.5
Common Electrical Deficiencies		
6. 36 inch clearance around electrical panels and equipment 3 ft shall be maintained for electrical panel in 1 west.	Fail	See below code NFPA 70; 110.26 (A)(1)
Fire System-Equipment ITM		

Inspection Code Reference

- 19.3.2 - 2012 ed - Protection from Hazards.
- 19.3.2.5 - 2012 ed - Cooking Facilities
- NFPA 70; 110.26 (A)(1) - 110.26 Spaces About Electrical Equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment.
(A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (A)(2), and (A)(3) or as required or permitted elsewhere in this Code.
(1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(s), (A)(1)(b), or (A)(1)(c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed.



2nd floor supply room 2 west



activity room stove



Nebraska State Fire Marshal Inspection Report

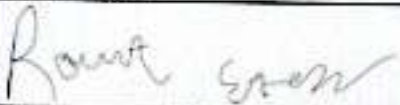
Facility Name	Norfolk Regional Center Hospital
Address	1700 N Victory Rd, Norfolk, NE
ZIP	68701
Facility Phone Number	(402) 649-1376
Inspector Name	Robert Stoess
Inspector Badge#	8728
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	robert.stoess@nebraska.gov
Inspector Phone Number	402-606-0337
Number of Visits	1
Date of Inspection	2022-10-17
Inspection Type	Revisit
Status	Pass
Complete Corrections By	
Occupant Load	150
Fee Card	Y
Fee Sheet/Facility ID Number	10149
Code Reviews	

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Robert Stoess	8728	Nebraska State Fire Marshal	402-606-0337
Owner / Responsible Party	Phone Number	email	
Kevin Wragge	(402) 649-1376	Kevin.wragge@nebraska.gov	
Mailing Address: 1700 North Victory Rd Norfolk, NE 68702			

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Robert Stoess by phone at 402-606-0337 or by Email at robert.stoess@nebraska.gov

Inspector Comments / Notes	
Report completed by Deputy	Robert Stoess
Date Signed	2022-10-17
Signature	

Attachment 31

NRC Generator Testing



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

Tech: **Tim Crabtree**
605-290-9623

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Norfolk Regional Center MAKE: Cat TYPE: Semi-Annual
 CONTACT: Jim Brogman SERIAL: AFN03693 DATE: 5/2/22
 PHONE: 602-649-1376 MODEL: SR4B HRS: 544.6
 ADDRESS: 1700 N. Victory Road TECH: Tim Crabtree WO#918806
 CITY: Norfolk

AUTOMATIC TRANSFER SWITCHES

MAKE: Cat SERIAL: TSG03580 MODEL: CTS
 MAKE: Cat SERIAL: TSG03581 MODEL: CTS
 MAKE: Cat SERIAL: TSE05564 MODEL: CTGD

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS Passed
 (B) LINES CONNECTIONS Passed
 (C) FUEL VALVE LEAK OK
 (D) DAYTANK OPERATION Passed
 (E) TRANSFER PUMP Passed
 (F) FLOW METER/VALVE OK
 (G) VENT/RETURN FLOW Passed
 (H) WATER IN FUEL Passed
 (I) INJECTION PUMP Passed
 (J) SOLENOID VALVE Passed
 (K) FUEL FILTER Passed
 (L) WATER SEPARATOR Passed
 (M) FUEL SAMPLE N/A

(2) LUBRICATION

CHECK (A) OIL LEAKS Passed
 (B) OIL LEVEL (SEE MANUAL) Passed
 (C) OIL HEAVY OK
 (D) GOVERNOR OIL LEVEL OK
 (E) GOVERNOR SEALS/LEAKS Passed
 (F) OIL FILTER Passed
 (G) WATER IN OIL N/A
 (H) OIL SAMPLE OIL OK
 (I) OIL SAMPLE OK

(3) COOLING SYSTEM

CHECK (A) FANS Passed
 (B) COOLANT LEVEL Passed
 (C) FRESH WATER OK
 (D) RADIATOR AIR FLOW Passed
 (E) RADIATOR SYSTEMS OK
 (F) BLOWER HEATER Passed
 (G) WATER PUMP Passed
 (H) OILS Passed
 (I) BELTS Passed
 (J) FAN BELTS Passed
 (K) FAN BELTS Passed
 (L) RADIATOR FAN Passed
 (M) RADIATOR CAPS Passed
 (N) WATER FILTER N/A
 (O) WATER MOUNT N/A

(4) BELT/STAY SYSTEM

CHECK (A) LOOSE Passed
 (B) CONDENSATION TRAP Passed
 (C) INSULATION Passed
 (D) INSULATION Passed
 (E) TANK CAP Passed
 (F) WIND PROTECTION Passed
 (G) FLEX BENDING Passed

(5) BATTERY SYSTEM

CHECK (A) CHARGER VOLTAGE (V) OK
 (B) FLOOD Passed
 (C) WIND UP Passed
 (D) ELECTROLYTE LEVEL Passed
 (E) TERMINALS/CABLES OK
 (F) BLANKET HEATER Passed
 (G) SPECIFIC GRAVITY Passed
 (H) HIGH Passed
 (I) LOW Passed
 (J) BATTERY TEST Passed
 (K) DISCHARGE Passed

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Passed
 (B) INSTRUMENTATION Passed
 (C) BATTERY BULK/CHARGER Passed
 (D) BATTERY BANK Passed
 (E) HIGH WATER TEMP Passed
 (F) LOW OIL TEMPERATURE Passed
 (G) OVERHEAT Passed
 (H) M FAN Passed
 (I) PRELUBING Passed
 (J) CIRCUIT BREAKERS Passed
 (K) FUSES Passed
 (L) INSULATION DAMAGED Passed
 (M) CORROSION Passed

(7) PUMP/MOTOR

CHECK (A) GOVERNOR CONNECTIONS Passed
 (B) VIBRATION Passed
 (C) IMB Passed
 (D) INJECTORS Passed
 (E) MECHANICAL HARDWARE Passed
 (F) AIR INTAKE Passed
 (G) OIL PRESSURE OK
 (H) INJECTION TIMING/INJECTOR OK
 (I) INJECTOR Passed
 (J) VOLTS OK
 (K) AMPERS OK
 (L) RPM/STROKE Passed
 (M) BELTS Passed

(8) GENERATOR

CHECK (A) ROTOR Passed
 (B) STATOR Passed
 (C) EXCITOR Passed
 (D) STATOR Passed
 (E) ROTOR Passed
 (F) BEARING (S) Passed
 (G) FIELDS Passed
 (H) AIR FLOW Passed
 (I) VOLTAGE REGULATOR Passed
 (J) FIELD BREAKER Passed
 (K) VOLTAGE OK
 (L) FREQ OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) CONTACTS Passed
 (B) WIND PROTECTION Passed
 (C) MOVING PARTS Passed
 (D) SIMULATE POWER FAILURE OK
 (E) BATTERY CHARGE Passed
 (F) CLOCK ADJUSTER Passed

(10) OVERHAUL CONDITION - EPS

CHECK (A) UNUSUAL/UNSAFE Passed
 (B) HOUSEKEEPING Passed
 (C) LOAD TEST OK
 (D) AMPERAGES OK
 (E) VOLTAGE OK
 (F) FREQUENCY OK
 (G) CONNECTIONS Passed
 (H) UNIT LOADS Passed
 (I) EPS OK
 (J) EPS AUTO OK
 (K) EPS RELEASER OK

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Comments: Semi-annual, completed with no issues. Loaded generator down with no issues.



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER Norfolk Regional Center MAKE Cat TYPE Quarterly
 CONTACT Kevin Vragge SERIAL AFN03693 DATE 8/12/22
 PHONE 402-649-1376 MODEL SR48 HRS 562.6
 ADDRESS 1700 N Victory Road TECH Tim Crabtree W0#920108
 CITY Norfolk NE

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TS003580,TS003581,TS003326 MODEL CTS
 MAKE CAT SERIAL TS003327,TS003325,TS003328 MODEL CTS
 MAKE CAT SERIAL TSB05564,TSB05566 MODEL CTGD

(I) FUEL SYSTEM

CHECK (A) FUEL DRAKE Passed
 (B) LINES CONNECTIONS Passed
 (C) DAY TANK LEVEL OK
 (D) NIGHT TANK OPERATION Passed
 (E) TRANSFER PUMP Passed
 (F) MAIN TANK LEVEL OK
 (G) AIR FLOW/WH/WH/WH Passed
 (H) NOISE IN FUEL Passed
 (I) INJECTION PUMP Passed
 (J) SOLENOID VALVE Passed
 (K) FUEL FILTER Passed
 (L) WATER SEPARATOR Passed
 (M) FUEL SAMPLE OK

(II) LUBRICATION

CHECK (A) OILS Passed
 (B) ENGINE OIL LEVEL Passed
 (C) OIL HEATER OK
 (D) GOVERNOR OIL LEVEL OK
 (E) CRANKCASE BREATHING Passed
 (F) OIL FILTER OK
 (G) ENGINE OIL OK
 (H) OIL SAMPLE OK
 (I) OIL SAMPLE OK

(III) COOLING SYSTEM

CHECK (A) LEAKS Passed
 (B) COOLANT FLOW Passed
 (C) PRESSURE POINT OK
 (D) RADIATOR AIR FLOW Passed
 (E) FLOWMETER SYSTEMS OK
 (F) FRESH AIR HEATER Passed
 (G) WATER PUMP Passed
 (H) HOSES Passed
 (I) BELTS Passed
 (J) FAN BELT Passed
 (K) FILLERS Passed
 (L) RADIATOR PSI Passed
 (M) RADIATOR CAP PSI Passed
 (N) WATER FILTER OK
 (O) ANTIFREEZE OK

(IV) EXHAUST SYSTEM

CHECK (A) LEAKS Passed
 (B) CONDENSATION TRAP OK
 (C) INSULATION Passed
 (D) RESTRICTION Passed
 (E) HARMONIC Passed
 (F) HANGERS/SUPPORT Passed
 (G) FLEX HOUSING Passed

(V) BATTERY SYSTEMS

CHECK (A) CHARGE VOLTAGE (1) OK
 (2) OK
 (B) EQUALIZE Passed
 (C) ELECTROLYTE LEVEL Passed
 (D) TERMINAL CABLES Passed
 (E) R. AWAY HEATER OK
 (F) SPECIFIC GRAVITY (HIGH) Passed
 (LOW) Passed
 (G) LOAD TEST Passed
 (H) DISCHARGE Passed

(VI) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Passed
 (B) UNDERMINATION Passed
 (C) SAFETY SWITCHING Passed
 (D) CABLES Passed
 (E) HIGH WATER TEMP. Passed
 (F) LOW OIL PRESSURE Passed
 (G) OVERSPEED Passed
 (H) RPM Passed
 (I) PREALARMS Passed
 (J) EXHAUST AIRFLOW Passed
 (K) FUELERS Passed
 (L) UNDER FLOOR LAMINATE Passed
 (M) CABINETS Passed

(VII) RPM METER

CHECK (A) OVERHAUL OPERATION Passed
 (B) VIBRATION Passed
 (C) T-MING Passed
 (D) INJECTORS Passed
 (E) MOUNTING HARDWARE Passed
 (F) AIR INTAKE Passed
 (G) OIL PRESSURE OK
 (H) WATER TEMPERATURE OK
 (I) ALTERNATOR Passed
 (J) VOLTS OK
 (K) AMPS OK
 (L) AIR CLEANER Passed
 (M) EXHA Passed

(VIII) GENERATOR

CHECK (A) ROTOR Passed
 (B) STATOR Passed
 (C) EXCITOR Passed
 (D) SLIPRING Passed
 (E) ROTOR Passed
 (F) BEARINGS (R) Passed
 (G) BEARINGS Passed
 (H) FAN FLOW Passed
 (I) VOLTAGE REGULATION Passed
 (J) FUSE BREAKER Passed
 (K) VOLTAGE OK
 (L) HERTZ OK

(IX) AUTOMATIC TRANSFER SWITCHES

CHECK (A) WTS CONTACTS Passed
 (B) LINEAR MOTION ACTIVATION Passed
 (C) MOVING PARTS Passed
 (D) SULLATE POWER FAILURE OK
 (E) TIME DELAY Passed
 (F) CLOCK EXERCISER Passed

(X) GENERAL CONDITION - EPS

CHECK (A) UNDERMINATION Passed
 (B) HOUSEKEEPING Passed

(XI) LOAD TEST

RECORD (A) AMPERAGE/LEG OK
 (B) VOLTAGE/LEG OK
 (C) HERTZ OK
 (D) CONNECTIONS Passed
 (E) UNIT LOADS Passed

(XII) EPS

CHECK (A) EPS IN AUTO? OK
 (B) BREAKER CLOSED? OK

**As noted, operator daily visual inspection
 **Manufacturer's manual is applied

Comments:

Quarterly inspection completed with no issues found. Cycled all breakers and did a quick 20 min load test with no issues.

Customer Signature

3E Signature

Date 8/12/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-261-6416

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Norfolk Regional Center MAKE: Cat TYPE: Quarterly 917758
CONTACT: Rock SERIAL: APN03693 DATE: 2/24/22
PHONE: 402-992-9785 MODEL: SR4B HRS: 538.4
ADDRESS: 1700 N. Victory Road TECH: Daniel
CITY: Norfolk, NE

AUTOMATIC TRANSFER SWITCHES

MAKE: Cat SERIAL: TSG03580, TSG03581 MODEL: CTS
MAKE: Cat SERIAL: TSG03327, TSG03325, TSG03328, TSG03326 MODEL: CTS
MAKE: Cat SERIAL: TSB05564, TSB05566 MODEL: CTGD

(I) FUEL SYSTEM

CHECK (A) FUEL LEAKS Pass
CHECK (B) LUBRICANT OIL FROM Pass
CHECK (C) DIESEL TANK LEVEL N/A
CHECK (D) DIESEL TANK OPERATIONAL N/A
CHECK (E) TRANSFER PUMP N/A
CHECK (F) MAIN TANK LEVEL N/A
CHECK (G) WATER IN FUEL N/A
CHECK (H) AIR IN FUEL Pass
CHECK (I) INJECTION PUMP Pass
CHECK (J) DEFUELING VALVE N/A
CHECK (K) DIESEL FILTER Pass
CHECK (L) WATER SEPARATOR Pass
CHECK (M) FUEL SAMPLE N/A

(II) LUBRICATION

CHECK (A) LEAKS Pass
CHECK (B) OILING OIL LEVEL Pass
CHECK (C) OIL HEATER Pass
CHECK (D) GOVERNOR OIL LEVEL N/A
CHECK (E) CRANKCASE BREATHER Pass
CHECK (F) OIL FILTER Pass
CHECK (G) ENGINE OIL N/A
CHECK (H) GOVERNOR OIL N/A
CHECK (I) OIL SAMPLE N/A

(III) COOLING SYSTEM

CHECK (A) LEAKS Pass
CHECK (B) COOLANT LEVEL Pass

(IV) EXHAUST SYSTEM

CHECK (A) LEAKS Pass
CHECK (B) CORROSION TRAP N/A
CHECK (C) INSULATION Pass
CHECK (D) RESTRICTION Pass
CHECK (E) RAINCAP Pass
CHECK (F) HANGERS/SUPPORT Pass
CHECK (G) FLUE SECTIONS Pass

(V) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27.3
CHECK (B) FLOAT Pass
CHECK (C) FRESH AIR Pass
CHECK (D) ELECTROLYTE LEVEL N/A
CHECK (E) TERMINAL SCRAMBLES Pass
CHECK (F) BLANKET HEATER N/A
CHECK (G) BATTERY GRAVITY N/A
CHECK (H) HIGH N/A
CHECK (I) LOW Pass
CHECK (J) LOAD TEST Pass
CHECK (K) CORROSION Pass

(VI) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass
CHECK (B) WETTER/CONTAMINATION Pass
CHECK (C) BATTERIES DISCHARGED Pass
CHECK (D) OVERCURRENT Pass
CHECK (E) HIGH AMPERE TEMP Pass
CHECK (F) ON/OFF PROTECTORS Pass
CHECK (G) OVERSPEED Pass
CHECK (H) A ARMS Pass
CHECK (I) PIPING ARMS Pass
CHECK (J) CIRCUIT BREAKERS Pass
CHECK (K) FUSES Pass
CHECK (L) INSULATION DAMAGE Pass
CHECK (M) CABINETS Pass

(VII) PUMP/MOVER

CHECK (A) GOVERNOR OPERATION Pass
CHECK (B) VIBRATION Pass
CHECK (C) T-MIND Pass
CHECK (D) IMB CTORS Pass
CHECK (E) MOUNTING HARDWARE Pass
CHECK (F) AIR BRACE Pass
CHECK (G) OIL PRESSURE Pass
CHECK (H) WATER TEMPERATURE Pass
CHECK (I) DC ALTERNATOR Pass
CHECK (J) VOLTS 27
CHECK (K) AMPS N/A
CHECK (L) GEAR OIL CLEANER Pass
CHECK (M) BOLTS Pass

(VIII) GENERATOR

CHECK (A) ROTOR Pass
CHECK (B) STATOR Pass
CHECK (C) EXCITOR Pass
CHECK (D) STATOR Pass
CHECK (E) ROTOR Pass
CHECK (F) BEARINGS (S) Pass
CHECK (G) COILS Pass
CHECK (H) FAN FLOW Pass
CHECK (I) VOLTAGE REGULATOR Pass
CHECK (J) FEED BREAKER Pass
CHECK (K) VOLTAGE 48
CHECK (L) HERTZ 60

(IX) AUTOMATIC TRANSFER SWITCHES

CHECK (A) WATS, CONTACTS Pass
CHECK (B) LINEAR MOTORS ACTUATION Pass
CHECK (C) MOVING PARTS Pass
CHECK (D) 3 PHASE POWER FAILURE N/A
CHECK (E) TIME DELAYS Pass
CHECK (F) CLOCK SYNC ERR Pass

(X) GENERAL CONDITION - EPS

CHECK (A) OVERLOAD PROTECT Pass
CHECK (B) HOUSING SUPPORT Pass
CHECK (C) AMPHIBOLITE N/A
CHECK (D) VIB TOLERANCE N/A
CHECK (E) HERTZ 60
CHECK (F) DC CORRECTORS N/A
CHECK (G) UNIT LOADS N/A

(XI) EPS

CHECK (A) EPS IN AUTO Pass
CHECK (B) BREAKER CLOSED Pass

* ALL PRESS. MEASUREMENTS TO BE TAKEN WITH PRESSURE GAUGE
** REPAIR/REPLACE 4 HOURS OR MORE

Comments:
Quarterly PM complete nothing unusual noted.
3 Hours 80 Miles

Attachment 32

NRC Life Safety Reports

All drills are critiqued to identify deficiencies and opportunities for improvement. A post drill meeting is held at the completion of each drill and drills are reviewed at each Environment of Care meeting. Fire drills are conducted quarterly on all shifts.

Date	Time	Area	RESCUE	ALARM			CONFINE	EVACUATE
			Remove Persons	Fire Pull Time	Page from Area	Call to HS	Room Checks	Evacuate Time
1-26-22	05:05	2E	N/A	1-26-22 09:43	N/A	N/A	N/A	N/A
2-23-22	15:23	1W	yes	15:25	yes	No	yes	15:27
3-28-22	13:38	1 st Floor	yes	13:38	Yes	Yes	yes	N/A
Number of Drills			Total	Average	Total	Total	Total	Average
3			2	1 Min	2	1	2	2 Min

The threshold for fire pull time is 1 minute and 3 for evacuation time. During this reporting period, there were 3 fire drills. Overnight shift completed a walkthrough of a fire drill on 1-26-22. Staff knew RACE and PASS procedures. The Fire Alarm was pulled the later in the morning at 09:43, per Fire Marshall's recommendations. 2-23-22 was a scheduled fire alarm. 2-23-22 was evacuated per video review. 3-28-22, the fire system needed to be checked do to the power surge the previous Saturday. The alarms sounded and the fire doors closed accordingly.

All drills are critiqued to identify deficiencies and opportunities for improvement. A post drill meeting is held at the completion of each drill and drills are reviewed at each Environment of Care meeting. Fire drills are conducted quarterly on all shifts.

Date	Time	Area	RESCUE	ALARM			CONFINE	EVACUATE
			Remove Persons	Fire Pull Time	Page from Area	Call to HS	Room Checks	Evacuate Time
4-13-22	04:30	3E	N/A	4-13-22 0832	N/A	N/A	N/A	N/A
5-2-22	0554	Kitchen	yes	0554	No	No	yes	N/A
5-19-22	12:50	1 st Floor	yes	12:50	Yes	Yes	yes	12:52
6-24-22	16:10	2W	Yes	16:10	Yes	Yes	Yes	16:12
Number of Drills			Total	Average	Total	Total	Total	Average
4			3	1 Min	2	3	3	2 Min

The threshold for fire pull time is 1 minute and 3 for evacuation time. During this reporting period, there were 4 fire drills. Overnight shift completed a walkthrough of a fire drill on 4-13-22. Staff knew RACE and PASS procedures. The Fire Alarm was pulled the later in the morning at 08:32, per Fire Marshall's recommendations. 5-2-22 was an unscheduled fire alarm. A sensor was tripped in the kitchen due to steam. Staff were quick to locate the issue and cancel the CODE RED. 5-19-22 we completed a fire drill. No issues were noted, besides 3E fire alarm was quiet. Maintenance informed. 6-24-22 the last fire drill was completed for the quarter. Two issues identified. 1 regarding evacuation of patients from 1 West, it was discussed with Unit Supervisor they are to evacuate through the Lobby door if possible, due to use of handicap assessable ramp. Second issue in regards to notification with Maintenance when drills are completed. The air handlers turn off during a fire pull and the kitchen area developed moisture, ON CALL maintenance had to be called in to turn them back on.

All drills are critiqued to identify deficiencies and opportunities for improvement. A post drill meeting is held at the completion of each drill and drills are reviewed at each Environment of Care meeting. Fire drills are conducted quarterly on all shifts.

Date	Time	Area	RESCUE	ALARM			CONFINE	EVACUATE
			Remove Persons	Fire Pull Time	Page from Area	Call to HS	Room Checks	Evacuate Time
7-21-22	05:55	1W	N/A	7-21-22 08:45	N/A	N/A	N/A	N/A
8-25-22	14:04	2E	yes	14:05	Yes	Yes	yes	14:07
9-26-22	15:12	3E	yes	15:13	Yes	Yes	yes	15:14
Number of Drills			Total	Average	Total	Total	Total	Average
3			2	1 Min	2	2	2	1.5 min

The threshold for fire pull time is 1 minute and 3 for evacuation time. During this reporting period, there were 3 fire drills. Overnight shift completed a walkthrough of a fire drill on 7-21-22. Staff knew RACE and PASS procedures. The Fire Alarm was pulled the later in the morning at 08:45, per Fire Marshall's recommendations. Johnson Control combined with another company and gave our facility new ID# and phone number to call to set up fire drills. 8-25-22 we completed a fire drill. Two patients refused to leave the unit; staff were informed to document this to their treatment teams. 9-26-22, the last fire drill was completed for the quarter. 1 East fire door did not close properly. Maintenance was notified and issue stemmed from humidity in the building causing the door to swell. 2 Patients refused to evacuate for the drill, unit staff were informed to document this occurrence and report it to their treatment teams.

All drills are critiqued to identify deficiencies and opportunities for improvement. A post drill meeting is held at the completion of each drill and drills are reviewed at each Environment of Care meeting. Fire drills are conducted quarterly on all shifts.

			RESCUE	ALARM			CONFINE	EVACUATE
Date	Time	Area	Remove Persons	Fire Pull Time	Page from Area	Call to HS	Room Checks	Evacuate Time
10-27-21	04:38	3E	N/A	10-27 08:45	N/A	N/A	N/A	N/A
11-28-21	17:25	1W	yes	17:25	yes	yes	yes	N/A
12-22-21	14:34	3E	yes	14:34	No	No	yes	14:37
Number of Drills			Total	Average	Total	Total	Total	Average
3			2	1 Min	1	1	2	3 Min

The threshold for fire pull time is 1 minute and 3 for evacuation time. During this reporting period, there were 3 fire drills. Overnight shift completed a walkthrough of a fire drill on 10-27-21. The Fire Alarm was pulled the later in the morning at 08:45, per Fire Marshall's recommendations. 11-28-21 was an unscheduled fire alarm in which a patient pulled the alarm. Each unit prepared to evacuate before it was cancelled. TL Hunter Lewis quickly determined that a patient pulled the alarm and notified the House Supervisor. A call was made to the fire department to prevent them from showing up to the facility. 12-22-21, the fire alarm was knocked loose by maintenance. Staff did not call the House Supervisor, the House Supervisor did not come to the unit, each unit lined up to evacuate, before the fire alarm was cancelled. 1 west was in the process of leaving the unit when cancelled. When the House supervisor arrived, she was shown where the codes for Johnson Control and the Fire Department to cancel a fire alarm.

Attachment 33

NRC Sprinkler Reports

MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400
Omaha, Nebraska 68117
(402) 558-7080
FAX (402) 733-7810

1821-1823 Racoon Street
DES MOINES, IOWA 50317
(515) 282-9311
FAX (515) 265-0361

1216 East 37th Street
Davenport, Iowa 52807
(319) 323-0914
FAX (319) 323-0914

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

FOR OFFICE USE ONLY
 DIST A.
 DIST B.
 DIST C.
 MAIN OFC.
 STATE BLDG.

 LOCATION OF SYSTEM Norfolk K&S Heating Plant *TYPE OF SYSTEM DATE OF INSPECTION
1700 No. Victory Lane * WET 2-2-22
Norfolk No. 68701 * DRY TYPE OF OCCUPANCY
 * OTHER Main Bldg
 NAME OF PERSON/COMPANY PERFORMING INSPECTION *
 * SIGNATURE OF OWNERS REPRESENTATIVE

MIDWEST AUTOMATIC FIRE SPRINKLER CO.
4910 F STREET SUITE 400
OMAHA NE 68117

* SIGNATURE OF SPRINKLER INSPECTOR
 *
 * LICENSE# 95007

 FORMS INCLUDED WITH THIS COVER SHEET * TYPE OF INSPECTION
 CONTRACTORS TEST CERTIFICATION * INITIAL ACCEPTENCE OF SYSTEM
 UNDERGROUND (FORM 85-AB) * REINSPECTION DUE TO REMODEL,
 ABOVEGROUND (FORM 85-AC) * REPAIR ETC.
 REPORT OF INSPECTION (SHEET 1+SHEET 2) * PERIODIC, ANNUAL INSPECTION
 DRY PIPE VALVE TRIP TEST

 MAJOR DEFICIENCIES/COMMENTS

Spigot # 27545

BFP # 31319

Due for 5yr in 2022

 SYSTEM IN COMPLIANCE ***** HAS MINOR DEFICIENCIES ***** HAS MAJOR DEFICIENCIES

 SEND TO: NEBRASKA STATE FIRE MARSHAL 246 SO.14 LINCOLN, NE. 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

Inspection Report No. 241

Adelphi Park Station

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
 12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE TRIP TEST TABLE						C.O.D.			
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.				
	Time to Trip This Test Pipe	Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN. SEC.	PSI		PSI		PSI		MIN. SEC.	YES NO		
Without C.O.D.											
With C.O.D.											

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE						
	Operation	<input type="checkbox"/> PNEUMATIC	<input checked="" type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC			
	Piping Supervised	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Detecting device supervised		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO			
Is there an accessible facility in each circuit for testing			Method of testing circuits				
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO					
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
		YES	NO	YES	NO	YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	RTU	YES	YES	NO	YES	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	18	RTU	YES	YES	NO	YES	
System Control Valves	2	RTU	YES	YES	NO	YES	
Other Control Valves							

16. Water Flow Test at Sprinkler Riser

Water Supply Source:	Date	City	Test Pipe Location	Tank	Static Pressure	Pump	Residual (Flow) Pressure
Last Water Flow Test	1-28-21	NSF		2"	82		70
This Water Flow Test	2-2-22	NSF		2"	87		70

17. Explain any "No" answers and comments: See NSF M Form

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: [Signature] Date: 2-2-22

MIDWEST AUTOMATIC FIRE SPRINKLER CO.

REPORT OF INSPECTION

Inspection Report No. 591
Conferred With _____

Inspection Contract No. _____
Phone No. _____

REPORT TO New York Reading Plant BUILDING OR LOCATION Same
STREET 1700 New Victory Lane INSPECTOR H. Scott
CITY & STATE New York NY DATE 2-27-22

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. none
 - B. Describe fire protection modifications made since last inspection. none
 - C. Describe any fires since last inspection. none
 - D. When was the system piping last checked for stoppage, corrosion or foreign material? 2017
 - E. When was the dry-piping system last checked for proper pitch? not checked
 - F. Are dry valves adequately protected from freezing? not checked
- Signature _____ Title _____ Date 2-27-22

Inspector's Section (All responses reference current inspection) NA - NOT APPLICABLE

- 1. General
 - a. Is the building occupied? Yes No Is occupancy same as previous inspection? yes no NA
 - b. Are all systems in service? Yes No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? Yes No
 - d. Does all electrical heat tape appear to be satisfactory? Yes No NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? Yes No NA
- 2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? Yes No
- 3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No
- 4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes No NA
 - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes No NA
 - Are they accessible and visible? Yes No NA
- 5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? Yes No NA
 - b. Have antifreeze system solutions been tested? Yes No NA
 - c. Were the antifreeze test results satisfactory? Yes No NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? Yes No NA Do all exterior openings appear to be protected against freezing? Yes No NA
- 6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? Yes No NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? Yes No NA
 - c. Has the operation of the air or nitrogen supplies been tested? Yes No NA Are they in service? Yes No NA
 - d. Were low points drained during this inspection? Yes No NA
 - e. Did quick-opening devices operate satisfactorily? Yes No NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? Yes No NA
 - g. Did the heating equipment in the dry pipe valve room(s) operate at the time of inspection? Yes No NA
- 7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? Yes No NA
 - b. Did the heat-responsive devices operate properly during testing? Yes No NA
 - c. Did the supervisory devices operate during testing? Yes No NA
- 8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? Yes No NA
 - b. Did electric alarm(s) test satisfactorily? Yes No NA
 - c. Did supervisory alarm service test satisfactorily? Yes No NA

"Flow Switch"
Time: _____ min _____ sec.
- 9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes No
 - b. Are sprinklers less than 30 years old? (Older sprinklers require sample testing) Yes No
 - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing) Yes No
 - d. Is stock of spare sprinklers available? Yes No
 - e. Does the exterior condition of sprinkler system appear to be satisfactory? Yes No
 - f. Are sprinklers of proper temperature ratings for their locations? Yes No

Are all new additions and building changes properly protected? yes no NA

3 W54 E56
2 W55 E48
1 W40 E58
B AD 58
K 29
S 32



MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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Fax (515) 265-0361

618 East 52th Street
Davenport, Iowa 52807
(562) 374-8847
Fax (562) 380-8848

5 Year Report of Inspection, Testing & Maintenance

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED

Name of Inspected Property: Midwest Regional Center Date: 5-10-22
Inspector Name: S. Tracy Owner's Initials: CSK

	Wet		
	Y	N/A	N
1. System in service before conducting tasks	X		
2. Pertinent parties notified before conducting tasks	X		
3. Alarm valve internally inspected		X	
4. Alarm valve strainers, filters, and restriction orifices inspected		X	
5. Alarm valve internal components cleaned/replaced as necessary		X	
6. Alarm valve internal components inspection/maintenance date:		X	
7. System gauges replaced as necessary	X		
8. System gauges tested by comparison with calibrated gauge	X		
9. System gauges accurate within 3% of full scale	X		
10. System gauges recalibrated as necessary	X		
11. System gauges test/replacement date:	X		
12. Check valve internally inspected	X		
13. Check valve internal components operate correctly	X		
14. Check valve internal components move freely	X		
15. Check valve internal components in good condition	X		
16. Check valve internal components cleaned/repainted/replaced as necessary	X		
17. Check valve internal inspection/maintenance date:		X	
18. Adequate drainage provided before flow testing	X		
19. PFV control valves full flow tested by opening sectional drain valve	X		
20. Supply side static pressure	75	psi	
21. System side static pressure	70	psi	
22. Supply side residual pressure	70	psi	
23. System side residual pressure	70	psi	
24. Results compared to previous full flow test	X		
25. Adjustments made as necessary	X		
26. Extra high temp solder type sprinklers tested/replaced - date:		X	
27. Sprinkler in harsh environment tested/replaced - date:		X	
28. Dry sprinklers tested/replaced (10 years) - date:		X	
29. Sprinklers with fast response elements tested/replaced (at 20 years, 10 thereafter) - Date:		X	
30. All sprinklers tested/replaced (at 50 years, 10 thereafter) - Date:		X	
31. All sprinklers tested/replaced (at 75 years, 5 thereafter) - Date:		X	
32. All sprinklers manufactured before 1920 replaced - Date:		X	
33. Obstruction investigation conducted (see AFSA form 114A) - Date:		X	
34. Pertinent parties notified after conclusion of tasks	X		
35. ALARM PANEL CLEAR	X		
36. SYSTEM RETURNED TO SERVICE	X		

	Dry		
	Y	N/A	N
1. System in service before conducting tasks		X	
2. Pertinent parties notified before conducting tasks		X	
3. Alarm valve internally inspected		X	
4. Alarm valve strainers, filters, and restriction orifices inspected		X	
5. Alarm valve internal components cleaned/replaced as necessary		X	
6. Alarm valve internal components inspection/maintenance date:		X	
7. System gauges replaced as necessary		X	
8. System gauges tested by comparison with calibrated gauge		X	
9. System gauges accurate within 3% of full scale		X	
10. System gauges recalibrated as necessary		X	
11. System gauges test/replacement date:		X	
12. Check valve internally inspected		X	
13. Check valve internal components operate correctly		X	
14. Check valve internal components move freely		X	
15. Check valve internal components in good condition		X	
16. Check valve internal components cleaned/repainted/replaced as necessary		X	
17. Check valve internal inspection/maintenance date:		X	
18. Adequate drainage provided before flow testing		X	
19. PFV control valves full flow tested by opening sectional drain valve		X	
20. Supply side static pressure			psi
21. System side static pressure			psi
22. Supply side residual pressure			psi
23. System side residual pressure			psi
24. Results compared to previous full flow test		X	
25. Adjustments made as necessary		X	
26. Extra high temp solder type sprinklers tested/replaced - date:		X	
27. Sprinkler in harsh environment tested/replaced - date:		X	
28. Dry sprinklers tested/replaced (10 years) - date:		X	
29. Sprinklers with fast response elements tested/replaced (at 20 years, 10 thereafter) - Date:		X	
30. All sprinklers tested/replaced (at 50 years, 10 thereafter) - Date:		X	
31. All sprinklers tested/replaced (at 75 years, 5 thereafter) - Date:		X	
32. All sprinklers manufactured before 1920 replaced - Date:		X	
33. Obstruction investigation conducted (see AFSA form 114A) - Date:		X	
34. Pertinent parties notified after conclusion of tasks	X		
35. ALARM PANEL CLEAR	X		
36. SYSTEM RETURNED TO SERVICE	X		
37. COMMENTS			



MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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1821 1825 Franklin Street
Des Moines, Iowa 50317
(515) 262-0311
Fax (515) 262-4191

513 East 84th Street
Davenport, Iowa 52807
(562) 385-6017
Fax (562) 315-8848

Report of Obstruction Investigation and Internal Condition of Fire Protection System Piping

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED

Name of Inspected Property: North Park Retirement Center Date: 5-10-22
Inspector Name: S. Tracy Owner's Initials: CSB

Annual Ice Obstruction Internal Investigation NA

Applicable only to dry pipe or preaction system piping protecting or passing through freezers or cold storage rooms

	Y	N/A	N
1. System in service before conducting investigation	X	X	
2. Pertinent parties notified before conducting investigation	X	X	
3. System impairment program implemented before conducting investigation	X	X	
4. Piping internally inspected for ice obstruction at entrance points to refrigerated area	X	X	
5. Alternative nondestructive examination method utilized	X	X	
6. No ice obstruction found			X
7. Additional piping examined to ensure no ice blockage exists if "No" on 6.			X
8. Pertinent parties notified of investigation conclusion	X		
9. ALARM PANEL CLEAR	X		
10. SYSTEM RETURNED TO SERVICE	X		

11. COMMENTS:

5-Year Investigation and Prevention

	Y	N/A	N
1. System in service before conducting investigation			
2. Pertinent parties notified before conducting investigation			
3. Adequate drainage ensured before draining system			
4. System impairment program implemented before conducting investigation			
5. Flushing connection of one main and sprinkler or one branch line removed			
6. Alternative nondestructive examination method utilized			
7. No foreign material indicated by nondestructive examination method			
8. Interior of main, branch line, and sprinkler outlet checked for presence of foreign organic or inorganic material			
9. No significant foreign material observed			
10. Interior of main, branch line, and sprinkler outlet checked for presence of tubercules or slime			
11. No tubercules observed			
12. Complete flushing program implemented where observed material sufficient to obstruct sprinklers date: _____			

TESTING FOR MICROBIOLOGICALLY INFLUENCED CORROSION (MIC):

13. Tubercules or slime (if present) tested for indications of MIC date: _____			
14. Material test results do not indicate presence of MIC date: _____			
15. MIC statement/monitoring program implemented (if "NO" on 13.)			
16. Pertinent parties notified of investigation conclusion			

17. ALARM PANEL CLEAR

18. SYSTEM RETURNED TO SERVICE

19. COMMENTS:



MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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Fax (402) 793-7710

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(515) 269-6071
Fax (515) 269-1081

615 East 56th Street
Cedar Rapids, Iowa 52607
(562) 398-6547
Fax (562) 398-6548

Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Midvale Reg. Working Plant Date: 7/28/74
Inspector Name: W. J. [unclear] Owners Initials: _____

Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC is visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure per design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
20. ALARM PANEL CLEAR			
21. COMMENTS:			

Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
20. ALARM PANEL CLEAR			
21. COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm (other than vane type) tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm device appear free of physical damage			
9. Adequate drainage provided before flow testing			
10. A main drain test conducted downstream from backflow preventer			
11. A main drain test conducted downstream from pressure reducing valve			
12. Supply water gauge reading before flow			psi
13. Gauge reading during stable flow (residual)			psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion			
16. ALARM PANEL CLEAR			
17. SYSTEM RETURNED TO SERVICE			
21. COMMENTS:			

Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-tenth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QO) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS:			



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619 East 54th Street
Cedar Rapids, Iowa 52407
(319) 315-6647
Fax (319) 305-6548

Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Midwest Bank Center Date: 10-26-22
Inspector Name: S. Tracy Owners Initials: _____

Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service or inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing	X		
14. FDC obstructions removed as necessary	X		
15. Pressure reducing control valves (PRV) indicate open	X		
16. PRV not leaking	X		
17. PRV maintaining downstream pressure per design	X		
18. PRV in good condition	X		
19. PRV handwheel installed and not broken	X		
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
19. ALARM PANEL CLEAR			
19. COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than valve type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)	X		
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve	X		
12. Supply water gauge reading before flow			psi
13. Gauge reading during stable flow (residual)			psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS:			



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(515) 262-0311
Fax (515) 262-4331

613 East 50th Street
Des Moines, Iowa 50317
(515) 368-6047
Fax (515) 368-6948

Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspector Property: Midwest Keg Weaving Plant Date: 10-26-22
 Inspector Name: Tom Owners Initials: _____

Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing	X		
14. FDC obstructions removed as necessary	X		
15. Pressure reducing control valves (PRV) indicate open	X		
16. PRV not leaking	X		
17. PRV maintaining downstream pressure per design	X		
18. PRV in good condition	X		
19. PRV handwheel installed and not broken	X		
20. ALARM PANEL CLEAR	X		
21. COMMENTS:	X		

Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than valve type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)	X		
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve	X		
12. Supply water gauge reading before flow			psi
13. Gauge reading during stable flow (residual)			psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:	X		

Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
19. ALARM PANEL CLEAR			
19. COMMENTS:			

Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS:			

Attachment 34

NRC Public Health Visit Forms

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 520003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORFOLK REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 1209, 1700 NORTH VICTORY RD NORFOLK, NE 68701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 000}	<p>Initial Comments</p> <p>On 7/19/2022, DHHS Public Health representatives conducted a revisit survey to determine compliance with the deficiencies cited during the 10/8/2020 survey. The facility was in compliance with these regulations at the time of survey.</p>	{I 000}		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 520003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORFOLK REGIONAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 1209, 1700 NORTH VICTORY RD NORFOLK, NE 68701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 000}	<p>Initial Comments</p> <p>On 7/19/2022, DHHS Public Health representatives conducted a revisit survey to determine compliance with the deficiencies cited during the 4/6/2021 survey. The facility was in compliance with these regulations at the time of survey.</p>	{I 000}		

Licensure Unit
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Attachment 35

Whitehall Generator Inspections



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: WHITEHALL MAKE GENERAC TYPE semi annual
 CONTACT: Scott SERIAL 2058112 DATE 2/16/22
 PHONE: 402 405-3649 MODEL 20A 02942-S HRS 343.9
 ADDRESS 2311 N. 60th St. TECH ANDRE
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAYTANK LEVEL N/A
 * (D) DAYTANK OPERATION N/A
 * (E) TRANSFER PUMP N/A
 * (F) MAIN TANK LEVEL N/A
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP N/A
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER N/A
 * CHANGE (L) WATER SEPARATOR N/A
 * TEST (M) FUEL SAMPLE N/A

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT PASS -45F
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS PASS
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI PASS
 * (M) RADIATOR CAP PSI PASS
 * CHANGE (N) WATER FILTER PASS
 * CHANGE (O) ANTIFREEZE PASS

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS
 (1) FLOAT 13.1
 (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A MAINTENANCE FREE
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 (1) HIGH N/A
 (2) LOW N/A
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 (1) OVERCRANK PASS
 (2) HIGH WATER TEMP N/A
 (3) LOW OIL PRESSURE PASS
 (4) OVERSPEED PASS
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS N/A
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE PASS 60
 * (H) WATER TEMPERATURE PASS 165
 * (I) DC ALTERNATOR PASS
 (1) VOLTS 14.2
 (2) AMPS 1.1
 ** CHANGE (J) AIR CLEANER PASS
 ** TORQUE (K) BOLTS PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 (1) STATOR PASS
 (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE 120/240
 * (J) HERTZ 60

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 LINEAR MOTORS ACTUATION PASS
 MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS WED AT 2:00

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A NO LOAD
 * (B) VOLTAGE/LEG 120 120
 * (C) HERTZ 60
 * (D) CB CONNECTIONS PASS
 * (E) UNIT LOADED PASS

(12) EPSS

CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified.

Comments:

Completed semi annual inspection

meter # 9748 43 miles 2.5 hrs

Customer Signature _____

3E Signature _____

Date 2/16/22



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Whitehall 60th St. - Lincoln MAKE GENERAC TYPE _____
CONTACT SCOTT SERIAL 2058112 DATE 5-9-2022
PHONE: 402-405-3649 MODEL 20A 02942-S HRS 349.6
ADDRESS 2311 N. 60th St. TECH ELPERT BROWN JR
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
* (B) LINES/CONNECTIONS OK
* (C) DAY TANK LEVEL N/A
* (D) DAY TANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL N/A
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL N/A
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (D) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINETS OK

(2) LUBRICATION

CHECK (A) LEAKS OK
* (B) ENGINE OIL LEVEL OK
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER N/A
* CHANGE (G) ENGINE OIL N/A
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 50 PSI
* (H) WATER TEMPERATURE OK 145 DEGREES F
* (I) DC ALTERNATOR OK
* (1) VOLTS OK 14V
* (2) AMPS OK 1.2A
** CHANGE (J) AIR CLEANER OK
** TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
* (B) COOLANT LEVEL OK
* (C) FREEZE POINT OK
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK
* (F) BLOCK HEATER OK
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 15 PSI
* CHANGE (N) WATER FILTER N/A
** CHANGE (O) ANTIFREEZE OK

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK
* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A
* LINEAR MOTORS ACTUATION N/A
* ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAY N/A
* (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 13.2 V
* (1) FLOAT OK 13.2 V
* (2) EQUALIZE OK
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINALS/CABLES OK
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK
* (11) LOAD TEST
RECORD (A) AMPERAGE/LEG OK
* (B) VOLTAGE/LEG OK L-L 240VAC L-N 120
* (C) HERTZ 60HZ
* (D) CB CONNECTIONS OK
* (E) UNIT LOADED OK

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed specified or during annual inspection only
** Additional cost if needed or specified

Comments:

PERFORMED QUARTERLY INSPECTION JOB#918935 BATTERY 2/18/2021 P/N634MF 60MILES

Customer Signature _____

3E Signature _____

Date 5-9-2022



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Whitehall 60th St. - Lincoln MAKE GENERAC TYPE _____
CONTACT: SCOTT SERIAL 2058112 DATE 8-15-2022
PHONE: 402-405-3649 MODEL 20A 02942-S HRS 356.7
ADDRESS 2311 N. 60th St. TECH ELPERT BROWN JR
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK
* (B) LINES/CONNECTIONS OK
* (C) DAYTANK LEVEL N/A
* (D) DAYTANK OPERATION N/A
* (E) TRANSFER PUMP OK
* (F) MAIN TANK LEVEL N/A
* (G) VENT/OVERFLOW OK
* (H) WATER IN FUEL N/A
* (I) INJECTION PUMP OK
* (J) SOLENOID VALVE OK
* CHANGE (K) FUEL FILTER N/A
* CHANGE (L) WATER SEPARATOR N/A
* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
* (B) INSTRUMENTATION OK
* (C) SAFETIES SHUTDOWNS OK
* (1) OVERCRANK OK
* (2) HIGH WATER TEMP OK
* (3) LOW OIL PRESSURE OK
* (4) OVERSPEED OK
* (B) ALARMS OK
* (E) PREALARMS OK
* (F) CIRCUIT BREAKERS OK
* (G) FUSES OK
* CHECK (H) INSULATION DAMAGE OK
CLEAN (I) CABINERY OK

(2) LUBRICATION

CHECK (A) LEAKS OK
* (B) ENGINE OIL LEVEL OK
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL N/A
* (E) CRANKCASE BREATHER OK
* CHANGE (F) OIL FILTER OK
* CHANGE (G) ENGINE OIL OK
* CHANGE (H) GOVERNOR OIL N/A
* TEST (I) OIL SAMPLE OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
* (B) VIBRATION OK
* (C) TIMING OK
* (D) INJECTORS OK
* (E) MOUNTING HARDWARE OK
* (F) AIR INTAKE OK
* (G) OIL PRESSURE OK 50 PSI
* (H) WATER TEMPERATURE OK 180 DEGREES F
* (I) DC ALTERNATOR OK
* (1) VOLTS OK 13.8V
* (2) AMPS OK 1.3 A
* CHANGE (J) AIR CLEANER OK
* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK
* (B) COOLANT LEVEL OK
* (C) FREEZE POINT OK -45
* (D) RADIATOR AIR FLOW OK
* (E) LOUVER SYSTEMS OK
* (F) BLOCK HEATER OK OPERATIONAL
* (G) WATER PUMP OK
* (H) HOSES OK
* (I) BELTS OK
* (J) FAN HUB OK
* (K) PULLEYS OK
* (L) RADIATOR PSI OK
* (M) RADIATOR CAP PSI OK 14 PSI
* CHANGE (N) WATER FILTER N/A
* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK
* (B) STATOR OK
* (C) EXCITOR OK
* (1) STATOR OK
* (2) ROTOR OK
* (D) BEARINGS (IR) OK
* (E) DIODES OK
* (F) AIR FLOW OK
* (G) VOLTAGE REGULATOR OK
* TEST (H) FEED BREAKER OK
RECORD (I) VOLTAGE OK L-L 240 L-N 120
* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK
* (B) CONDENSATION TRAP OK
* (C) INSULATION OK
* (D) RESTRICTION OK
* (E) RAINCAP OK
CHECK (F) HANGERS/SUPPORT OK
* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS OK
* LINEAR MOTORS ACTUATION N/A
* ATS Battery Replaced Y or N N/A
* (B) SIMULATE POWER N/A
* FAILURE (C) TIME DELAYS N/A
* (D) CLOCK EXERCISER OK 8:30-9 WED

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 12.99V
* (1) FLOAT OK
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL N/A
* (C) TERMINAL/S/CABLES OK
* (D) BLANKET HEATER OK
* (E) SPECIFIC GRAVITY N/A
* (1) HIGH N/A
* (2) LOW N/A
* (F) LOAD TEST OK
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
* (B) VOLTAGE/LEG N/A
* (C) HERTZ N/A
* (D) CB CONNECTIONS N/A
* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK
* (B) BREAKER CLOSED? OK

* As needed, specified on thring annual inspection only
** Additions as needed or specified

Comments:

USED 5 QTS 5W-30 O/F 1036 COLLECTED OIL AND COOLANT SAMPLES JOB # 920162

60 MILES ANNUAL JOB # 920161

Customer Signature _____

3E Signature _____

Date 8-15-2022



Service Docket

Project Name

STATE OF NEWTEHALL MANSION 022950

Client Name**Docket Number**

USV17-949

Client Contact Number

Maintenance

Elevator

U-I	USV1018440	Truss Set	PM - HY - 1	Unit Name/No.	0405
<input checked="" type="checkbox"/> PERFORMED PREVENTATIVE MAINTENANCE					
Material Used/Spares Parts Used	0405 USV1018440-Hydraulic				

Comments and Recommendations

0405 USV1018440-Hydraulic: Preventative maintenance

Technician Confirmation

Technician	JOSHUA MICHAEL L. ALDIN
Dispatch Time	-
Date	2022-01-26

Technician Signature



Service Docket

Client Confirmation

Client Comment or Proposal

Date

2022-01-26

Client Signature

Customer not present

Attachment 36

Whitehall Sprinkler Inspections

Sprinkler Inspection Certificate

For

Community Life #2
5801 Walker Ave.
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Feb 16, 2022*

Building: Community Life #2
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Community Life #2			Contact: Tiffany F
Address: 5801 Walker Ave.			Phone: 402-479-5452
Address:			Fax:
City/State/Zip: LINCOLN, NE 68507			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Clint Coonrod
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/Zip: Lincoln, NE 68522-1701			Mobile: 531-220-1703
Country: United States of America			Email: ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	22.22%	2	100.00%	2	100.00%	0	0.00%
Device	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	4	100.00%	4	100.00%	0	0.00%
Totals	9	100%	8	88.89%	8	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Community Life #2

Inspector: Clint Coonrod

Contact: Tiffany F

Clint Coonrod Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Community Life #2				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Building–				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:06:22 AM	02/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:06:40 AM	02/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	9:03:03 AM	02/16/2022
Fire Dep't Connection	Ground East Outside	Quarterly	8:45:01 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:05:08 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:05:23 AM	02/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:05:39 AM	02/16/2022
Post Indicator Valve	Ground East Outside	Quarterly	9:03:20 AM	02/16/2022
<i>Untested</i>				
Building– Dry Pipe, Building–				
Dry Sprinkler	Basement East Mechanical Laundry			

Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Community Life #2				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	F-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341112
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
76	31					02/20/2020	02/20/2020	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	76	61	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	77	58	17	<input checked="" type="checkbox"/>	59341113
August 16, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	78	80	59		<input checked="" type="checkbox"/>	59341113
Dry Sprinkler								
Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID	
						<input type="checkbox"/>	59341116	
Location				Description				
Basement East Mechanical Laundry								
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341115		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Community Life #2

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	22.22%	2
Drain	Device	11.11%	1
Dry Pipe Valve	Valve	11.11%	1
Dry Sprinkler	Sprinkler	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Post Indicator Valve	Valve	11.11%	1
Pressure Switch	Alarm	22.22%	2

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
<i>In Service - 10 Years to 15 Years</i>					
Building– Dry Pipe, Building–					
Dry Sprinkler	1				02/05/2008

Sprinkler Inspection Certificate

For

Family Life
5819 Huntington
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Feb 16, 2022*

Building: Family Life
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Family Life		Contact: Tiffany F	
Address: 5819 Huntington		Phone: 402-479-5452	
Address:		Fax:	
City/State/Zip: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/Zip: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1





Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	30.00%	3	100.00%	3	100.00%	0	0.00%
Device	1	10.00%	1	100.00%	1	100.00%	0	0.00%
Hose	1	10.00%	1	100.00%	1	100.00%	0	0.00%
Valve	5	50.00%	5	100.00%	4	80.00%	1	20.00%
Totals	10	100%	10	100.00%	9	90.00%	1	10.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Family Life
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Discrepancy Report

Generated by: BuildingReports.com

Building: Family Life				
<p>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</p>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<i>Items listed for Recall or Replacement/Upgrade</i>				
No items found during this inspection.				
 ScanID	 Location	 Problem	 Reference	
<i>Building- Dry Pipe, Area-Attic</i>				
Control Valve				
59341109	Basement East Mechanical Laundry	Failed Test	NFPA25 4.1.4.1	
<i>Code References</i>				
NFPA25 4.1.4.1	The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by this standard.			

Proposed Solutions Report

Generated by: BuildingReports.com

Building: Family Life

The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.

ScanID	Location	Solution	Model #	Cost	Fix
<i>Building- Dry Pipe, Area-Attic</i>					
Control Valve					
59341109	Basement East Mechanical Laundry	Future service required/fire		T/M	<input type="checkbox"/>
			PO #: (none)	T/M	

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Area–Attic				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:25:37 AM	02/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:34:29 AM	02/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	8:21:31 AM	02/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:22:20 AM	02/16/2022
Building– Service Main, Building–				
Fire Dep't Connection	Ground West	Quarterly	8:22:33 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:24:41 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:24:57 AM	02/16/2022
Post Indicator Valve	Ground Southeast	Quarterly	8:21:46 AM	02/16/2022
Building– Wet Pipe, Building–basement 1st				
Waterflow Switch	Basement East Mechanical Laundry	Quarterly	8:26:59 AM	02/16/2022
<i>Failed/Other</i>				
Building– Dry Pipe, Area–Attic				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:34:11 AM	02/16/2022

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life		Building-, Building-basement 1st					
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
Alarms							
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			38.748	2.0	1	<input checked="" type="checkbox"/>	59341106

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Area-Attic				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<i>Alarms</i>								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341102	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103	
<i>Components</i>								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input type="checkbox"/>	59341109
Description								
Isolation								
Dry Pipe Valve								
Manufacturer	Model #	Location		Internal Date		OK	ScanID	
Viking	F-2	Basement East Mechanical Laundry		02/20/2020		<input checked="" type="checkbox"/>	59341100	
Type	Status	Position		Size	Serial #			
Grooved	Supervised	Trim Open		3"				
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
76	31				02/20/2020	02/20/2020		
<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	76	52	1	<input checked="" type="checkbox"/>	59341101
Previous Inspections								
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	76	53	1	<input checked="" type="checkbox"/>	59341101
May 10, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement East Mechanical Laundry	1.25"	80	79	55	2	<input checked="" type="checkbox"/>	59341101
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Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Family Life				Building-, Building-				
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>								
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
Description								
Main Control								
Post Indicator Valve								
Manufacturer	Model	Location				OK	ScanID	
		Ground Southeast				<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground West	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341108		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Family Life

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	30.00%	3
Drain	Device	10.00%	1
Dry Pipe Valve	Valve	10.00%	1
Fire Dep't Connection	Hose	10.00%	1
Post Indicator Valve	Valve	10.00%	1
Pressure Switch	Alarm	20.00%	2
Waterflow Switch	Alarm	10.00%	1

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020

Sprinkler Inspection Certificate

For

Warner House #1
5800 Leighton
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Feb 16, 2022*

Building: Warner House #1
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Warner House #1		Contact: Tiffany F	
Address: 5800 Leighton		Phone: 402-479-5452	
Address:		Fax:	
City/State/Zip: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/Zip: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
Totals	8	100%	8	100.00%	8	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Warner House #1
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Warner House #1

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Building-				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:22:57 AM	02/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:23:09 AM	02/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	9:20:34 AM	02/16/2022
Fire Dep't Connection	Ground East Outside	Annual	9:12:08 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:23:35 AM	02/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:23:48 AM	02/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:21:14 AM	02/16/2022
Post Indicator Valve	Ground East Outside	Quarterly	9:15:10 AM	02/16/2022

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Warner House #1				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location		Internal Date		OK	ScanID	
Viking	f-2	Basement East Mechanical Laundry		02/20/2020		<input checked="" type="checkbox"/>	59341121	
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
76	32					02/20/2020	02/20/2020	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	76	69	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	80	73		<input checked="" type="checkbox"/>	59341122
August 16, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	878	72		<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Freestanding	Yes	Yes		<input checked="" type="checkbox"/>	59341126	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Warner House #1

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

Sprinkler Inspection Certificate

For

Family Life
5819 Huntington
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Feb 24, 2022

Building: Family Life
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Family Life		Contact: Tiffany F	
Address: 5819 Huntington		Phone: 402-479-5452	
Address:		Fax:	
City/State/Zip: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/Zip: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	30.00%	0	0.00%	0	0.00%	0	0.00%
Device	1	10.00%	0	0.00%	0	0.00%	0	0.00%
Hose	1	10.00%	0	0.00%	0	0.00%	0	0.00%
Valve	5	50.00%	1	20.00%	1	100.00%	0	0.00%
Totals	10	100%	1	10.00%	1	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Family Life
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Area–Attic				
Control Valve	Basement East Mechanical Laundry	Repaired	10:18:07 AM	02/24/2022
<i>Untested</i>				
Building– Dry Pipe, Area–Attic				
Pressure Switch	Basement East Mechanical Laundry			
Pressure Switch	Basement East Mechanical Laundry			
Drain	Basement East Mechanical Laundry			
Dry Pipe Valve	Basement East Mechanical Laundry			
Building– Service Main, Building–				
Fire Dep't Connection	Ground West			
Control Valve	Basement East Mechanical Laundry			
Control Valve	Basement East Mechanical Laundry			
Post Indicator Valve	Ground Southeast			
Building– Wet Pipe, Building–basement 1st				
Waterflow Switch	Basement East Mechanical Laundry			

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Building-basement 1st			
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
Alarms							
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input type="checkbox"/>	59341106

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Area-Attic				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input type="checkbox"/>	59341102	
Low	Supervisory				1	<input type="checkbox"/>	59341103	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109
Description								
Isolation								
Dry Pipe Valve								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
Viking	F-2	Basement East Mechanical Laundry	02/20/2020	<input type="checkbox"/>	59341100			
Type	Status	Position	Size	Serial #				
Grooved			3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
					02/20/2020	02/20/2020		
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	76	52		<input type="checkbox"/>	59341101
Previous Inspections								
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	76	52	1	<input checked="" type="checkbox"/>	59341101
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement East Mechanical Laundry	1.25"	79	76	53	1	<input checked="" type="checkbox"/>	59341101
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Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Family Life				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"			<input type="checkbox"/>	59341104
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"			<input type="checkbox"/>	59341105
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground Southeast			<input type="checkbox"/>	59341107	
Type	Size	Position	Status	Number of Turns				
Ground	6"							
Devices								
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West		Freestanding	Yes	Yes	4"	<input type="checkbox"/>	59341108	

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Family Life					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	30.00%	3		
Drain	Device	10.00%	1		
Dry Pipe Valve	Valve	10.00%	1		
Fire Dep't Connection	Hose	10.00%	1		
Post Indicator Valve	Valve	10.00%	1		
Pressure Switch	Alarm	20.00%	2		
Waterflow Switch	Alarm	10.00%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Family Life				
<i>The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Area-Attic</i>				
1	Control Valve	Basement East Mechanical Laundry	Passed	59341109
valve supervisory switch has been repaired by alarm contractor.				

Sprinkler Inspection Certificate

For

Community Life #2
5801 Walker Ave.
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
May 10, 2022*

Building: Community Life #2
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Community Life #2			Contact: Tiffany F
Address: 5801 Walker Ave.			Phone: 402-479-5452
Address:			Fax:
City/State/Zip: LINCOLN, NE 68507			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Clint Coonrod
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/Zip: Lincoln, NE 68522-1701			Mobile: 531-220-1703
Country: United States of America			Email: ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	22.22%	2	100.00%	2	100.00%	0	0.00%
Device	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Valve	4	44.44%	4	100.00%	4	100.00%	0	0.00%
Totals	9	100%	9	100.00%	9	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Community Life #2

Inspector: Clint Coonrod

Contact: Tiffany F

Clint Coonrod Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Community Life #2

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Building-				
Pressure Switch	Basement East Mechanical Laundry	Annual	9:39:02 AM	05/10/2022
Pressure Switch	Basement East Mechanical Laundry	Annual	9:39:14 AM	05/10/2022
Drain	Basement East Mechanical Laundry	Annual	9:40:26 AM	05/10/2022
Fire Dep't Connection	Ground East Outside	Annual	9:38:45 AM	05/10/2022
Dry Sprinkler	Basement East Mechanical Laundry	Annual	9:39:30 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	9:33:35 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	9:37:56 AM	05/10/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	9:37:18 AM	05/10/2022
Post Indicator Valve	Ground East Outside	Annual	10:26:55 AM	05/10/2022

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Community Life #2				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	F-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341112
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
79	31	9	26	41		02/20/2020	05/10/2022	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	79	64	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	76	61	1	<input checked="" type="checkbox"/>	59341113
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	77	58	17	<input checked="" type="checkbox"/>	59341113
Dry Sprinkler								
Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID	
						<input checked="" type="checkbox"/>	59341116	
Location				Description				
Basement East Mechanical Laundry								
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341115		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Community Life #2					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	22.22%	2		
Drain	Device	11.11%	1		
Dry Pipe Valve	Valve	11.11%	1		
Dry Sprinkler	Sprinkler	11.11%	1		
Fire Dep't Connection	Hose	11.11%	1		
Post Indicator Valve	Valve	11.11%	1		
Pressure Switch	Alarm	22.22%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
<i>In Service - 10 Years to 15 Years</i>					
Building– Dry Pipe, Building–					
Dry Sprinkler	1				02/05/2008

Notes & Recommendations

Generated by: BuildingReports.com

Building: Community Life #2

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Building-</i>				
1	Dry Pipe Valve	Basement East Mechanical Laundry	Passed	59341112
full trip on this date. low Point must be drained prior to freezing weather.				

Sprinkler Inspection Certificate

For

Family Life
5819 Huntington
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
May 10, 2022*

Building: Family Life
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Family Life		Contact: Tiffany F	
Address: 5819 Huntington		Phone: 402-479-5452	
Address:		Fax:	
City/State/Zip: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/Zip: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	30.00%	3	100.00%	3	100.00%	0	0.00%
Device	1	10.00%	1	100.00%	1	100.00%	0	0.00%
Hose	1	10.00%	1	100.00%	1	100.00%	0	0.00%
Valve	5	50.00%	5	100.00%	5	100.00%	0	0.00%
Totals	10	100%	10	100.00%	10	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Family Life
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Area–Attic				
Pressure Switch	Basement East Mechanical Laundry	Annual	8:44:28 AM	05/10/2022
Pressure Switch	Basement East Mechanical Laundry	Annual	8:44:36 AM	05/10/2022
Drain	Basement East Mechanical Laundry	Annual	8:44:07 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	8:43:20 AM	05/10/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	8:54:54 AM	05/10/2022
Building– Service Main, Building–				
Fire Dep't Connection	Ground West	Annual	8:44:18 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	8:36:08 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	8:42:58 AM	05/10/2022
Post Indicator Valve	Ground Southeast	Annual	10:27:10 AM	05/10/2022
Building– Wet Pipe, Building–basement 1st				
Waterflow Switch	Basement East Mechanical Laundry	Annual	8:44:46 AM	05/10/2022

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Building-basement 1st			
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
Alarms							
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59341106

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Area-Attic				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<i>Alarms</i>								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341102	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103	
<i>Components</i>								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109
Description								
Isolation								
Dry Pipe Valve								
Manufacturer	Model #	Location		Internal Date		OK	ScanID	
Viking	F-2	Basement East Mechanical Laundry		02/20/2020		<input checked="" type="checkbox"/>	59341100	
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
76	35	8	25.391	40	02/20/2020	05/10/2022		
<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	77	58	1	<input checked="" type="checkbox"/>	59341101
Previous Inspections								
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	76	52	1	<input checked="" type="checkbox"/>	59341101
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement East Mechanical Laundry	1.25"	79	76	53	1	<input checked="" type="checkbox"/>	59341101
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Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Family Life				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground Southeast			<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341108	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Family Life					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	30.00%	3		
Drain	Device	10.00%	1		
Dry Pipe Valve	Valve	10.00%	1		
Fire Dep't Connection	Hose	10.00%	1		
Post Indicator Valve	Valve	10.00%	1		
Pressure Switch	Alarm	20.00%	2		
Waterflow Switch	Alarm	10.00%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Family Life				
<i>The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Area-Attic</i>				
1	Dry Pipe Valve	Basement East Mechanical Laundry	Passed	59341100
full trip on this date . low points must be drained prior to freezing weather.				

Sprinkler Inspection Certificate

For

Warner House #1
5800 Leighton
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Annual Inspection

Inspection Date

May 10, 2022

Building: Warner House #1
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Warner House #1		Contact: Tiffany F	
Address: 5800 Leighton		Phone: 402-479-5452	
Address:		Fax:	
City/State/Zip: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/Zip: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
Totals	8	100%	8	100.00%	8	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Warner House #1
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Warner House #1

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Building-				
Pressure Switch	Basement East Mechanical Laundry	Annual	10:51:56 AM	05/10/2022
Pressure Switch	Basement East Mechanical Laundry	Annual	10:52:14 AM	05/10/2022
Drain	Basement East Mechanical Laundry	Annual	10:53:57 AM	05/10/2022
Fire Dep't Connection	Ground East Outside	Annual	10:55:24 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	10:52:51 AM	05/10/2022
Control Valve	Basement East Mechanical Laundry	Annual	10:53:08 AM	05/10/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	10:51:30 AM	05/10/2022
Post Indicator Valve	Ground East Outside	Annual	10:54:52 AM	05/10/2022

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Warner House #1				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	f-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341121
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
78	39	9	28.95	42		02/20/2020	05/10/2022	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	78	71	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	76	69	1	<input checked="" type="checkbox"/>	59341122
November 15, 2021								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	80	73		<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341126	

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Warner House #1					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	25.00%	2		
Drain	Device	12.50%	1		
Dry Pipe Valve	Valve	12.50%	1		
Fire Dep't Connection	Hose	12.50%	1		
Post Indicator Valve	Valve	12.50%	1		
Pressure Switch	Alarm	25.00%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

Notes & Recommendations

Generated by: BuildingReports.com

Building: Warner House #1				
<i>The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<i>Building- Dry Pipe, Building-</i>				
1	Dry Pipe Valve	Basement East Mechanical Laundry	Passed	59341121
full trip on this date. low points must be drained prior to freezing weather.				

Sprinkler Inspection Certificate

For

White Hall School #10
2320 North 57th
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
May 10, 2022*

Building: White Hall School #10
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: White Hall School #10			Contact: Tiffany F
Address: 2320 North 57th			Phone: 402-479-5452
Address:			Fax:
City/State/Zip: LINCOLN, NE 68507			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Clint Coonrod
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/Zip: Lincoln, NE 68522-1701			Mobile: 531-220-1703
Country: United States of America			Email: ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
Company: PERMAR			Phone: 1-800-227-9805 Account #:

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
Totals	6	100%	6	100.00%	6	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: White Hall School #10
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall School #10

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	Basement East Mechanical	Annual	12:33:05 PM	05/10/2022
Drain	Basement East Mechanical	Annual	12:34:01 PM	05/10/2022
Fire Dep't Connection	Ground Southeast Outside	Annual	12:33:22 PM	05/10/2022
Control Valve	Basement East Mechanical	Annual	12:31:58 PM	05/10/2022
Control Valve	Basement East Mechanical	Annual	12:32:26 PM	05/10/2022
Control Valve	Basement East Mechanical	Annual	12:32:50 PM	05/10/2022

Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				2.0	1	<input checked="" type="checkbox"/>	59341130	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		86	75	1	<input checked="" type="checkbox"/>	59341132
Previous Inspections								
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		89	72		<input checked="" type="checkbox"/>	59341132
November 15, 2021								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		87	70	1	<input checked="" type="checkbox"/>	59341132
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Southeast Outside	Wall	Yes	Yes	2"	<input checked="" type="checkbox"/>	59341131		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall School #10
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The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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In Service - 2 Years to 3 Years

Building– Wet Pipe, Building–

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020

Sprinkler Inspection Certificate

For

Community Life #2
5801 Walker Ave.
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Aug 16, 2022*

Building: Community Life #2
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Community Life #2			Contact: Tiffany F
Address: 5801 Walker Ave.			Phone: 402-479-5452
Address:			Fax:
City/State/ZIP Code: LINCOLN, NE 68507			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Clint Coonrod
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1703
Country: United States of America			Email: ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	22.22%	2	100.00%	2	100.00%	0	0.00%
Device	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	4	100.00%	4	100.00%	0	0.00%
Totals	9	100%	8	88.89%	8	100.00%	0	0.00%

Certification

Company: NIFCO Mechanical Systems

Building: Community Life #2

Inspector: Clint Coonrod

Contact: Tiffany F

Clint Coonrod Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Community Life #2				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Building–				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:49:48 AM	08/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:51:27 AM	08/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	8:54:09 AM	08/16/2022
Fire Dep't Connection	Ground East Outside	Quarterly	8:54:33 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:50:17 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:50:54 AM	08/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:52:21 AM	08/16/2022
Post Indicator Valve	Ground East Outside	Quarterly	8:55:03 AM	08/16/2022
<i>Untested</i>				
Building– Dry Pipe, Building–				
Dry Sprinkler	Basement East Mechanical Laundry			

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Community Life #2				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	F-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341112
Type		Status	Position		Size	Serial #		
Grooved					3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
88	33					02/20/2020	05/10/2022	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	94	88	69	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
May 10, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	79	64	1	<input checked="" type="checkbox"/>	59341113
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	76	61	1	<input checked="" type="checkbox"/>	59341113
Dry Sprinkler								
Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID	
						<input type="checkbox"/>	59341116	
Location				Description				
Basement East Mechanical Laundry								
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341115		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Community Life #2					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	22.22%	2		
Drain	Device	11.11%	1		
Dry Pipe Valve	Valve	11.11%	1		
Dry Sprinkler	Sprinkler	11.11%	1		
Fire Dep't Connection	Hose	11.11%	1		
Post Indicator Valve	Valve	11.11%	1		
Pressure Switch	Alarm	22.22%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
<i>In Service - 10 Years to 15 Years</i>					
Building– Dry Pipe, Building–					
Dry Sprinkler	1				02/05/2008

Sprinkler Inspection Certificate

For

Family Life
5819 Huntington
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Aug 16, 2022*

Building: Family Life
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Family Life		Contact: Tiffany F	
Address: 5819 Huntington		Phone: 402-479-5452	
Address:		Fax:	
City/State/ZIP Code: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/ZIP Code: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	6	100.00%	0	0.00%
Totals	11	100%	11	100.00%	11	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Family Life
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building– Dry Pipe, Area–Attic				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:31:29 AM	08/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:31:41 AM	08/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	8:30:21 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:27:46 AM	08/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:31:15 AM	08/16/2022
Building– Service Main, Building–				
Fire Dep't Connection	Ground West	Quarterly	8:38:38 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:26:14 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	8:27:24 AM	08/16/2022
Post Indicator Valve	Ground Southeast	Quarterly	8:38:29 AM	08/16/2022
Building– Wet Pipe, Building–basement 1st				
Waterflow Switch	Basement East Mechanical Laundry	Quarterly	8:25:55 AM	08/16/2022
Building– Wet Pipe, Floors–basement and 1				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:29:09 AM	08/16/2022

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life		Building-, Building-basement 1st					
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
Alarms							
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			35.464	2.0	1	<input checked="" type="checkbox"/>	59341106

Building: Family Life				Building-, Floors-basement and 1				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	54622412
Description								
Isolation								

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life				Building-, Area-Attic				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<i>Alarms</i>								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341102	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103	
<i>Components</i>								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109
Description								
Isolation								
Dry Pipe Valve								
Manufacturer	Model #	Location		Internal Date		OK	ScanID	
Viking	F-2	Basement East Mechanical Laundry		02/20/2020		<input checked="" type="checkbox"/>	59341100	
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
86	30				02/20/2020	05/10/2022		
<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	83	57	1	<input checked="" type="checkbox"/>	59341101
Previous Inspections								
May 10, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	77	58	1	<input checked="" type="checkbox"/>	59341101
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement East Mechanical Laundry	1.25"	76	76	52	1	<input checked="" type="checkbox"/>	59341101
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Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Family Life				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
Description								
Main Control								
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground Southeast			<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
Devices								
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341108	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Family Life					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	36.36%	4		
Drain	Device	9.09%	1		
Dry Pipe Valve	Valve	9.09%	1		
Fire Dep't Connection	Hose	9.09%	1		
Post Indicator Valve	Valve	9.09%	1		
Pressure Switch	Alarm	18.18%	2		
Waterflow Switch	Alarm	9.09%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020
Building– Wet Pipe, Floors–basement and 1					
Control Valve	1		Butterfly	Isolation	02/20/2020

Sprinkler Inspection Certificate

For

Warner House #1
5800 Leighton
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Aug 16, 2022

Building: Warner House #1
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Warner House #1		Contact: Tiffany F	
Address: 5800 Leighton		Phone: 402-479-5452	
Address:		Fax:	
City/State/ZIP Code: LINCOLN, NE 68507		Mobile:	
Country: United States of America		Email:	
Inspection Performed By			
Company: NIFCO Mechanical Systems		Inspector: Clint Coonrod	
Address: 500 Blue Heron Dr		Phone: 402-477-0666	
Address:		Fax:	
City/State/ZIP Code: Lincoln, NE 68522-1701		Mobile: 531-220-1703	
Country: United States of America		Email: ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
Totals	8	100%	8	100.00%	8	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: Warner House #1
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: Warner House #1

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Building-				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:34:01 AM	08/16/2022
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:34:13 AM	08/16/2022
Drain	Basement East Mechanical Laundry	Quarterly	9:33:30 AM	08/16/2022
Fire Dep't Connection	Ground East Outside	Quarterly	9:37:33 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:33:41 AM	08/16/2022
Control Valve	Basement East Mechanical Laundry	Quarterly	9:33:46 AM	08/16/2022
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:33:15 AM	08/16/2022
Post Indicator Valve	Ground East Outside	Quarterly	9:37:24 AM	08/16/2022

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Warner House #1				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
Description								
Main Control								
Dry Pipe Valve								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	f-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341121
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
84	32					02/20/2020	05/10/2022	
Post Indicator Valve								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
Devices								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	90	84	75	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
May 10, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	78	71	1	<input checked="" type="checkbox"/>	59341122
February 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	76	69	1	<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341126	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Warner House #1					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	25.00%	2		
Drain	Device	12.50%	1		
Dry Pipe Valve	Valve	12.50%	1		
Fire Dep't Connection	Hose	12.50%	1		
Post Indicator Valve	Valve	12.50%	1		
Pressure Switch	Alarm	25.00%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

Sprinkler Inspection Certificate

For

White Hall School #10
2320 North 57th
LINCOLN, NE 68507

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Aug 16, 2022*

Building: White Hall School #10
Contact: Tiffany F
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems
Contact: Clint Coonrod
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: White Hall School #10			Contact: Tiffany F
Address: 2320 North 57th			Phone: 402-479-5452
Address:			Fax:
City/State/ZIP Code: LINCOLN, NE 68507			Mobile:
Country: United States of America			Email:
Inspection Performed By			
Company: NIFCO Mechanical Systems			Inspector: Clint Coonrod
Address: 500 Blue Heron Dr			Phone: 402-477-0666
Address:			Fax:
City/State/ZIP Code: Lincoln, NE 68522-1701			Mobile: 531-220-1703
Country: United States of America			Email: ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
Company: PERMAR			Phone: 1-800-227-9805 Account #:

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
Totals	6	100%	6	100.00%	6	100.00%	0	0.00%

Certification	
Company: NIFCO Mechanical Systems	Building: White Hall School #10
Inspector: Clint Coonrod	Contact: Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8889
NICET Inspection and Testing of Water-Based Systems Level I	147096

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall School #10

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Wet Pipe, Building-				
Waterflow Switch	Basement East Mechanical	Quarterly	9:56:30 AM	08/16/2022
Drain	Basement East Mechanical	Quarterly	10:01:44 AM	08/16/2022
Fire Dep't Connection	Ground Southeast Outside	Quarterly	10:01:53 AM	08/16/2022
Control Valve	Basement East Mechanical	Quarterly	9:59:46 AM	08/16/2022
Control Valve	Basement East Mechanical	Quarterly	10:00:19 AM	08/16/2022
Control Valve	Basement East Mechanical	Quarterly	10:00:42 AM	08/16/2022

Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane			52.262	2.0	1	<input checked="" type="checkbox"/>	59341130	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
Description								
Main Control								
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		88	76	1	<input checked="" type="checkbox"/>	59341132
Previous Inspections								
May 10, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		86	75	1	<input checked="" type="checkbox"/>	59341132
February 16, 2022								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		89	72		<input checked="" type="checkbox"/>	59341132
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Southeast Outside	Wall	Yes	Yes	2"	<input checked="" type="checkbox"/>	59341131		

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: White Hall School #10
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The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

In Service - 2 Years to 3 Years

Building– Wet Pipe, Building–

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020

Attachment 37

Whitehall Backflow Testing



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter NIFCO Mechanical Systems 8699 531-220-1709

State Certified Technician (Please Print) Company Grade 6 Certificate# Cell/Phone#

03/01/2022

State Certified Technician (Signature) Customer (Signature) Date of Test

Midwest 11132661 09/29/2021

Test Gauge Manufacturer Test Gauge Serial # Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> RPP	Serial #: <u>422963</u> Size: <u>1/2</u> Manufacturer: <u>Watts</u> Model#: <u>009qt</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input checked="" type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

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State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

<input checked="" type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> RPP	Serial #: <u>422963</u> Size: <u>1/2</u> Manufacturer: <u>Watts</u> Model#: <u>009qt</u>
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input checked="" type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

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Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

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Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

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Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

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Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY



Backflow Preventer Test Form

402.441.5912 • e-mail: Backflow@lincoln.ne.gov • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Lincoln regional center B 3 Contact Person Kurt Anderson

Service Address 801 west prospector Suite# _____

Phone# Na e-mail: _____

Device Location Second floor behind desk

Annual Test Repair New Installation

DC RPP Serial #: 422963 Size: 1/2 Manufacturer: Watts Model#: 009qt

Replacement

DC RPP Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

Domestic Containment Irrigation Fire Service Boiler Carbonator

Swimming Pool Cooling Tower Water Cooled Ice Maker Other (Desc): _____

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ 7.1 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ 1.2 _____ PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ _____ PSID	
Relief Valve (RP only) Opened at _____ 2.0 _____ PSID		Air vent opened at _____ _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

Jerad Baxter	NIFCO Mechanical Systems 8699	531-220-1709
State Certified Technician (Please Print)	Company	Grade 6 Certificate#
		Cell/Phone#
		03/01/2022
State Certified Technician (Signature)	Customer (Signature)	Date of Test
Midwest	11132661	09/29/2021
Test Gauge Manufacturer	Test Gauge Serial #	Date of Calibration

Comments: _____

PLEASE TYPE OR PRINT LEGIBLY

Attachment 38

Whitehall Fire Alarm and Life Safety System Inspections

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 2
5801 Walker Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 19, 2022*

Building: White Hall Bldg 2
Contact: Bevan Flynn
Title: Maintenance

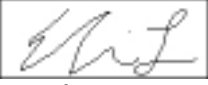
Company: Electronic Contracting Company
Contact: Eli Lunquist
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 2	Contact: Bevan Flynn
Address: 5801 Walker Ave	Phone: 4024993596
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Eli Lunquist
Address: 6501 N 70TH St	Phone: 402-466-8274
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: elunquist@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.45%	1	100.00%	1	100.00%	0	0.00%
Initiating	24	82.76%	24	100.00%	24	100.00%	0	0.00%
Supervisory	4	13.79%	4	100.00%	4	100.00%	0	0.00%
Totals	29	100%	29	100.00%	29	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company	Building: White Hall Bldg 2
Inspector: Eli Lunquist	Contact: Bevan Flynn
	Signed:
Signed: Sep 19, 2022	

Eli Lunquist Certifications	
Certification Type	Number
Nebraska Fire Alarm Inspector	#L35

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	3:13:17 PM	09/19/2022
Initiating				
Pull Station	Basement Exit	Tested	3:11:38 PM	09/19/2022
Pull Station	Dining Room	Tested	3:00:43 PM	09/19/2022
Pull Station	Door 8 Exit	Tested	2:59:54 PM	09/19/2022
Pull Station	FACP Exit	Tested	3:12:56 PM	09/19/2022
Smoke Detector	Dining Room	Tested	3:13:08 PM	09/19/2022
Smoke Detector	Hallway	Tested	3:00:15 PM	09/19/2022
Smoke Detector	Hallway	Tested	3:00:18 PM	09/19/2022
Smoke Detector	Janitors Closet	Tested	3:12:41 PM	09/19/2022
Smoke Detector	Living Room	Tested	2:51:03 PM	09/19/2022
Smoke Detector	Living Room	Tested	2:51:08 PM	09/19/2022
Smoke Detector	North Basement	Tested	3:11:07 PM	09/19/2022
Smoke Detector	Nurses Office	Tested	3:02:09 PM	09/19/2022
Smoke Detector	Room 1 Office	Tested	3:13:00 PM	09/19/2022
Smoke Detector	Room 10	Tested	2:59:48 PM	09/19/2022
Smoke Detector	Room 11	Tested	2:59:45 PM	09/19/2022
Smoke Detector	Room 14	Tested	2:59:37 PM	09/19/2022
Smoke Detector	Room 15	Tested	3:13:27 PM	09/19/2022
Smoke Detector	Room 16	Tested	3:12:47 PM	09/19/2022
Smoke Detector	Room 3 Office	Tested	3:13:03 PM	09/19/2022
Smoke Detector	Room 6	Tested	3:00:01 PM	09/19/2022
Smoke Detector	Room 7	Tested	2:59:58 PM	09/19/2022
Smoke Detector	Room 9	Tested	2:59:52 PM	09/19/2022
Smoke Detector	South Basement	Tested	3:11:17 PM	09/19/2022
Smoke Detector	Stairs	Tested	3:00:06 PM	09/19/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	3:03:39 PM	09/19/2022
Tamper Switch	Laundry Room	Tested	3:04:18 PM	09/19/2022
Water Pressure Switch	Laundry Room	Tested	3:16:16 PM	09/19/2022
Water Pressure Switch	Laundry Room	Tested	3:16:20 PM	09/19/2022

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 2		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	4
Smoke Detector	Tested	20
Tamper Switch	Tested	2
Water Pressure Switch	Tested	2
Total		29
Grand Total		29

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 2			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.45%	1	
Pull Station	Initiating	13.79%	4	
Smoke Detector	Initiating	68.97%	20	
Tamper Switch	Supervisory	6.90%	2	
Water Pressure Switch	Supervisory	6.90%	2	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Pull Station	4	NBG-12L		04/18/2018
Smoke Detector	20			04/18/2018
Interstate				
Battery	1	1055	Sealed Lead Acid	04/18/2018
Potter Electric				
Water Pressure Switch	1	PS40-2A	High	04/18/2018
Water Pressure Switch	1	PS40-2A	Low	04/18/2018
Victaulic				
Tamper Switch	2	702		04/18/2018

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 5 Knight House
5845 Huntington Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 19, 2022*

Building: White Hall Bldg 5 Knight House
Contact: Bevan Flynn
Title: Maintenance


Company: Electronic Contracting Company
Contact: Eli Lunquist
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 5 Knight House	Contact: Bevan Flynn
Address: 5845 Huntington Ave	Phone: 4024993596
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Eli Lunquist
Address: 6501 N 70TH St	Phone: 402-466-8274
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: elunquist@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	8.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	11	91.67%	11	100.00%	11	100.00%	0	0.00%
Totals	12	100%	12	100.00%	12	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company	Building: White Hall Bldg 5 Knight House
Inspector: Eli Lunquist	Contact: Bevan Flynn
	Signed:
Signed: Sep 19, 2022	

Eli Lunquist Certifications	
Certification Type	Number
Nebraska Fire Alarm Inspector	#L35

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 5 Knight House		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	1:24:56 PM	09/19/2022
Initiating				
Pull Station	Basement Exit	Tested	1:23:12 PM	09/19/2022
Pull Station	Dining Room	Tested	1:15:05 PM	09/19/2022
Pull Station	Hallway Exit	Tested	1:19:26 PM	09/19/2022
Smoke Detector	Dining Room	Tested	1:17:06 PM	09/19/2022
Smoke Detector	FACP	Tested	1:20:57 PM	09/19/2022
Smoke Detector	Hallway	Tested	1:18:01 PM	09/19/2022
Smoke Detector	Hallway	Tested	1:18:44 PM	09/19/2022
Smoke Detector	Hallway	Tested	1:20:13 PM	09/19/2022
Smoke Detector	Living Room	Tested	1:24:11 PM	09/19/2022
Smoke Detector	North Basement	Tested	1:22:09 PM	09/19/2022
Smoke Detector	South Basement	Tested	1:22:18 PM	09/19/2022

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	3
Smoke Detector	Tested	8
Total		12
Grand Total		12

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House		Control Panel: 1					
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House			Control Panel: 1
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>			
Device or Type	Category	% of Inventory	Quantity
Battery	Control	8.33%	1
Pull Station	Initiating	25.00%	3
Smoke Detector	Initiating	66.67%	8
Type	Qty	Model #	Description
<i>In Service - 3 Years to 5 Years</i>			
Smoke Detector	8		05/18/2019
EST			
Pull Station	1	CAV-1	05/18/2019
Interstate			
Battery	1	1055	Sealed Lead Acid
Notifier			
Pull Station	2		05/18/2019

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 6
5819 Huntington Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Annual Inspection
Inspection Date
Sep 19, 2022*

Building: White Hall Bldg 6
Contact: Bevan Flynn
Title: Maintenance


Company: Electronic Contracting Company
Contact: Eli Lunquist
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 6	Contact: Bevan Flynn
Address: 5819 Huntington Ave	Phone: 4024993596
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Eli Lunquist
Address: 6501 N 70TH St	Phone: 402-466-8274
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: elunquist@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.23%	1	100.00%	1	100.00%	0	0.00%
Initiating	27	87.10%	27	100.00%	27	100.00%	0	0.00%
Supervisory	3	9.68%	3	100.00%	3	100.00%	0	0.00%
Totals	31	100%	31	100.00%	31	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Eli Lunquist  Signed: Sep 19, 2022	Building: White Hall Bldg 6 Contact: Bevan Flynn Signed:

Eli Lunquist Certifications	
Certification Type	Number
Nebraska Fire Alarm Inspector	#L35

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	1:59:16 PM	09/19/2022
Initiating				
Pull Station	Basement Exit	Tested	2:00:36 PM	09/19/2022
Pull Station	Dining Room	Tested	1:47:18 PM	09/19/2022
Pull Station	Door 8 Exit	Tested	2:00:19 PM	09/19/2022
Pull Station	FACP Exit	Tested	1:46:20 PM	09/19/2022
Smoke Detector	Dining Room	Tested	1:45:40 PM	09/19/2022
Smoke Detector	Door 4 Bathroom Hall	Tested	1:37:17 PM	09/19/2022
Smoke Detector	Door 5/Nurse Office	Tested	1:59:57 PM	09/19/2022
Smoke Detector	FACP	Tested	1:45:34 PM	09/19/2022
Smoke Detector	Hallway	Tested	1:36:37 PM	09/19/2022
Smoke Detector	Hallway	Tested	1:45:48 PM	09/19/2022
Smoke Detector	Janitors Closet	Tested	1:41:09 PM	09/19/2022
Smoke Detector	Living Room	Tested	1:32:27 PM	09/19/2022
Smoke Detector	Living Room	Tested	1:32:37 PM	09/19/2022
Smoke Detector	Main Hall	Tested	1:35:09 PM	09/19/2022
Smoke Detector	North Basement	Tested	1:43:59 PM	09/19/2022
Smoke Detector	Office	Tested	1:35:44 PM	09/19/2022
Smoke Detector	Room 10	Tested	1:39:57 PM	09/19/2022
Smoke Detector	Room 11	Tested	1:40:24 PM	09/19/2022
Smoke Detector	Room 14	Tested	1:41:35 PM	09/19/2022
Smoke Detector	Room 15	Tested	1:41:55 PM	09/19/2022
Smoke Detector	Room 16	Tested	1:42:37 PM	09/19/2022
Smoke Detector	Room 6	Tested	1:38:35 PM	09/19/2022
Smoke Detector	Room 7	Tested	1:39:02 PM	09/19/2022
Smoke Detector	Room 9	Tested	1:39:29 PM	09/19/2022
Smoke Detector	Security Office	Tested	1:36:07 PM	09/19/2022
Smoke Detector	South Basement	Tested	1:44:17 PM	09/19/2022
Waterflow Switch	Laundry Room	Tested	1:54:46 PM	09/19/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	1:53:11 PM	09/19/2022
Tamper Switch	Laundry Room	Tested	1:57:56 PM	09/19/2022
Tamper Switch	Laundry Room	Tested	2:00:55 PM	09/19/2022

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 6

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	4
Smoke Detector	Tested	22
Tamper Switch	Tested	3
Waterflow Switch	Tested	1
Total		31
Grand Total		31

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: White Hall Bldg 6			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.23%	1	
Pull Station	Initiating	12.90%	4	
Smoke Detector	Initiating	70.97%	22	
Tamper Switch	Supervisory	9.68%	3	
Waterflow Switch	Initiating	3.23%	1	
Type	Qty	Model #	Description	Install Date
<i>In Service - 5 Years to 10 Years</i>				
Smoke Detector	22			08/18/2017
Interstate				
Battery	1	1055	Sealed Lead Acid	08/18/2017
Spectronics				
Pull Station	4	SG-32SK2		08/18/2017
System Sensor				
Waterflow Switch	1	WFD-20		08/18/2017
Victaulic				
Tamper Switch	2	702		08/18/2017
Tamper Switch	1	728		08/18/2017

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 1
5800 Leighton Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Oct 7, 2022

Building: White Hall Bldg 1
Contact: Bevan Flynn
Title: Maintenance

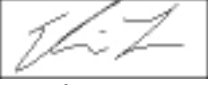
Company: Electronic Contracting Company
Contact: Eli Lunquist
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 1	Contact: Bevan Flynn
Address: 5800 Leighton Ave	Phone: 402-499-3596
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Eli Lunquist
Address: 6501 N 70TH St	Phone: 402-466-8274
Address:	Fax:
City/State/ZIP Code: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: elunquist@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	25	83.33%	25	100.00%	25	100.00%	0	0.00%
Supervisory	4	13.33%	4	100.00%	3	75.00%	1	25.00%
Totals	30	100%	30	100.00%	29	96.67%	1	3.33%

Certification	
Company: Electronic Contracting Company	Building: White Hall Bldg 1
Inspector: Eli Lunquist	Contact: Bevan Flynn
	Signed:
Signed: Oct 7, 2022	

Eli Lunquist Certifications	
Certification Type	Number
Nebraska Fire Alarm Inspector	#L35

Discrepancy Report

Generated by: *BuildingReports.com*

Building: White Hall Bldg 1		Control Panel: 1		
<p><i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</i></p>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<i>Items listed for Recall or Replacement/Upgrade</i>				
No items found during this inspection.				
 ScanID	 Location	 Problem	Address	 Reference
<i>Supervisory</i>				
Water Pressure Switch				
59341120	Laundry Room	Failed to Report	1	NFPA72 17.16.2.1

Proposed Solutions Report

Generated by: BuildingReports.com

Building: White Hall Bldg 1		Control Panel: 1			
<p><i>The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.</i></p>					
ScanID	Location	Solution	Model #	Cost	Fix
<i>Supervisory</i>					
Water Pressure Switch					
59341120	Laundry Room	Service	PS40-2A	T/M	<input type="checkbox"/>
			PO #: (none)	T/M	

Notes & Recommendations

Generated by: *BuildingReports.com*

Building: White Hall Bldg 1

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.

General Note

Shorted High Pressure, failed to report. NIFCO for service

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 1		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	1:30:04 PM	10/07/2022
Initiating				
Pull Station	Basement Exit	Tested	1:07:32 PM	10/07/2022
Pull Station	Dining Room	Tested	1:01:44 PM	10/07/2022
Pull Station	Door 8 Exit	Tested	1:02:39 PM	10/07/2022
Pull Station	FACP	Tested	1:01:54 PM	10/07/2022
Smoke Detector	Basement North	Tested	1:08:46 PM	10/07/2022
Smoke Detector	Basement South	Tested	1:08:34 PM	10/07/2022
Smoke Detector	Dining Room	Tested	12:56:14 PM	10/07/2022
Smoke Detector	FACP	Tested	1:30:10 PM	10/07/2022
Smoke Detector	Hallway	Tested	12:58:46 PM	10/07/2022
Smoke Detector	Hallway	Tested	12:58:57 PM	10/07/2022
Smoke Detector	Hallway	Tested	12:59:21 PM	10/07/2022
Smoke Detector	Living Room	Tested	12:55:13 PM	10/07/2022
Smoke Detector	Living Room	Tested	12:55:19 PM	10/07/2022
Smoke Detector	Nurses Office	Tested	1:30:44 PM	10/07/2022
Smoke Detector	Office	Tested	1:30:41 PM	10/07/2022
Smoke Detector	Room 1 Office	Tested	1:30:54 PM	10/07/2022
Smoke Detector	Room 10	Tested	1:30:25 PM	10/07/2022
Smoke Detector	Room 11	Tested	1:30:34 PM	10/07/2022
Smoke Detector	Room 13	Tested	1:30:28 PM	10/07/2022
Smoke Detector	Room 14	Tested	1:30:31 PM	10/07/2022
Smoke Detector	Room 15	Tested	1:30:38 PM	10/07/2022
Smoke Detector	Room 16	Tested	1:30:49 PM	10/07/2022
Smoke Detector	Room 6	Tested	1:30:16 PM	10/07/2022
Smoke Detector	Room 7	Tested	1:30:19 PM	10/07/2022
Smoke Detector	Room 9	Tested	1:30:22 PM	10/07/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	1:10:50 PM	10/07/2022
Tamper Switch	Laundry Room	Tested	1:10:56 PM	10/07/2022
Water Pressure Switch	Laundry Room	Tested	1:17:19 PM	10/07/2022
Device Type	Location	Service	Time	Date
<i>Failed/Other</i>				
Supervisory				
Water Pressure Switch	Laundry Room	Tested	1:20:29 PM	10/07/2022

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 1		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<i>Failed/Other</i>		
Water Pressure Switch	Tested	1
Total		1
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	4
Smoke Detector	Tested	21
Tamper Switch	Tested	2
Water Pressure Switch	Tested	1
Total		29
Grand Total		30

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 1				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 1			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.33%	1	
Pull Station	Initiating	13.33%	4	
Smoke Detector	Initiating	70.00%	21	
Tamper Switch	Supervisory	6.67%	2	
Water Pressure Switch	Supervisory	6.67%	2	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Smoke Detector	21			09/18/2018
Notifier				
Pull Station	4	NBG-12L		09/18/2018
Potter Electric				
Water Pressure Switch	1	PS10-2A	Low	09/18/2018
Water Pressure Switch	1	PS40-2A	High	09/18/2018
Power Patrol				
Battery	1	1055	Sealed Lead Acid	09/18/2018
Victaulic				
Tamper Switch	2	702		09/18/2018

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 1
5800 Leighton Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 1
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 1	Contact: Bevan Flynn
Address: 5800 Leighton Ave	Phone: 402-499-3596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	25	83.33%	0	0.00%	0	0.00%	0	0.00%
Supervisory	4	13.33%	4	100.00%	4	100.00%	0	0.00%
Totals	30	100%	5	16.67%	5	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company	Building: White Hall Bldg 1
Inspector: Corey Herrmann	Contact: Bevan Flynn

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 1		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:46:30 AM	03/14/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	9:46:11 AM	03/14/2022
Tamper Switch	Laundry Room	Tested	9:46:14 AM	03/14/2022
Water Pressure Switch	Laundry Room	Tested	9:46:50 AM	03/14/2022
Water Pressure Switch	Laundry Room	Tested	9:46:56 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP			
Smoke Detector	Basement North			
Smoke Detector	Basement South			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	Nurses Office			
Smoke Detector	Office			
Smoke Detector	Room 1 Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 13			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 1

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Tamper Switch	Tested	2
Water Pressure Switch	Tested	2
Total		5
<i>Untested</i>		
Pull Station		4
Smoke Detector		21
Total		25
Grand Total		30

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 1				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 1			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.33%	1	
Pull Station	Initiating	13.33%	4	
Smoke Detector	Initiating	70.00%	21	
Tamper Switch	Supervisory	6.67%	2	
Water Pressure Switch	Supervisory	6.67%	2	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Smoke Detector	21			09/18/2018
Notifier				
Pull Station	4	NBG-12L		09/18/2018
Potter Electric				
Water Pressure Switch	1	PS10-2A	Low	09/18/2018
Water Pressure Switch	1	PS40-2A	High	09/18/2018
Power Patrol				
Battery	1	1055	Sealed Lead Acid	09/18/2018
Victaulic				
Tamper Switch	2	702		09/18/2018

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 2
5801 Walker Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 2
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 2	Contact: Bevan Flynn
Address: 5801 Walker Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.45%	1	100.00%	1	100.00%	0	0.00%
Initiating	24	82.76%	0	0.00%	0	0.00%	0	0.00%
Supervisory	4	13.79%	4	100.00%	4	100.00%	0	0.00%
Totals	29	100%	5	17.24%	5	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 2 Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:49:59 AM	03/14/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	9:50:23 AM	03/14/2022
Tamper Switch	Laundry Room	Tested	9:50:27 AM	03/14/2022
Water Pressure Switch	Laundry Room	Tested	9:50:11 AM	03/14/2022
Water Pressure Switch	Laundry Room	Tested	9:50:15 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP Exit			
Smoke Detector	Dining Room			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Janitors Closet			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	Nurses Office			
Smoke Detector	Room 1 Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 3 Office			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			
Smoke Detector	South Basement			
Smoke Detector	Stairs			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 2

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Tamper Switch	Tested	2
Water Pressure Switch	Tested	2
Total		5
<i>Untested</i>		
Pull Station		4
Smoke Detector		20
Total		24
Grand Total		29

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 2			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.45%	1	
Pull Station	Initiating	13.79%	4	
Smoke Detector	Initiating	68.97%	20	
Tamper Switch	Supervisory	6.90%	2	
Water Pressure Switch	Supervisory	6.90%	2	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Pull Station	4	NBG-12L		04/18/2018
Smoke Detector	20			04/18/2018
Interstate				
Battery	1	1055	Sealed Lead Acid	04/18/2018
Potter Electric				
Water Pressure Switch	1	PS40-2A	High	04/18/2018
Water Pressure Switch	1	PS40-2A	Low	04/18/2018
Victaulic				
Tamper Switch	2	702		04/18/2018

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 3
2345 N 60th
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 3
Contact: Bevan Flynn
Title: Maintenance

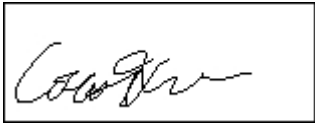
Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 3	Contact: Bevan Flynn
Address: 2345 N 60th	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	5.26%	1	100.00%	1	100.00%	0	0.00%
Initiating	18	94.74%	1	5.56%	1	100.00%	0	0.00%
Totals	19	100%	2	10.53%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 3 Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 3		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	10:21:31 AM	03/14/2022
Initiating				
Pull Station	FACP Exit	Tested	10:21:44 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Dining Room Exit			
Pull Station	Training Room Exit			
Smoke Detector	Data Room			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	North Basement			
Smoke Detector	North Living Room			
Smoke Detector	Office			
Smoke Detector	Office			
Smoke Detector	South Basement			
Smoke Detector	South Living Room			
Smoke Detector	South Office			
Smoke Detector	South Office			
Smoke Detector	Training Room			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 3

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Pull Station		3
Smoke Detector		14
Total		17
Grand Total		19

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 3				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	12	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 3			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	5.26%	1	
Pull Station	Initiating	21.05%	4	
Smoke Detector	Initiating	73.68%	14	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Smoke Detector	14			09/18/2017
Notifier				
Pull Station	4			09/18/2017
Power Patrol				
Battery	1	1075	Sealed Lead Acid	09/18/2017

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 4
2311 N 60th
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 4
Contact: Bevan Flynn
Title: Maintenance

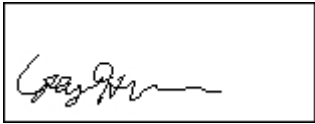
Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 4	Contact: Bevan Flynn
Address: 2311 N 60th	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	7.69%	1	100.00%	1	100.00%	0	0.00%
Initiating	12	92.31%	1	8.33%	1	100.00%	0	0.00%
Totals	13	100%	2	15.38%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 4 Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 4		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	10:22:06 AM	03/14/2022
Initiating				
Pull Station	FACP Exit	Tested	10:25:30 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Classroom Exit			
Pull Station	Dining Exit			
Smoke Detector	Classroom			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	South Basement			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 4

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Pull Station		3
Smoke Detector		8
Total		11
Grand Total		13

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 4				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	12	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 4			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	7.69%	1	
Pull Station	Initiating	30.77%	4	
Smoke Detector	Initiating	61.54%	8	
Type	Qty	Model #	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>				
Smoke Detector	8			02/28/2020
Notifier				
Pull Station	4			02/28/2020
Power Patrol				
Battery	1	1075	Sealed Lead Acid	02/28/2020

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 5 Knight House
5845 Huntington Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 5 Knight House
Contact: Bevan Flynn
Title: Maintenance

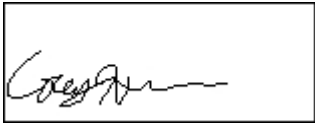
Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 5 Knight House	Contact: Bevan Flynn
Address: 5845 Huntington Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	8.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	11	91.67%	1	9.09%	1	100.00%	0	0.00%
Totals	12	100%	2	16.67%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 5 Knight House Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 5 Knight House		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:13:44 AM	03/14/2022
Initiating				
Pull Station	Dining Room	Tested	9:13:50 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Hallway Exit			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	South Basement			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Pull Station		2
Smoke Detector		8
Total		10
Grand Total		12

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House		Control Panel: 1					
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House	Control Panel: 1
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The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Battery	Control	8.33%	1
Pull Station	Initiating	25.00%	3
Smoke Detector	Initiating	66.67%	8

Type	Qty	Model #	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>				
Smoke Detector	8			05/18/2019
EST				
Pull Station	1	CAV-1		05/18/2019
Interstate				
Battery	1	1055	Sealed Lead Acid	05/18/2019
Notifier				
Pull Station	2			05/18/2019

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 6
5819 Huntington Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Quarterly Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 6
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 6	Contact: Bevan Flynn
Address: 5819 Huntington Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.23%	1	100.00%	1	100.00%	0	0.00%
Initiating	27	87.10%	1	3.70%	1	100.00%	0	0.00%
Supervisory	3	9.68%	3	100.00%	3	100.00%	0	0.00%
Totals	31	100%	5	16.13%	5	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 6 Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:15:57 AM	03/14/2022
Initiating				
Waterflow Switch	Laundry Room	Tested	9:22:22 AM	03/14/2022
Supervisory				
Tamper Switch	Laundry Room	Tested	9:20:12 AM	03/14/2022
Tamper Switch	Laundry Room	Tested	9:20:19 AM	03/14/2022
Tamper Switch	Laundry Room	Tested	9:20:42 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP Exit			
Smoke Detector	Dining Room			
Smoke Detector	Door 4 Bathroom Hall			
Smoke Detector	Door 5/Nurse Office			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Janitors Closet			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	Main Hall			
Smoke Detector	North Basement			
Smoke Detector	Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			
Smoke Detector	Security Office			
Smoke Detector	South Basement			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 6

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Tamper Switch	Tested	3
Waterflow Switch	Tested	1
Total		5
<i>Untested</i>		
Pull Station		4
Smoke Detector		22
Total		26
Grand Total		31

Time, Temperature & Level Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6		Control Panel: 1				
<i>The Time, Temperature, & Level Testing section details the measurements taken from various devices that are designed to respond in a certain amount of time, respond at a certain temperature, or respond within the acceptable range of volume or level. Items are grouped by Passed or Failed/Other.</i>						
Type	Location	Comment	Sec	Deg	Lvl	ScanID
<i>Passed</i>						
Waterflow Switch						
	Laundry Room	Passed	45	n/a	n/a	59341106

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 6			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.23%	1	
Pull Station	Initiating	12.90%	4	
Smoke Detector	Initiating	70.97%	22	
Tamper Switch	Supervisory	9.68%	3	
Waterflow Switch	Initiating	3.23%	1	
Type	Qty	Model #	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>				
Smoke Detector	22			08/18/2017
Interstate				
Battery	1	1055	Sealed Lead Acid	08/18/2017
Spectronics				
Pull Station	4	SG-32SK2		08/18/2017
System Sensor				
Waterflow Switch	1	WFD-20		08/18/2017
Victaulic				
Tamper Switch	2	702		08/18/2017
Tamper Switch	1	728		08/18/2017

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 7
5800 Walker Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 7
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 7	Contact: Bevan Flynn
Address: 5800 Walker Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	10.00%	1	100.00%	1	100.00%	0	0.00%
Initiating	9	90.00%	1	11.11%	1	100.00%	0	0.00%
Totals	10	100%	2	20.00%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 7 Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 7		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:31:42 AM	03/14/2022
Initiating				
Pull Station	Main Entrance	Tested	9:31:30 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Heat Detector	Basement Exit Door			
Heat Detector	Basement Mech Room			
Heat Detector	Basement Room			
Heat Detector	FACP Room			
Pull Station	Basement Exit			
Pull Station	Stairs			
Smoke Detector	Basement Living Room			
Smoke Detector	Living Room			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 7

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Heat Detector		4
Pull Station		2
Smoke Detector		2
Total		8
Grand Total		10

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 7		Control Panel: 1					
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	7	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 7			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	10.00%	1	
Heat Detector	Initiating	40.00%	4	
Pull Station	Initiating	30.00%	3	
Smoke Detector	Initiating	20.00%	2	
Type	Qty	Model #	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>				
Heat Detector	4		Rate-of-Rise	03/18/2021
Smoke Detector	2			03/18/2021
Notifier				
Pull Station	3			03/18/2021
Power Patrol				
Battery	1	1075	Sealed Lead Acid	03/18/2021

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 8 Mansion
5903 Walker Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 8 Mansion
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 8 Mansion	Contact: Bevan Flynn
Address: 5903 Walker Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	1.67%	1	100.00%	1	100.00%	0	0.00%
Initiating	59	98.33%	1	1.69%	1	100.00%	0	0.00%
Totals	60	100%	2	3.33%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann 	Building: White Hall Bldg 8 Mansion Contact: Bevan Flynn Signed:
Signed: Mar 14, 2022	

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:55:33 AM	03/14/2022
Initiating				
Pull Station	FACP	Tested	9:55:45 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	First Floor Elevator Lobby			
Pull Station	Front Exit			
Pull Station	Second Floor Elevator Lobby			
Pull Station	Second Floor Stair Landing			
Pull Station	Third Floor Banquet			
Pull Station	Third Floor Landing			
Smoke Detector	Basement Data Room			
Smoke Detector	Basement Elevator Lobby			
Smoke Detector	Basement Hall			
Smoke Detector	Basement Mech			
Smoke Detector	Basement Mech			
Smoke Detector	Basement Mech Room			
Smoke Detector	Basement Mech Side Room			
Smoke Detector	Basement Planning Room			
Smoke Detector	Basement Room after Elevator Lobby			
Smoke Detector	Basement Stairs			
Smoke Detector	Basement Storage			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	First Elevator Lobby			
Smoke Detector	First Floor Bathroom			
Smoke Detector	First Floor Bathroom Hall			
Smoke Detector	Front Entrance			
Smoke Detector	Front Foyer			
Smoke Detector	Front Room			
Smoke Detector	Front Room			
Smoke Detector	Kitchen			
Smoke Detector	Kitchen Hall			
Smoke Detector	Laundry Room			
Smoke Detector	Left Stairwell up			

Device Type	Location	Service	Time	Date
<i>Untested</i>				
Smoke Detector	Right Stairwell up			
Smoke Detector	Room across from Laundry Room			
Smoke Detector	Second Floor Bathroom			
Smoke Detector	Second Floor Bedroom			
Smoke Detector	Second Floor Bedroom			
Smoke Detector	Second Floor Elevator Hall			
Smoke Detector	Second Floor Elevator Lobby			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Landing			
Smoke Detector	Second Floor North Rooms			
Smoke Detector	Second Floor SE Conference Room			
Smoke Detector	Second Floor SE Hall			
Smoke Detector	Second Floor SE Office			
Smoke Detector	Second Floor SE Office Bathroom			
Smoke Detector	Second Floor South Office			
Smoke Detector	Second Floor Stair Landing			
Smoke Detector	Smaller Dining Room			
Smoke Detector	Stairwell to Basement			
Smoke Detector	Third Elevator Lobby			
Smoke Detector	Third Floor Banquet Closet			
Smoke Detector	Third Floor Banquet Room			
Smoke Detector	Third Floor Banquet Room			
Smoke Detector	Third Floor Banquet Room Closet			
Smoke Detector	Third Floor Banquet Side Room			
Smoke Detector	Third Floor Bath Room			
Smoke Detector	Third Floor Furnace Room			
Smoke Detector	Third Floor Hallway			
Smoke Detector	Third Floor Landing			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Pull Station		6
Smoke Detector		52
Total		58
Grand Total		60

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion			Control Panel: 1
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>			
Device or Type	Category	% of Inventory	Quantity
Battery	Control	1.67%	1
Pull Station	Initiating	11.67%	7
Smoke Detector	Initiating	86.67%	52
Type	Qty	Model #	Description
<i>In Service - 3 Years to 5 Years</i>			
Smoke Detector	52		02/23/2018
Interstate			
Battery	1	1055	Sealed Lead Acid 02/23/2018
Notifier			
Pull Station	7	NBG-12LX	02/23/2018

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 9 Maintenance
2401 N 60th
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 9 Maintenance
Contact: Bevan Flynn
Title: Maintenance

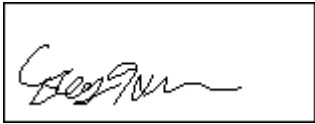
Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 9 Maintenance	Contact: Bevan Flynn
Address: 2401 N 60th	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.85%	1	100.00%	1	100.00%	0	0.00%
Initiating	25	96.15%	2	8.00%	2	100.00%	0	0.00%
Totals	26	100%	3	11.54%	3	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 9 Maintenance Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 9 Maintenance		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:04:13 AM	03/14/2022
Initiating				
Pull Station	FACP	Tested	9:04:20 AM	03/14/2022
Pull Station	West Garage	Tested	9:04:27 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Heat Detector	Break Room			
Heat Detector	East Garage			
Heat Detector	FACP			
Heat Detector	Garage			
Heat Detector	Garage by Mech Room			
Heat Detector	Hall Storage			
Heat Detector	Mech Room			
Heat Detector	North Garage			
Heat Detector	North Garage			
Heat Detector	North Garage with Furnace			
Heat Detector	North North Garage			
Heat Detector	North North Garage			
Heat Detector	Office			
Heat Detector	Paint Room			
Heat Detector	Tool Room			
Heat Detector	West Garage			
Pull Station	Custodial Exit			
Pull Station	FACP Room Exit			
Pull Station	North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	Tool Room Exit			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 9 Maintenance

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	2
Total		3
<i>Untested</i>		
Heat Detector		16
Pull Station		7
Total		23
Grand Total		26

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 9 Maintenance				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	8	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 9 Maintenance			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.85%	1	
Heat Detector	Initiating	61.54%	16	
Pull Station	Initiating	34.62%	9	
Type	Qty	Model #	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>				
Energy Power				
Battery	1	1075	Sealed Lead Acid	06/18/2020
Notifier				
Heat Detector	16	NH200		06/18/2020
Pull Station	9	NOT-BG12LX		06/18/2020

Zone Address Report

Generated by: *BuildingReports.com*

Building: White Hall Bldg 9 Maintenance		Control Panel: 1	
<p><i>The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.</i></p>			
Address	Device Type	Location	ScanID
Zone/Circuit: 01			
	Pull Station	FACP	69117937
Zone/Circuit: 03			
	Pull Station	West Garage	69117939
Zone/Circuit: 04			
	Pull Station	North Garage Exit	69117945
Zone/Circuit: 05			
	Pull Station	Custodial Exit	69117954
Zone/Circuit: 06			
	Pull Station	North North Garage Exit	69117946
Zone/Circuit: 07			
	Pull Station	North North Garage Exit	69117951
Zone/Circuit: 08			
	Pull Station	North North Garage Exit	69117952
Zone/Circuit: 09			
	Pull Station	FACP Room Exit	69117959
Zone/Circuit: 10			
	Pull Station	Tool Room Exit	69117958
Zone/Circuit: 16			
	Heat Detector	Hall Storage	69117941
Zone/Circuit: 17			
	Heat Detector	East Garage	69117938
Zone/Circuit: 18			
	Heat Detector	West Garage	69117936
Zone/Circuit: 19			
	Heat Detector	Paint Room	69117940
Zone/Circuit: 20			
	Heat Detector	Break Room	69117960
Zone/Circuit: 21			
	Heat Detector	Garage	69117944
Zone/Circuit: 22			
	Heat Detector	North Garage	69117953

Zone/Circuit: 23		
Heat Detector	North Garage with Furnace	69117949
Zone/Circuit: 24		
Heat Detector	North North Garage	69117947
Zone/Circuit: 25		
Heat Detector	North North Garage	69117948
Zone/Circuit: 26		
Heat Detector	North Garage	69117950
Zone/Circuit: 28		
Heat Detector	Garage by Mech Room	69117943
Zone/Circuit: 29		
Heat Detector	Mech Room	69117942
Zone/Circuit: 30		
Heat Detector	FACP	69117955
Zone/Circuit: 31		
Heat Detector	Tool Room	69117957
Zone/Circuit: 32		
Heat Detector	Office	69117956

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 10 School
2320 N 57th
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 10 School
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 10 School	Contact: Bevan Flynn
Address: 2320 N 57th	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	1.82%	1	100.00%	1	100.00%	0	0.00%
Initiating	52	94.55%	1	1.92%	1	100.00%	0	0.00%
Supervisory	2	3.64%	2	100.00%	2	100.00%	0	0.00%
Totals	55	100%	4	7.27%	4	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann  Signed: Mar 14, 2022	Building: White Hall Bldg 10 School Contact: Bevan Flynn Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School		Control Panel: 1		
<p><i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:38:39 AM	03/14/2022
Initiating				
Waterflow Switch	Boiler Room	Tested	9:40:28 AM	03/14/2022
Supervisory				
Tamper Switch	Boiler Room	Tested	9:40:21 AM	03/14/2022
Tamper Switch	Boiler Room	Tested	9:40:24 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Heat Detector	Second Floor Break Room			
Heat Detector	Second Floor Break Room			
Heat Detector	Second Floor Four Person Room			
Heat Detector	Second Floor Mens RR			
Heat Detector	Second Floor Multipurpose Room			
Heat Detector	Second Floor Museum			
Heat Detector	Second Floor Resource Room			
Heat Detector	Second Floor Resource Storage			
Heat Detector	Second Floor Two Person Room			
Heat Detector	Second Floor Womens RR			
Pull Station	FACP			
Pull Station	Northwest Exit			
Pull Station	Second Floor Gym South Exit			
Pull Station	Second Floor Old Gym			
Pull Station	Second Floor West Exit			
Pull Station	Second floor Exit by Old Gym			
Pull Station	Southwest Exit by Conference Rooms			
Smoke Detector	Conference Rooms Hallway			
Smoke Detector	FACP			
Smoke Detector	Hallway left of FACP			
Smoke Detector	Hallway left of FACP			
Smoke Detector	Hallway to Gym			
Smoke Detector	Hallway to Gym			
Smoke Detector	Hallway to Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			

Device Type	Location	Service	Time	Date
<i>Untested</i>				
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Second Floor Break Room			
Smoke Detector	Second Floor Break Room			
Smoke Detector	Second Floor Classroom 1			
Smoke Detector	Second Floor Classroom 1			
Smoke Detector	Second Floor Classroom 2			
Smoke Detector	Second Floor Classroom 2			
Smoke Detector	Second Floor Classroom 3			
Smoke Detector	Second Floor Gym South Exit			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall to Resource Room			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor by New Gym			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Tamper Switch	Tested	2
Waterflow Switch	Tested	1
Total		4
<i>Untested</i>		
Heat Detector		10
Pull Station		7
Smoke Detector		34
Total		51
Grand Total		55

Time, Temperature & Level Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School		Control Panel: 1				
<i>The Time, Temperature, & Level Testing section details the measurements taken from various devices that are designed to respond in a certain amount of time, respond at a certain temperature, or respond within the acceptable range of volume or level. Items are grouped by Passed or Failed/Other.</i>						
Type	Location	Comment	Sec	Deg	Lvl	ScanID
<i>Passed</i>						
Waterflow Switch						
	Boiler Room	Passed	46	n/a	n/a	59341130

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School				Control Panel: 1			
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School			Control Panel: 1	
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	1.82%	1	
Heat Detector	Initiating	18.18%	10	
Pull Station	Initiating	12.73%	7	
Smoke Detector	Initiating	61.82%	34	
Tamper Switch	Supervisory	3.64%	2	
Waterflow Switch	Initiating	1.82%	1	
Type	Qty	Model #	Description	Install Date
<i>In Service - 1 Year to 2 Years</i>				
Interstate				
Battery	1	1055	Sealed Lead Acid	09/15/2020
<i>In Service - 25 Years or Older</i>				
Heat Detector	10			09/15/1980
Smoke Detector	26			09/15/1980
Fire-Lite				
Pull Station	3			09/15/1980
Notifier				
Pull Station	3			09/15/1980
Smoke Detector	8			09/15/1980
Potter Electric				
Tamper Switch	2	PTS-B		09/15/1980
Spectronics				
Pull Station	1			09/15/1980
Victaulic				
Waterflow Switch	1	736		09/15/1980

Fire Alarm and Life Safety System Inspection Certificate

For

White Hall Bldg 11 Admin
Training
5900 Walker Ave
Lincoln, NE 68507

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

*Semi-Annual Inspection
Inspection Date
Mar 14, 2022*

Building: White Hall Bldg 11 Admin Training
Contact: Bevan Flynn
Title: Maintenance

Company: Electronic Contracting Company
Contact: Corey Herrmann
Title: Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information	
Building: White Hall Bldg 11 Admin Training	Contact: Bevan Flynn
Address: 5900 Walker Ave	Phone: 4024993596
Address:	Fax:
City/State/Zip: Lincoln, NE 68507	Mobile:
Country: United States of America	Email:
Inspection Performed By	
Company: Electronic Contracting Company	Inspector: Corey Herrmann
Address: 6501 N 70TH St	Phone: (402) 466-8274
Address:	Fax:
City/State/Zip: Lincoln, NE 68507-3248	Mobile:
Country: United States of America	Email: cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Initiating	6	85.71%	1	16.67%	1	100.00%	0	0.00%
Totals	7	100%	2	28.57%	2	100.00%	0	0.00%

Certification	
Company: Electronic Contracting Company Inspector: Corey Herrmann 	Building: White Hall Bldg 11 Admin Training Contact: Bevan Flynn Signed:
Signed: Mar 14, 2022	

Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 11 Admin Training Control Panel: 1				
<i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
Control				
Battery	FACP	Tested	9:12:02 AM	03/14/2022
Initiating				
Pull Station	FACP	Tested	9:12:36 AM	03/14/2022
Device Type	Location	Service	Time	Date
<i>Untested</i>				
Initiating				
Pull Station	East Courtyard Exit			
Pull Station	East Exit			
Pull Station	Green Room Exit			
Pull Station	South Courtyard Exit			
Pull Station	West Courtyard Exit			

Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Pull Station	Tested	1
Total		2
<i>Untested</i>		
Pull Station		5
Total		5
Grand Total		7

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training Control Panel: 1							
<i>The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	8	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training	Control Panel: 1
--	------------------

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Battery	Control	14.29%	1
Pull Station	Initiating	85.71%	6

Type	Qty	Model #	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>				
Interstate				
Battery	1	1075	Sealed Lead Acid	02/27/2020
Notifier				
Pull Station	2	NBG-12L		02/27/2020
Pre-Lite				
Pull Station	4			02/27/2020

Attachment 39

Whitehall Elevator Certificate

State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State
Fire Marshal Agency



Elevator
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.
NSFM Elevator Division: 402-595-3184

STATE # **9468**

UNIT ID **#1**

MANUFACTURER **THYSSEN KRUP** TYPE **PASSENGER**

INSPECTION DATE **6/22/2022** CERTIFICATE # **258899**

BUILDING NAME

Timothy Trujillo

WHITEHALL MANSION

Elevator Division Chief

5903 WALKER AVE

LINCOLN, NE 68507

Christopher B. Cantrell

State Fire Marshal

This Certificate must be posted in the elevator car

Attachment 40

Whitehall Fire Marshal Inspection Permits and Certificates



State Fire Marshal Agency
246 South 14th Street
Lincoln, Ne 68508-1804

District: District A
Referral Number: 9119

Facility Type: Mental Health Center

Facility Name: Whitehall-Community Life

Street Address: 5801 Walker Ave

Mailing Address: _____
Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: _____

Total Due: _____

Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____

Contact: _____

2nd Inspection: _____

Contact: _____

3rd Inspection: _____

Contact: _____

4th Inspection: _____

Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
 246 South 14th Street
 Lincoln, Ne 68508-1804

District: District A
 Referral Number: 9118

Facility Type: Mental Health Center

Facility Name: Whitehall-Family Life

Inspection Fee: \$50

Street Address: 5819 Huntington Ave

Mailing Address: _____

Revisit Fee: _____

Lincoln, NE 68509

Owner/Administrator

Total Due: _____

E-Mail Address: carleen.kinney-brown@nebraska.gov

 Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____

Contact: _____

2nd Inspection: _____

Contact: _____

3rd Inspection: _____

Contact: _____

4th Inspection: _____

Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
246 South 14th Street
Lincoln, Ne 68508-1804

District: District A
Referral Number: 9120

Facility Type: Mental Health Center

Facility Name: Whitehall-Warner House

Street Address: 5800 Leighton Ave

Mailing Address: _____

Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: _____

Total Due: _____

Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____

Contact: _____

2nd Inspection: _____

Contact: _____

3rd Inspection: _____

Contact: _____

4th Inspection: _____

Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
 246 South 14th Street
 Lincoln, Ne 68508-1804

District: District A
 Referral Number: 9027

Facility Type: _____

Facility Name: Whitehall Campus
 Street Address: 5845 Huntington Ave
 Mailing Address: 5845 Huntington Ave
Lincoln, NE 68509

Owner/Administrator _____
 E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50
 Revisit Fee: _____
 Total Due: _____

 Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____
 Contact: _____
 2nd Inspection: _____
 Contact: _____
 3rd Inspection: _____
 Contact: _____
 4th Inspection: _____
 Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13319

Name of Facility: **Whitehall-Family Life**
Type of Facility: **Mental Health Center**
Location: **5819 Huntington Ave, Lincoln**
Maximum Occupancy: **24 Persons**
Date Issued: **6/8/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13316

Name of Facility: **Whitehall-Community Life**

Type of Facility: **Mental Health Center**

Location: **5801 Walker Ave, Lincoln**

Maximum
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13317

Name of Facility: **Whitehall-Warner House**
Type of Facility: **Mental Health Center**
Location: **5800 Leighton Ave, Lincoln**
Maximum Occupancy: **N/A Persons**
Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13318

Name of Facility: **Whitehall Campus Treatment Center**

Type of Facility: **Mental Health Center**

Location: **5845 Huntington Ave, Lincoln**

Maximum
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT**

REFERRAL TO STATE FIRE MARSHAL FOR FIRE SAFETY INSPECTION

To: State Fire Marshal District Office

From: DDBH Facilities

Date: June 6, 2022

This referral provides notification of the need for your office to conduct a fire safety inspection to determine whether the facility meets the requirement to operate as a:

<input type="checkbox"/> Hospital	<input type="checkbox"/> Adult Day	<input checked="" type="checkbox"/> Mental Health Substance Use
<input type="checkbox"/> Long Term Care Hospital	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Health Clinic
<input type="checkbox"/> Critical Access Hospital	<input type="checkbox"/> Children's Day Health	<input type="checkbox"/> Ambulatory Surgical Center
<input type="checkbox"/> General Acute Hospital	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> ESRD
<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Hospice Service	<input type="checkbox"/> Public Health Clinic
<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Center for Persons with DD	<input type="checkbox"/> Abortion Clinic
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Labor and Delivery
<input type="checkbox"/> Assisted Living Facility	for Persons with Mental Retardation	

The facility identified below has made application for an initial license:

LRC Whitehall Psychiatric Residential Treatment Center	<u>Phone Number</u>	<u>License Capacity Requested</u>
5845, 5801, 5819, 4945 Huntington Ave Lincoln, NE 68507	(402) 525-3130	24

THE APPLICANT IS RESPONSIBLE FOR CONTACTING YOUR OFFICE TO REQUEST AND SCHEDULE THE INSPECTION FOR AN OCCUPANCY CERTIFICATE.

B# 6727254
D# 1321571



State Fire Marshal Agency 5/19/22
246 South 14th Street
Lincoln, Ne 68508-1804
557755

District: District A
Referral Number: 9118

Facility Type: Mental Health Center

Facility Name: Whitehall-Family Life
Street Address: 5819 Huntington Ave
Mailing Address: _____
Lincoln, NE 68509
Owner/Administrator _____
E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50
Revisit Fee: _____
Total Due: _____

Inspection Date

Signature of Inspecting official: Monica Ellis
1st Inspection: _____
Contact: _____
2nd Inspection: _____
Contact: _____
3rd Inspection: _____
Contact: _____
4th Inspection: _____
Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
 246 South 14th Street
 Lincoln, Ne 68508-1804

5/19/22

District: District A
 Referral Number: 9119

Facility Type: Mental Health Center

Facility Name: Whitehall-Community Life
 Street Address: 5801 Walker Ave
 Mailing Address: _____
Lincoln, NE 68508
 Owner/Administrator _____
 E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50
 Revisit Fee: _____
 Total Due: _____

 Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____
 Contact: _____
 2nd Inspection: _____
 Contact: _____
 3rd Inspection: _____
 Contact: _____
 4th Inspection: _____
 Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
 246 South 14th Street
 Lincoln, Ne 68508-1804

District: District A
 Referral Number: 9120

Facility Type: Mental Health Center

Facility Name: Whitehall-Warner House
 Street Address: 5800 Leighton Ave
 Mailing Address: _____
Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: _____

Total Due: _____

 Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____

Contact: _____

2nd Inspection: _____

Contact: _____

3rd Inspection: _____

Contact: _____

4th Inspection: _____

Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select **"Code Inspection Fees."**

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.



State Fire Marshal Agency
246 South 14th Street
Lincoln, Ne 68508-1804

District: District A

Referral Number: 9027

Facility Type:

Facility Name: Whitehall Campus

Street Address: 5845 Huntington Ave

Mailing Address: 5845 Huntington Ave

Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: _____

Total Due: _____

Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: _____

Contact: _____

2nd Inspection: _____

Contact: _____

3rd Inspection: _____

Contact: _____

4th Inspection: _____

Contact: _____

Payment Options: Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

Certificate of Occupancy: Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13317

Name of Facility: **Whitehall-Warner House**
Type of Facility: **Mental Health Center**
Location: **5800 Leighton Ave, Lincoln**
Maximum Occupancy: **N/A Persons**
Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13316

Name of Facility: **Whitehall-Community Life**

Type of Facility: **Mental Health Center**

Location: **5801 Walker Ave, Lincoln**

Maximum
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13319

Name of Facility: **Whitehall-Family Life**
Type of Facility: **Mental Health Center**
Location: **5819 Huntington Ave, Lincoln**
Maximum Occupancy: **24 Persons**
Date Issued: **6/8/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13318

Name of Facility: **Whitehall Campus Treatment Center**

Type of Facility: **Mental Health Center**

Location: **5845 Huntington Ave, Lincoln**

Maximum
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

Attachment 41

Whitehall DHHS Public Health Residential Child Caring Agency Audit Letters



April 15, 2022

Lindsay Braddock
Division of Public Health
Nebraska Department of Health and Human Services, State of Nebraska

Dear Mrs. Braddock:

This letter is in response to the findings that have been noted to still be out of compliance as of April 1, 2022. Below each of the five regulations that remain out of compliance have documentation attached to this document that bring the regulation into compliance or a description is given with supporting emails to show that the regulation will come into compliance as soon as possible.

❖ **391 NAC 7-005.02 EMPLOYEE AND VOLUNTEER REQUIREMENTS.**

▪ **005.02(A) EMPLOYEE QUALIFICATIONS.**

- **Findings:** S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or March 22, 2021. There is no evidence these staff meet the required qualifications for their position.
- **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** S17's High School Diploma is attached, labeled: 391 NAC 7-005.02(A). Please note that S17's diploma has been sent for verification with One Source twice now and has come back denied. We believe due to the diploma being in S17's maiden name and the possibility of the high school no longer being open is the reason that One Source is unable to verify.

▪ **005.02(C) PROGRAM DIRECTOR.**

- **Findings:** S1 is not on site to conduct the day to day operations at Whitehall. S2 was hired as the Facility Administrator by the licensee after March 22, 2021. S2 does not have a master's or bachelor's degree as required, as evidenced by documents provided and conversation with S2 at the annual inspection. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).
- **Corrective Action Needed:** Provide a plan to address staff qualification requirements for the Program Director position and provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** Mindy Mousel and Dr. Cindy Nash has been identified as the staff that will share Program Director responsibility. The One Source documents on Mindy and Dr. Nash have been attached as 391 NAC 7-005.02(C) (NASH) and 391 NAC 7-005.02(C)

(MOUSEL). I have also attached the job specifications for the Clinical Program Manager and Psychologist positions as requested.

▪ **005.02(D) DIRECT CARE STAFF SUPERVISOR.**

- **Findings:** As S2 mentioned at the annual inspection, S5, S6, S14, and S17 were hired by the licensee after March 22, 2021 for supervisor positions. There is no evidence S5, S6, S14, or S17 have a master's or bachelor's degree as required. There is mention in an OneSource document that S17 does not have a high school diploma or GED. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).
- **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** S17's High School Diploma is attached, labeled: 391 NAC 7-005.02(A). Please note that S17's diploma has been sent for verification with One Source twice now and has come back denied. We believe due to the diploma being in S17's maiden name and the possibility of the high school no longer being open is the reason that One Source is unable to verify.

▪ **005.02(F) CRIMINAL HISTORY RECORDS CHECKS**

- **Findings:** S7, S12, S14, S15, and S16 do not have evidence of a completed fingerprint based national criminal history check.
- **Corrective Action Needed:** Provide evidence that these staff members completed a fingerprint based national criminal history record check. In addition, provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** S15 and S16 background checks are attached to this document, labeled as: 391 NAC 7-005.02(F). Please note that Mindy MouseL's background check is attached as: 391 NAC 7-005.02(F) (MOUSEL).

❖ **391 NAC 7-005.03 RECORDS.**

- **Findings:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.
 - (iv) Results of criminal history record check: S7, S12, S14, S15, and S16 did not have evidence of a completed fingerprint based national criminal history record check.
 - (v) Date of assuming job responsibilities: No staff file presented had documentation on the date a staff member assumed their job responsibilities.
 - (vi) Pre-service training: No new staff file presented (a new hire on or after March 22, 2021) had documentation that each per-service training requirement was completed.
 - (vii) Statement that the employee had read and understands this chapter: No staff file presented had documentation that the employee read and understood 391 NAC Chapter 7.
 - (viii) Education: S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or after March 22, 2021. There is no evidence these staff meet the required education for their position.
 - (xv) Current driver's license if employee transports children: One Source was used to prove staff had a current driver's license. It is unclear if S14 and S16 have a driver's license or transport children.
- **Corrective Action Needed:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.

(iv) Results of criminal history record check must be submitted for S7, S12, S14, S15, and S16.

(v) Date of assuming job responsibilities: Job responsibilities must be assumed after the pre-service training is complete. Provide evidence how this regulation will come into compliance for prospective staff.

(vi) Pre-service training: Provide evidence how this regulation will come into compliance for prospective staff members. Per-service training must be completed as required before a staff can assume job responsibilities.

(vii) Statement that the employee has read and understands this chapter: Submit documentation that all employees have read and understand 391 NAC Chapter 7. Provide evidence how this regulation will come into compliance for prospective staff members.

(viii) Education: Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.

(xv) Current driver's license if employee transports children: Identify if S14 and S16 provide transportation to children and provide driver's license information if they are drivers.

➤ **Corrective Action:**

(iv) S15 and S16 background checks are attached to this document, labeled as: 391 NAC 7-005.02(F).

(viii) S17's High School Diploma is attached, labeled: 391 NAC 7-005.02(A). Please note that S17's diploma has been sent for verification with One Source twice now and has come back denied. We believe due to the diploma being in S17's maiden name and the possibility of the high school no longer being open is the reason that One Source is unable to verify.

❖ **391 NAC 7-005.06 THE CHILD'S RIGHTS.**

- **Findings:** Child's Rights are not located in one cohesive document. There is no evidence showing a child and parents or legal guardian were given a comprehensive list of Child Rights required in this regulation for Y1, Y2, and Y3. After review of several documents presented at the in-person inspection there was no evidence (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests are part of the Child's Rights documents.
- **Corrective Action Needed:** Provide evidence that Child's Rights are revised to specifically include: (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests. Provide evidence that the child and parent and legal guardian are given a copy of the Bill of Rights.
- **Corrective Action:** Whitehall has updated our youth rights document that is given to the youth upon admission and is signed by them. The attachment is labeled: 391 NAC 7-005.06.

❖ **391 NAC 7-005.23 ENVIRONMENTAL MAINTENANCE AND SAFETY.**

- **Findings:** All 3 homes had: 1) secondary bathrooms with visible "pink mildew" in the shower area, 2) living room couches with foam sticking out on every side of the upholstered cushions and 3) pooling water in the primary bathroom between the shower drain and toilet. One home had a front bedroom screen with a noticeable tear that S2 reported to be part of a bedroom not used due to the screen tear. Each home and dining area did not have lids on every garbage can during the building walk through. All 3 homes had peeling and removed portions of privacy film in several bedrooms.

- **Corrective Action Needed:** Provide evidence that all environmental requirements are in compliance or a timeline when environmental requirements will come into compliance.
- **Corrective Action:** Attached to this response is a string of emails that indicate that we are in the selection process of the furniture that will be purchased for Whitehall. The attachments are labeled: 391 NAC 7-005.23 and 391 NAC 7-005.23(Furniture Options). Whitehall is hopeful that we will have new furniture on campus in the summer of 2022.

Sincerely,

Handwritten signature of Mitchell Popple in black ink, with the initials "FN" written at the end.

Mitchell Popple | Facility Administrator
BEHAVIORAL HEALTH - WHITEHALL
Nebraska Department of Health and Human Services
OFFICE: 402-471-6989 | CELL: 402-525-3130



January 13, 2022

Lindsay Braddock
Division of Public Health
Nebraska Department of Health and Human Services, State of Nebraska

Dear Mrs. Braddock:

This letter is in response to the findings during our annual Residential Child-Caring Agency inspection and should be regarded as our statement of compliance. Below you will find our response to how each violation has been corrected or will be corrected, with a time line to support when the correction will be made.

❖ **391 NAC 7-005.02 EMPLOYEE AND VOLUNTEER REQUIREMENTS.**

▪ **005.02(A) EMPLOYEE QUALIFICATIONS.**

- **Findings:** S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or March 22, 2021. There is no evidence these staff meet the required qualifications for their position.
- **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** S2 has changed positions but continues to supervise direct care staff and would be grandfathered in based on the old regulations. S4, S8, S10, S11, S13, S18 are not considered direct care staff and have been identified as either Interns, Psychiatrist, or Therapist. Their OneSource documents are attached labeled: 391 NAC 7-005.02(E). S5 has a hire date of March 22, 2021 but was evaluated under the previous regulations. We request that he be grandfathered in under the previous regulations so that he can continue to perform the responsibilities of a Direct Care Staff Supervisor. Evidence pertaining to his hire date is attached labeled: 391 NAC 7-005.02(D). S6, S14, and S17 will no longer carry the responsibilities of Direct Care Staff Supervisor.
- S17 was noted as not having her High School Diploma. A request was made that she provide this information. She was on vacation at the time of the request and is expected to return to work on January 13, 2022. Her High School Diploma or equivalent will be forwarded to you by January 20, 2022.

▪ **005.02(C) PROGRAM DIRECTOR.**

- **Findings:** S1 is not on site to conduct the day to day operations at Whitehall. S2 was hired as the Facility Administrator by the licensee after March 22, 2021. S2 does not have a master's or bachelor's degree as required, as evidenced by documents provided and conversation with S2 at the annual inspection. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).

- **Corrective Action Needed:** Provide a plan to address staff qualification requirements for the Program Director position and provide evidence how this regulation will come into compliance for prospective staff members.
 - **Corrective Action:** S2 was identified as the Program Director which is incorrect. The current Program Director position is shared by Cindy L. Nash, PhD and Jerome Barry, LMHP. Dr. Nash is our fulltime clinical psychologist and Mr. Barry is a 20-hour per week contracted mental health provider. Mindy Mousel has been hired to fulfill the permanent Program Director position and starts January 24, 2022. A request to HR has been made to provide the Program Managers Job Description as well as the OneSource documents for Jerome Barry and Dr. Nash. These documents will be provided once received. The Program Manager Job Role description is attached along with Mindy Mousel's OneSource background check labeled: 391 NAC 7-005.02(C) 391 NAC 7-005.02(C2).
- **005.02(D) DIRECT CARE STAFF SUPERVISOR.**
- **Findings:** As S2 mentioned at the annual inspection, S5, S6, S14, and S17 were hired by the licensee after March 22, 2021 for supervisor positions. There is no evidence S5, S6, S14, or S17 have a master's or bachelor's degree as required. There is mention in an OneSource document that S17 does not have a high school diploma or GED. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).
 - **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
 - **Corrective Action:** As identified on our Program Description, Unit Managers are responsible for the direct supervision of all Direct Care Staff. Julisa Thomas, one of the Unit Managers, started as a supervisor on campus in 2019 and would meet the qualifications through the grandfather exception. The other Unit Manager, S5, Dyulani Thomas, was hired as a supervisor with a start date of March 22, 2021, however his hiring process started February 19th, 2021. He was evaluated under the previous Child Care Agency Regulations. His original start date was to be March 8, 2021 but was extended to March 22, 2021 to allow S5 time to relocate to Nebraska from New York. Because he was evaluated under the previous regulations we ask that the grandfather exception be considered in his case so that he can fulfill the responsibilities of a Direct Care Staff Supervisor. Both Unit Managers are directly responsible for supervising staff and the care they provide to our youth. This includes training, evaluations, and anything pertaining to the discipline process. Evidence pertaining to S5's hire date is attached labeled: 391 NAC 7-005.02(D).
- S17 will provide a copy of her High School Diploma or the equivalent by January 20, 2022.
- **005.02(E) DIRECT CARE STAFF.**
- **Findings:** S4, S8, S10, S11, S13, S18 were identified as staff members hired on or after March 22, 2021. The personnel files were not provided for these staff members. It is unknown if these staff members are direct care staff or not. It cannot be determined if these staff have the appropriate qualifications to be direct care staff, if that is their position.
 - **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position or are not considered direct care staff. In addition, provide evidence how this regulation will come into compliance for prospective staff members.

- **Corrective Action:** S4, S8, S10, and S11 are interns/externs and are not considered Direct Care Staff. Evidence to this and their background checks are attached to this letter. S13 is our Psychiatrist and provides medication management and psychiatric care for our youth. She is not considered Direct Care Staff. Her background check and qualifications are attached to this letter. S18 is a Social Worker/Therapist who works for Whitehall. He is not considered a Direct Care Staff. His background check and qualifications are attached to this letter. All evidence has been attached to this letter titled: 391 NAC 7-005.02(E).

- **005.02(F) CRIMINAL HISTORY RECORDS CHECKS**

- **Findings:** S7, S12, S14, S15, and S16 do not have evidence of a completed fingerprint based national criminal history check.
- **Corrective Action Needed:** Provide evidence that these staff members completed a fingerprint based national criminal history record check. In addition, provide evidence how this regulation will come into compliance for prospective staff members.
- **Corrective Action:** Evidence for S7, S12, and S14 is attached to this letter. In performing this corrective action, it was discovered that S15 and S16 had provided fingerprints but their applications for background checks were never turned in. Their applications have since been turned in and we will provide the completed check upon receiving them. All evidence to support his has been attached to this letter titled: 391 NAC 7-005.02(F).

- ❖ **391 NAC 7-005.03 RECORDS.**

- **Findings:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.
 - (iv) Results of criminal history record check: S7, S12, S14, S15, and S16 did not have evidence of a completed fingerprint based national criminal history record check.
 - (v) Date of assuming job responsibilities: No staff file presented had documentation on the date a staff member assumed their job responsibilities.
 - (vi) Pre-service training: No new staff file presented (a new hire on or after March 22, 2021) had documentation that each per-service training requirement was completed.
 - (vii) Statement that the employee had read and understands this chapter: No staff file presented had documentation that the employee read and understood 391 NAC Chapter 7.
 - (viii) Education: S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or after March 22, 2021. There is no evidence these staff meet the required education for their position.
 - (xv) Current driver's license if employee transports children: One Source was used to prove staff had a current driver's license. It is unclear if S14 and S16 have a driver's license or transport children.
- **Corrective Action Needed:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.
 - (iv) Results of criminal history record check must be submitted for S7, S12, S14, S15, and S16.
 - (v) Date of assuming job responsibilities: Job responsibilities must be assumed after the pre-service training is complete. Provide evidence how this regulation will come into compliance for prospective staff.
 - (vi) Pre-service training: Provide evidence how this regulation will come into compliance for prospective staff members. Per-service training must be completed as required before a staff can assume job responsibilities.

(vii) Statement that the employee has read and understands this chapter: Submit documentation that all employees have read and understand 391 NAC Chapter 7. Provide evidence how this regulation will come into compliance for prospective staff members.

(viii) Education: Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.

(xv) Current driver's license if employee transports children: Identify if S14 and S16 provide transportation to children and provide driver's license information if they are drivers.

➤ **Corrective Action:**

(iv) Evidence for S7, S12, and S14 is attached to this letter. As noted above, S15 and S16 completed fingerprinting but failed to fill out applications for background checks. Their applications have now been turned in and we will provide this completed check upon receiving them. All evidence to support this information has been attached to this letter titled: 391 NAC 7-005.02(F).

(v) Moving forward, the staff's in ratio date will be recorded on the "Learning at the Work Site Checklist." This document currently serves as our proof that On-the-Job training is completed. This document will have a section under the signing section where the Unit Manager will sign off and state the employee's date they enter the ratio. This document will be signed on the last day of OJT to signify the staff is ready to enter the ratio on campus.

(vi) Evidence of number of hours for current Pre-service training will be indicated on LINK Employee Development Center (EDC). Will work with LINK EDC technology support to address issue of hours not showing up on printed reports. New employees at Whitehall complete 3 days or 24 hours of New Employee General Orientation before their On-the-job training. The 3 days of orientation is documented in LINK EDC as "New Employee General Orientation". For clinical staff there is an additional orientation, documented in LINK EDC as "Whitehall New Employee Clinical Orientation". While the training is documented in LINK EDC, the number of hours do not show in a printed-off report.

The content listing of New Employee General Orientation (Pre-service) is described in EDC: Confidentiality Agreement signature; Client Rights review in Program Handbook; Universal Precautions for Infection Control; Policy review of Abuse and Neglect and reporting, Crisis Management, Supervision of Youth, Suicide Prevention, Staff to Patient/Youth Relationships, Emergency procedures, Charting Guidelines; review of Substance Use program and Youth Who Sexually Harm program; review of Whitehall Youth Rules and Consequences; review and practice in using the Personal Teaching Record (PTR); overview of Therapeutic Recreation; on-line training started in the 3 days of general orientation and continued as on-the-job training includes Adolescent Growth and Development, Trauma-Informed Care, Defensive Driving, Lincoln Regional Center/Whitehall annual required training. An example of the pre-service training schedule is provided labeled: 391 NAC 7-005.03(vi).

(vii) 391 NAC Chapter 7 was assigned to all Whitehall employees to read, by way of LINK Employee Development Center (EDC) on December 17, 2021.

391 NAC Chapter 7 will be given to new employees to read in their first 3 days of New Employee Orientation (Pre-service). In addition, as part of a menu of standard and

required new employee training, 391 NAC Chapter 7 will be assigned to all new Whitehall employees to read again, by way of LINK EDC, within the first 30 days of employment. Completion of reading 391 NAC Chapter 7 will be documented on the employee's EDC transcript.

(viii) S2 has changed positions but continues to supervise direct care staff and would be grandfathered in based on the old regulations. S4, S8, S10, S11, S13, S18 are not considered direct care staff and have been identified as either Interns, Psychiatrist, or Therapist. Their OneSource documents are attached labeled: 391 NAC 7-005.02(E). S5 has a hire date of March 22, 2021 and was evaluated under the previous regulations. We are requesting that he be grandfathered in under the older regulations so that he can continue fulfilling the responsibilities of a Direct Care Staff Supervisor. Evidence pertaining to S5's hire date is attached labeled: 391 NAC 7-005.02(D). S6, S14, and S17 will no longer perform the responsibilities of a Direct Care Staff Supervisor.

S17 was noted as not having her High School Diploma. A request was made that she provide this information. She was on vacation at the time of the request and is expected to return to work on January 13, 2022. A copy of her High School Diploma or the equivalent will be provided by January 20, 2022.

(xv) S14 and S16 can provide transportation to children and their driver's license information is attached to this letter. S14's One Source documents verifies his license is current and valid on page 5. S16's current driver's license is attached. Both documents are labeled: 391 NAC 7-005.03(xv).

❖ 391 NAC 7-005.04 EMPLOYEE TRAINING

- **Findings:** All employee training records had some training hours listed, white the majority of training records did not have the number of hours listed.
- **Corrective Action Needed:** Provide evidence that every training will include the number of hours each training took to complete for per-service training and in-service training. It should be noted that future in-service and pre-service training must include hours to ensure each staff member is in compliance with this regulation and given credit for all training received.
- **Corrective Action:** Beth Bartell has emailed a specialist with our EDC system and is currently working with her to have our OJT recorded on EDC. Currently pre-service training is showing as 24 hours. Moving forward for new employees, all Pre-Service Training and On-The-Job training will be recorded to total 24 hours each. Beth's email is provided labeled: 391 NAC 7-005.004.

▪ 005.04(A) PRE-SERVICE TRAINING.

- **Findings:** 30 hours of pre-service training was not identified as a requirement for all new employees. Pre-service training did not include a review of all required child rights, child service plans and trauma informed care.
- **Corrective Action Needed:** Provide evidence how 30 pre-service training hours will be completed by prospective staff members. Documentation must support how all required child's rights, a child service plan and trauma informed care are part of pre-service training.

- **Corrective Action:** EDC will show the number of hours of New Employee General Orientation (Pre-service) as 24 hours. EDC will show the number of hours of On-the-job training as 24 hours.

▪ **005.04(C) ACTIVITIES COUNTED AS TRAINING.**

- **Findings:** In conversation during the annual inspection and after review of a document entitled "Whitehall New Employee General Orientation," it was determined that staff members complete job shadowing. However, those hours are not documented for in-service or pre-service training.
- **Corrective Action Needed:** Provide evidence that every training will include the number of hours each training too to complete for pre-service training and in-service training. It should be noted that future in-service and pre-service training must include the hours to ensure each staff member is in compliance with this regulation and given credit for all training received.
- **Corrective Action:** On-the-job training, as evidenced on two check lists ("Learning At the Worksite Checklist" and "New Employee Checklist") will be documented in LINK EDC as On-the-Job training of **3 days/24 hours**. Currently, paper copies of the checklists are filed in employee folders.

❖ **391 NAC 7-005.06 THE CHILD'S RIGHTS.**

- **Findings:** Child's Rights are not located in one cohesive document. There is no evidence showing a child and parents or legal guardian were given a comprehensive list of Child Rights required in this regulation for Y1, Y2, and Y3. After review of several documents presented at the in-person inspection there was no evidence (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests are part of the Child's Rights documents.
- **Corrective Action Needed:** Provide evidence that Child's Rights are revised to specifically include: (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests. Provide evidence that the child and parent and legal guardian are given a copy of the Bill of Rights.
- **Corrective Action:** Whitehall has updated our Child's Right form that is given to the youth and their parent/guardian at admission. Y2 and Y3 have signed copies both by themselves and their guardian. Y1 was able to sign the updated rights but we were unable to obtain signature from their guardian before the youth eloped from our campus and was discharged. All evidence has been attached to this letter titled: 391 NAC 7-005.06.

❖ **391 NAC 7-005.08 PROGRAM DESCRIPTION.**

- **Findings:** Program description documents reviewed and provided at the annual inspection did not include: (D) The composition of staff and their qualifications and (G) How the program will address: (ii) Use of a library; (v) Nutrition and dietary education; (vi) Recreation; and (vii) Community contacts.
- **Corrective Action Needed:** Provide evidence these components are currently in the program description. In addition, provide evidence how the complete program description will be made available to staff, children, parents, guardians or their designees, and members of the public.
- **Corrective Action:** Whitehall has developed a two page document addressing our program description needs. This document will be provided to youth and parents/guardians upon admission. This document will be provided to staff and members

of the public as well. The program description has been attached to this letter titled: 391 NAC 7-005.08.

❖ **391 NAC 7-005.10 ADMISSION POLICY AND PROCEDURE REQUIREMENTS.**

- **Findings:** Consent from the legal custodian for vision treatment is not obtained by the licensee. There was no evidence showing a child receives a tour or introduction to staff during the child orientation process.
- **Corrective Action Needed:** Provide documentation that consent is and will continue to be obtained for vision treatment from the legal custodian. Provide documentation showing a tour and introduction to staff is provided for a child entering the program.
- **Corrective Action:** Whitehall's vision consent form has been attached to this letter and will be a part of our admissions packet that is sent to a youth's guardian before admission. The expectation is that we will have consent before the youth arrives to our campus. All youth must complete what we call a Meet-and-Greet within ten days of admitting to Whitehall. In this meeting the youth are introduced to all members of their team here at Whitehall including front line staff and are oriented as to what buildings they will be utilizing and for what purpose. When a youth has their Master Treatment Plan entered into Avatar this is the indication that the Meet-and-Greet has taken place for the youth. All subsequent Treatment Plans in Avatar are labeled Treatment Plans. Y1, Y2, and Y3 Master Treatment Plans are attached as evidence that their introduction and tour were completed within ten days of arrival to Whitehall. The evidence is attached to this letter titled: 391 NAC 7-005.10.

❖ **391 NAC 7-005.11 CHILD RECORD.**

- **Findings:** Y3 and Y2 did not have a record of a vision exam.
- **Corrective Action Needed:** Submit documentation for a vision exam for Y3 and Y2.
- **Corrective Action:** Whitehall contacted legal guardians, both are state wards charged to St. Francis, and were told that they do not have documentation of their most recent medical documentation. Whitehall has scheduled both youth for vision exams and will provide those exams when completed. Please note that Y2 was unsuccessfully discharged on January 6, 2022 and is no longer in our care. We will not be able to provide a vision exam for him due to him being at another facility at this time. Y3's vision appointment was completed on January 10, 2022. An email detailing the vision exam appointments is attached to this letter titled: 391 NAC 7-005.11 and 391 NAC 7-005.11(Y3).

❖ **391 NAC 7-005.12 CHILD'S CARE.**

- **Findings:** Y3 and Y2 did not have a record of a vision exam. Y1, Y2, and Y3 did not have consent to treat for vision emergencies.
- **Corrective Action Needed:** Submit documentation for a vision exam for Y3 and Y2. Submit Y1, Y2, and Y3 consent to treat for vision emergencies.
- **Corrective Action:** Y3's vision exam is attached to this letter labeled: 391 NAC 7-005.11(Y3). Y2 is no longer at our facility due to unsuccessful discharge. Y3 was given verbal consent for his exam and we are currently waiting on his signed consent to be returned to us. Y1 and Y2 were unsuccessfully discharged and are no longer at our facility.

❖ **391 NAC 7-005.18 TRANSPORTATION.**

- **Findings:** A vehicle did not have a first aid kit during the day of inspection. S2 advised first aid kits are not in vehicles and no mobile first aid kit is taken when youth are transported.
- **Corrective Action Needed:** Provide evidence that first aid kits are in each vehicle and ensure the transportation policy indicates they are in each vehicle used to transport children.
- **Corrective Action:** Whitehall has purchased first-aid kits for all vehicles used to transport children. A picture of one of the first-aid kits is attached, labeled: 391 NAC 7-005.18. Our transportation policy has also be updated to include that no vehicle that is transporting children will be used without a first-aid kit. Policy is attached, labeled: 391 NAC 7-005.19.

❖ **391 NAC 7-005.19 TRANSPORTATION POLICIES AND PROCEDURES.**

- **Findings:** The transportation policy did not address ill children or the presence or absence of other passengers.
- **Corrective Action Needed:** Provide documentation that the transportation policy has been updated to include these components.
- **Corrective Action:** The policy has been updated and has been attached to this letter titled: 391 NAC 7-005.19.

❖ **391 NAC 7-005.22 EMERGENCY PREPAREDNESS.**

▪ **005.22(B) FIRE AND TORNADO DRILLS.**

- **Findings:** During the annual inspection, S2 advised that tornado drills are not practiced and not documented.
- **Corrective Action Needed:** Provide a policy and procedure that ensures tornado drills are completed four times per year.
- **Corrective Action:** Whitehall's emergency weather policy has been updated to include language that ensures that four tornado drills will be completed a year between the months of March and September. The policy also has a form to fill out to record when such drills are conducted. The policy and reporting form have been attached to this letter titled: 391 NAC 7-005.22.

▪ **005.22(C) FIRE AND TORNADO SAFETY DIAGRAMS.**

- **Findings:** During the annual inspection safety diagrams were not observed in each room care was provided. There was no process used to evacuate children with special needs in the fire and tornado policies provided.
- **Corrective Action Needed:** Provide evidence that all rooms where care is provided have safety diagrams and update policies to include the evacuation process for children with special needs.
- **Corrective Action:** Attached to this letter are the diagrams that will be hung in every room that care is provided on campus. This diagrams will be laminated and hung in a prominent place. In the youth rooms these will be hung on the inside of their doors so that in an emergency they can be reviewed on the way out of their rooms. The attachment is labeled: 391 NAC 7-005.22(C).

❖ **391 NAC 7-005.23 ENVIRONMENTAL MAINTENANCE AND SAFETY.**

- **Findings:** All 3 homes had: 1) secondary bathrooms with visible "pink mildew" in the shower area, 2) living room couches with foam sticking out on every side of the upholstered cushions and 3) pooling water in the primary bathroom between the shower drain and toilet. One home had a front bedroom screen with a noticeable tear that S2

reported to be part of a bedroom not used due to the screen tear. Each home and dining area did not have lids on every garbage can during the building walk through. All 3 homes had peeling and removed portions of privacy film in several bedrooms.

- **Corrective Action Needed:** Provide evidence that all environmental requirements are in compliance or a timeline when environmental requirements will come into compliance.
- **Corrective Action:** Secondary bathrooms have been cleaned by maintenance and a meeting took place with the cleaning crew supervisor to ensure that compliance is maintained. A replacement furniture estimate has been sent to S1 in response to the condition of our current furniture. Primary bathrooms have had flexible strips replaced in the showers and their shower curtains adjusted to ensure that water stays in the showers area. The front window screen has been fixed on CLC cottage. An email has been sent to dining and all supervisors on campus ensuring that when trash cans are not in use that their lids will be maintained. A tint shop has been contacted by maintenance and they did a walk through at our facility on January 6, 2022 to assess how many windows need tinting. Maintenance manager estimates that the work will be done in the next few weeks. Evidence has been sent with this letter titled: 391 NAC 7-005.23

❖ **391 NAC 7-006. PHYSICAL PLANT STANDARDS.**

▪ **006.07 CHILD LIVING AREAS.**

▪ **006.07(G) BATHROOMS.**

- **Findings:** All 3 homes had: 1) secondary bathrooms with visible “pink mildew” in the shower area and 2) pooling water in the primary bathroom between the shower drain and toilet.
- **Corrective Action Needed:** Provide evidence that all environmental requirements are in compliance or a timeline when environmental requirements will come into compliance.
- **Corrective Action:** Secondary bathrooms have been cleaned by maintenance and a meeting took place with the cleaning crew supervisor to ensure that compliance is maintained. Primary bathrooms have had flexible strips replaced in the showers and their shower curtains adjusted to ensure that water stays in the showers area. Evidence has been sent with this letter titled: 391 NAC 7-006.07(G).

Sincerely,



FA

Mitch Popple | Whitehall PRTF Facility Administrator
CHILDREN & FAMILY SERVICES

Nebraska Department of Health and Human Services

OFFICE: 402-471-6969 | CELL: 531-229-3352

DHHS.ne.gov



December 29, 2021

Mark LaBouchardiere
Lincoln Regional Center – Whitehall Program
Nebraska Department of Health and Human Services, State of Nebraska
5845 Huntington Avenue
Lincoln, NE 68507

Dear Mr. LaBouchardiere:

This letter details the findings of the annual Residential Child-Caring Agency inspection that was conducted at the Lincoln Regional Center – Whitehall Program, License RCCA022, on December 8, 2021. A review of staff files was completed separately on December 29, 2021.

Below is a list of noncompliance with 391 NAC Chapter 7 Residential Child-Caring Agencies regulations that have been effective since March 22, 2021.

❖ **391 NAC 7-005.02 EMPLOYEE AND VOLUNTEER REQUIREMENTS.**

- **005.02(A) EMPLOYEE QUALIFICATIONS.** All staff and volunteers must be of good moral character and not engage in or have a history of behaviors injurious to or which may endanger the health or morals of children and meet the required qualifications. Staff employed as an executive director, program director, direct care staff supervisor, or direct care staff prior to the effective date of this chapter are deemed to be in compliance with education and experience requirements for initial qualifications.
 - **Findings:** S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or after March 22, 2021. There is no evidence these staff meet the required qualifications for their position.
 - **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.

- **005.02(C) PROGRAM DIRECTOR.** If the executive director is not on site or is on site but not providing direct oversight of the day to day operations of the program then the licensee must employ a program director who: (i) Has a master's degree in social work, counseling, business, public administration, education, or a related human service; or (ii) Has a bachelor's degree and three years of experience in social work, counseling, business, public administration, education, or a related human service.

- **Findings:** S1 is not on site to conduct the day to day operations at Whitehall. S2 was hired as the Facility Administrator by the licensee after March 22, 2021. S2 does not have a master's or bachelor's degree as required, as evidenced by documents provided and a conversation with S2 at the annual inspection. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).
 - **Corrective Action Needed:** Provide a plan to address staff qualification requirements for the Program Director position and provide evidence how this regulation will come into compliance for prospective staff members.
- **005.02(D) DIRECT CARE STAFF SUPERVISOR.** A direct care staff supervisor, if other than the executive director or program director, must: (i) Have a master's degree in social work, counseling, or a related human service; or (ii) Have a bachelor's degree in social work, counseling, or a related human service with two years of experience in a human service related field;
 - **Findings:** As S2 mentioned at the annual inspection, S5, S6, S14, and S17 were hired by the licensee after March 22, 2021 for supervisor positions. There is no evidence S5, S6, S14, or S17 have a master's or bachelor's degree as required. There is mention in an OneSource document that S17 does not have a high diploma or GED. It should be noted that staff qualifications do not qualify for alternative compliance per 391 NAC Chapter 7-004.04(C).
 - **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
- **005.02(E) DIRECT CARE STAFF.** Each direct care staff must: (i) Be at least 21 years of age; and (ii) Have a high school diploma or a high school equivalency diploma.
 - **Findings:** S4, S8, S10, S11, S13, S18 were identified as staff members hired on or after March 22, 2021. The personnel files were not provided for these staff members. It is unknown if these staff members are direct care staff or not. It cannot be determined if these staff have the appropriate qualifications to be direct care staff, if that is their position.
 - **Corrective Action Needed:** Provide evidence that these staff members are qualified for their position or are not considered direct care staff. In addition, provide evidence how this regulation will come into compliance for prospective staff members.

Please Note: All identified direct care staff will also have files reviewed for compliance with 391 NAC 7-005.02(F) through 391 NAC 7-005.04(E).
- **005.02(F) CRIMINAL HISTORY RECORD CHECKS.** Prior to having any contact with children or families, and not less than once during each five year period, the applicant must complete a fingerprint based national criminal history record check for each staff member and volunteer age 18 or older.
 - **Findings:** S7, S12, S14, S15, and S16 do not have evidence of a completed fingerprint based national criminal history record check.
 - **Corrective Action Needed:** Provide evidence that these staff members completed a fingerprint based national criminal history record check. In addition, provide evidence how this regulation will come into compliance for prospective staff members.

❖ **391 NAC 7-005.03 RECORDS.**

- **005.03(A) EMPLOYEE RECORDS.** Each record for an employee must include documentation of all of the following: (iv) Results of criminal history record check; (v) Date of assuming job responsibilities; (vi) Pre-service training; (vii) Statement that the employee has read and understands this chapter; (viii) Education; (xv) Current driver's license if employee transports children
- **Findings:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.
 - (iv) Results of criminal history record check: S7, S12, S14, S15, and S16 did not have evidence of a completed fingerprint based national criminal history record check.
 - v) Date of assuming job responsibilities: No staff file presented had documentation of the date a staff member assumed their job responsibilities.
 - (vi) Pre-service training: No new staff file presented (a new hire on or after March 22, 2021) had documentation that each pre-service training requirement was completed.
 - (vii) Statement that the employee has read and understands this chapter: No staff file presented had documentation that the employee read and understood 391 NAC Chapter 7.
 - (viii) Education: S2, S4, S5, S6, S8, S10, S11, S13, S14, S17, S18 were hired or changed positions on or after March 22, 2021. There is no evidence these staff meet the required education for their position.
 - (xv) Current driver's license if employee transports children: One Source was used to prove staff had a current driver's license. It is unclear if S14 and S16 have a driver's license or transport children.
- **Corrective Action Needed:** Only employee files for staff members hired on or after March 22, 2021 were reviewed for the 2021 annual review.
 - (iv) Results of criminal history record check must be submitted for S7, S12, S14, S15, and S16.
 - v) Date of assuming job responsibilities: Job responsibilities must be assumed after the pre-service training is complete. Provide evidence how this regulation will come into compliance for prospective staff members.
 - (vi) Pre-service training: Provide evidence how this regulation will come into compliance for prospective staff members. Pre-service training must be completed as required before a staff can assume job responsibilities.
 - (vii) Statement that the employee has read and understands this chapter: Submit documentation that all employees have read and understand 391 NAC Chapter 7. Provide evidence how this regulation will come into compliance for prospective staff members.
 - (viii) Education: Provide evidence that these staff members are qualified for their position and provide evidence how this regulation will come into compliance for prospective staff members.
 - (xv) Current driver's license if employee transports children: Identify if S14 and S16 provide transportation to children and provide driver's license information if they are drivers.

- ❖ **391 NAC 7-005.04 EMPLOYEE TRAINING.** Written documentation of the completion of all training must be available at the facility where the staff is working for the Department to review and must include:
 - (4) Number of hours each training took to complete
 - **Findings:** All employee training records had some training hours listed, while the majority of training records did not have the number of hours listed.
 - **Corrective Action Needed:** Provide evidence that every training will include the number of hours each training took to complete for pre-service training and in-service training. It should be noted that future in-service and pre-service training must include the hours to ensure each staff member is in compliance with this regulation and given credit for all training received.

- **005.04(A) PRE-SERVICE TRAINING.** Staff must have completed 30 hours of pre-service training prior to having direct responsibility for care and services to children which must include: (iv) Child rights; (viii) Child service plans; and (xiv) Trauma informed care.
 - **Findings:** 30 hours of pre-service training was not identified as a requirement for all new employees. Pre-service training did not include a review of all required child rights, child service plans and trauma informed care.
 - **Corrective Action Needed:** Provide evidence how 30 pre-service training hours will be completed by prospective staff members. Documentation must support how all required child’s rights, a child service plan and trauma informed care are part of pre-service training.

- **005.04(C) ACTIVITIES COUNTED AS TRAINING.** Training activities must be directly related to the skills necessary to care for children and may be counted on an hour-for-hour basis. Study of written material may be counted as one training hour per 50 pages of written material.
 - **Findings:** In conversation during the annual inspection and after review of a document entitled “Whitehall New Employee General Orientation”, it was determined that staff members complete job shadowing. However, those hours are not documented for in-service or pre-service training.
 - **Corrective Action Needed:** Provide evidence that every training will include the number of hours each training took to complete for pre-service training and in-service training. It should be noted that future in-service and pre-service training must include the hours to ensure each staff member is in compliance with this regulation and given credit for all training received.

- ❖ **391 NAC 7-005.06 THE CHILD’S RIGHTS.** The licensee must establish and implement a Bill of Rights that will be equally applicable to all children. The licensee must protect and promote these rights and afford children the opportunity to exercise their rights. The child and parent or legal guardian must be given a copy of the Bill of Rights before the licensee provides services to the child. The Bill of Rights must address that each child has the right to:
 - (G) Access educational services;
 - (Q) Have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests.
 - **Findings:** Child’s Rights are not located in one cohesive document. There is no evidence showing a child and parents or legal guardian were given a comprehensive list of Child

Rights required in this regulation for Y1, Y2 and Y3. After review of several documents presented at the in-person inspection there was no evidence (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests are part of the Child's Rights documents.

- **Corrective Action Needed:** Provide evidence that Child's Rights are revised to specifically include: (G) access educational services and (Q) have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests. Provide evidence that the child and parent and legal guardian are given a copy of the Bill of Rights.

❖ **391 NAC 7-005.08 PROGRAM DESCRIPTION.** The licensee must ensure that a written description of the facility and type of services provided is available to staff, children, parents, guardians or their designees, and members of the public and include: (D) The composition of staff and their qualifications and (G) How the program will address: (ii) Use of a library;(v) Nutrition and dietary education; (vi) Recreation; and (vii) Community contacts.

- **Findings:** Program description documents reviewed and provided at the annual inspection did not include: D) The composition of staff and their qualifications and (G) How the program will address: (ii) Use of a library; (v) Nutrition and dietary education; (vi) Recreation; and (vii) Community contacts.
- **Corrective Action Needed:** Provide evidence these components are currently in the program description. In addition, provide evidence how the complete program description will be made available to staff, children, parents, guardians or their designees, and members of the public.

❖ **391 NAC 7-005.10 ADMISSION POLICY AND PROCEDURE REQUIREMENTS.** Acceptance of a child must be based on the licensee's assessment of the licensee's ability to meet the identified needs of the child. The licensee must establish and implement written policies and procedures for admission of a child to the facility. The policies must address how the licensee will:

(E) Obtain written information for a child's record to include:

(viii) Consent from the legal custodian for medical, dental, vision and emergency treatment;

(F) Orient the child to the facility which includes:

(i) A tour;

(ii) Introduction to staff;

- **Findings:** Consent from the legal custodian for vision treatment is not obtained by the licensee. There was no evidence showing a child receives a tour or introduction to staff during the child orientation process.
- **Corrective Action Needed:** Provide documentation that consent is and will continue to be obtained for vision treatment from the legal custodian. Provide documentation showing a tour and introduction to staff is provide for a child entering the program.

❖ **391 NAC 7-005.11 CHILD RECORD.** The licensee must maintain a record for each child in care. Each record must contain the information required by 391 NAC 7-005.10(E) and the following:

(B) Medical, dental, and vision records including: examinations, immunizations, illnesses, and follow-up treatments;

- **Findings:** Y3 and Y2 did not have a record of a vision exam.
 - **Corrective Action Needed:** Submit documentation for a vision exam for Y3 and Y2.
- ❖ **391 NAC 7-005.12 CHILD'S CARE.** All children receiving care must have: (B) Complete vision exam every other year; (C) Immediate medical, dental, and vision care when an emergency arises;
- **Findings:** Y3 and Y2 did not have a record of a vision exam. Y1, Y2 and Y3 did not have consent to treat for vision emergencies.
 - **Corrective Action Needed:** Submit documentation for a vision exam for Y3 and Y2. Submit Y1, Y2 and Y3 consent to treat for vision emergencies.
- ❖ **391 NAC 7-005.18 TRANSPORTATION.** When transportation is provided by the licensee the following requirements must be met:
- (E) Any vehicle used to transport children must:
- (v) Be equipped with a first aid kit
 - **Findings:** A vehicle did not have a first aid kit during the day of inspection. S2 advised first aid kits are not in vehicles and no mobile first aid kit is taken when youth are transported.
 - **Corrective Action Needed:** Provide evidence that first aid kits are in each vehicle and ensure the transportation policy indicates they are in each vehicle used to transport children.
- ❖ **391 NAC 7-005.19 TRANSPORTATION POLICIES AND PROCEDURES.** The licensee must have written policies and procedures that establish and implement how children will be transported in compliance with this chapter and must include: (A) Emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident, or other emergencies; and (B) How it will address the presence or absence of other passengers besides staff and children in the vehicle.
- **Findings:** The transportation policy did not address ill children or the presence or absence of other passengers.
 - **Corrective Action Needed:** Provide documentation that the transportation policy has been updated to include these components.
- ❖ **391 NAC 7-005.22 EMERGENCY PREPAREDNESS.** The licensee must meet and maintain the following emergency preparedness requirements.
- **005.22(B) FIRE AND TORNADO DRILLS.** Fire and tornado drills must be practiced with the children and staff. Written documentation of drills, including dates conducted, must be kept and available for review by the Department:
 - (ii) Tornado drills must be completed a minimum of four times per year during the months of March through September. At least one tornado drill per year must be practiced during sleeping hours.
 - **Findings:** During the annual inspection, S2 advised that tornado drills are not practiced and not documented.
 - **Corrective Action Needed:** Provide a policy and procedure that ensures tornado drills are completed 4 times per year.

- **005.22(C) FIRE AND TORNADO SAFETY DIAGRAMS.** Fire and tornado safety diagrams must:
 - (ii) Be prominently posted and visible in each room where care is provided; (iii) Include how the evacuation of children with special needs will be conducted;
- **Findings:** During the annual inspection safety diagrams were not observed in each room care was provided. There was no process used to evacuate children with special needs in the fire and tornado policies provided.
- **Corrective Action Needed:** Provide evidence that all rooms where care is provided have safety diagrams and update policies to include the evacuation process for children with special needs.

❖ **391 NAC 7-005.23 ENVIRONMENTAL MAINTENANCE AND SAFETY.** The licensee must provide a safe and hazard-free environment to protect the health and safety of children in care, including:

- (2) Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions;
- (4) The entrance, harborage, or breeding of rodents, flies and all other insects and vermin must be prevented. All doors opening to the outside must be self-closing (except sliding doors) and all windows used for ventilation and all opening to the outside must be screened;
- (5) All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes: (i) All outdoor and indoor containers used for disposal of food, bodily fluids, or other odorous materials must be watertight, have tight fitting covers, and be insect and vermin proof;
- (9) A process for routine and preventative maintenance of equipment, fixtures, furnishings, and toys so they are kept clean, safe, in good repair, and available to meet the intended use must be developed and followed. This includes ensuring no sharp edges, rust, or loose parts;
 - **Findings:** All 3 homes had: 1) secondary bathrooms with visible “pink mildew” in the shower area, 2) living room couches with foam sticking out on every side of the upholstered cushions and 3) pooling water in the primary bathroom between the shower drain and toilet. One home had a front bedroom screen with a noticeable tear that S2 reported to be part of a bedroom not used due to the screen tear. Each home and dining area did not have lids on every garbage can during the building walk through. All 3 homes had peeling and removed portions of privacy film in several bedrooms.
 - **Corrective Action Needed:** Provide evidence that all environmental requirements are in compliance or a timeline when environmental requirements will come into compliance.

❖ **391 NAC 7-006. PHYSICAL PLANT STANDARDS.**

- **006.07 CHILD LIVING AREAS**
- **006.07(G) BATHROOMS.** One operable toilet, sink, tub, or shower for every six children in care must be available. Toilets must be on the same floor as children’s sleeping areas and sinks must be on a one to one ratio with toilets. Bathrooms must:
 - (iv) Be kept clean, in good repair, well lighted and well ventilated;
 - **Findings:** All 3 homes had: 1) secondary bathrooms with visible “pink mildew” in the shower area and 2) pooling water in the primary bathroom between the shower drain and toilet.
 - **Corrective Action Needed:** Provide evidence that all environmental requirements are in compliance or a timeline when environmental requirements will come into compliance.

CONCLUSION:

Due to the findings of non-compliance during the annual inspection, Lincoln Regional Center – Whitehall Program, must submit a statement of compliance indicating any steps which have been or will be taken to correct each violation and the period of time estimated to be necessary to correct each violation as required by Nebraska Revised Statute 71-1932 of the Children’s Residential Facilities and Placing Licensure Act. The statement of compliance must be submitted to the Department of Health and Human Services, Division of Public Health, Children’s Services Licensing within 10 working days.

This letter serves as notice that the Department may take further steps if requested corrections are not submitted/addressed within 10 working days of the date of this letter.

Current Residential Child-Caring and Child-Placing Agency regulations and statutes can be found on the public Department of Health and Human Services, Division of Public Health- Licensing, Children’s Services, Residential Child Caring Agencies and Child Placing Agencies website or via the following link:

<http://dhhs.ne.gov/licensure/Pages/Residential-Child-Caring-Agency-Licensing-and-Child-Placing-Agency-Licensing.aspx>

I look forward to hearing from you in the near future. Please don’t hesitate to contact me with any questions or concerns.

Sincerely,



Lindsay Braddock | *DHHS Program Manager II*

PUBLIC HEALTH

Nebraska Department of Health and Human Services

OFFICE: 402-471-9193



INSPECTION IDENTIFICATION LEGEND

Licensee: Lincoln Regional Center – Whitehall Program Nebraska Department of Health and Human Services, State of Nebraska 5845 Huntington Avenue Lincoln, NE 68507	
Annual Inspection Finalization Date: December 28, 2021	License Number: RCCA022
Children’s Services Inspector: Lindsay Braddock, Program Manager II	Type of Facility: Residential Child-Caring Agency
** The Inspection Identification Legend is a confidential document for agency and Department use only and will not be released to the public.**	

STAFF

- S1- Mark LaBoucharderie
- S2- Mitchell Poppie
- S3- Steven Smith
- S4- Jesse Esquivel
- S5- Dyulani Thomas
- S6- Mariah Morgan
- S7- Jarrod Belcher
- S8- Brenna Lash
- S9- Lisa Savage
- S10- Judit Ortega
- S11- Brian Ellis
- S12- David Harding

STAFF

- S13- Amy Barker
- S14- Austin Espinoza
- S15- Verena Caudle
- S16- Amy Taylor Been Blossom
- S17- Waleska Billups
- S18- Rolf Holbrok
- S19- Chuck Leikam
- S20- Luke Molzer
- S21- Candy Carter
- S22- Ta’Nia Bedford

YOUTH

- Y1- Leonardo Parra
- Y2- Wes Freburg
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Attachment 42

Whitehall 2022 Joint Commission Final Accreditation Reports



Final Accreditation Report

**State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, NE 68522**

**Organization Identification Number: 1640
Unannounced Full Event: 8/23/2022 - 8/26/2022**

**Programs Surveyed
Hospital
Behavioral Health Care and Human Services**

The Joint Commission

Table of Contents

<u>Executive Summary</u>	<u>3</u>
<u>What's Next - Follow-up Activity</u>	<u>4</u>
<u>Hospital</u>	<u>8</u>
• SAFER™ Matrix	8
• The Centers for Medicaid and Medicare Services (CMS) Summary	10
• Requirements for Improvement (RFI)	12
<u>Behavioral Health Care and Human Services</u>	<u>30</u>
• SAFER™ Matrix	30
• Requirements for Improvement (RFI)	31
<u>Appendix</u>	<u>33</u>
• The Centers for Medicaid and Medicare Services (CMS) Conditions of Participation (CoP)	33
• Standards/Elements of Performance (EP) Language	37
• Report Section Descriptions	46
• Clarification Instructions	48

The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Hospital	08/23/2022 - 08/26/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Unannounced Medicare Deficiency Survey	Survey within 45 Calendar Days from the last day of survey
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date
Behavioral Health Care and Human Services	08/23/2022 - 08/24/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

The Joint Commission What's Next - Follow-up Activity

Program: Hospital

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	5	High / Limited	§482.41 (a)	A-0701		✓
EC.02.03.01	9	Low / Limited	§482.41 (b)(5)	A-0714		✓
EC.02.03.03	3	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
EC.02.03.05	13	Moderate / Limited	§482.41 (d)(2)	A-0724		✓
	19	Low / Limited	§482.41 (d)(2)	A-0724		✓
	20	Moderate / Pattern	§482.41 (d)(2)	A-0724		✓
	25	Moderate / Pattern	§482.41 (d)(2)	A-0724		✓
	28	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
EC.02.05.01	9	Low / Limited	§482.41 (a)	A-0701		✓
EC.02.05.05	6	Low / Limited	§482.41 (d)(2)	A-0724		✓
EC.02.05.07	8	Low / Pattern	§482.15 (e)(2)	E-0041		✓
	9	Low / Limited	§482.15 (e)(2)	E-0041		✓
EC.02.06.01	20	Moderate / Limited	§482.42 (a)(3)	A-0750		✓
			§482.41	A-0700		✓

The Joint Commission

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
	26	Low / Limited	§482.41 (a)	A-0701		✓
EC.02.06.05	3	High / Limited	§482.42	A-0747		✓
HR.01.06.01	3	Moderate / Limited				✓
	6	Moderate / Limited				✓
IC.02.02.01	4	Moderate / Limited	§482.42 (a)(2)	A-0749		✓
IM.02.01.03	6	Low / Pattern				✓
LD.04.03.09	5	Low / Limited	§482.21	A-0263		✓
LS.02.01.10	11	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
LS.02.01.20	13	Moderate / Limited				✓
LS.02.01.50	1	Moderate / Limited	§482.41 (b)(1)(i)	A-0710		✓
MM.03.01.01	2	Moderate / Limited	§482.25 (a)	A-0491		✓
MS.01.01.01	14	Low / Limited	§482.22 (c)(6)	A-0363		✓
	23	Low / Limited				✓
	5	Low / Limited	§482.22 (c)	A-0353		✓
MS.06.01.05	7	Moderate / Widespread	§482.12 (a)(6)	A-0050		✓
NPSG.15.01.01	1	Moderate / Widespread	§482.13 (c)(2)	A-0144	✓	✓

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Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
	4	Moderate / Limited	§482.13 (c)(2)	A-0144	✓	✓
PC.01.02.13	2	Low / Pattern	§482.61 (b)(3)	A-1633		✓
			§482.61 (a)(3)	A-1624		✓
	6	Low / Limited	§482.61 (a)(5)	A-1626		✓
PC.01.03.01	6	Moderate / Limited	§482.61 (c)(1)(i)	A-1641		✓
			§482.61 (c)(2)	A-1650		✓
PC.02.02.03	11	Moderate / Widespread				✓
PC.03.05.05	1	Moderate / Pattern	§482.13 (e)(5)	A-0168	✓	✓
RC.02.01.01	7	Moderate / Limited	§482.61 (d)	A-1655		✓
RC.02.04.01	3	Low / Limited				✓
WT.04.01.01	4	Moderate / Limited				✓

The Joint Commission What's Next - Follow-up Activity

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
CTS.03.01.09	<u>3</u>	Low / Widespread	✓
CTS.04.03.33	<u>3</u>	Low / Limited	✓
EC.02.03.03	<u>3</u>	Low / Limited	✓
EC.02.06.01	<u>1</u>	Low / Pattern	✓
EM.02.01.01	<u>2</u>	Moderate / Limited	✓
NPSG.15.01.01	<u>1</u>	Moderate / Limited	✓

Likelihood to harm a Patient / Visitor / Staff

**The Joint Commission
SAFER™ Matrix
Program: Hospital**

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ITHS			
High	EC.02.02.01 EP 5 EC.02.06.05 EP 3		
	EC.02.03.05 EP 13 EC.02.06.01 EP 20 HR.01.06.01 EP 3 HR.01.06.01 EP 6 IC.02.02.01 EP 4 LS.02.01.20 EP 13 LS.02.01.50 EP 1 MM.03.01.01 EP 2 NPSG.15.01.01 EP 4 PC.01.03.01 EP 6 RC.02.01.01 EP 7 WT.04.01.01 EP 4	EC.02.03.05 EP 20 EC.02.03.05 EP 25 PC.03.05.05 EP 1	MS.06.01.05 EP 7 NPSG.15.01.01 EP 1 PC.02.02.03 EP 11
	EC.02.03.01 EP 9 EC.02.03.03 EP 3 EC.02.03.05 EP 19 EC.02.03.05 EP 28 EC.02.05.01 EP 9 EC.02.05.05 EP 6 EC.02.05.07 EP 9 EC.02.06.01 EP 26 LD.04.03.09 EP 5 LS.02.01.10 EP 11 MS.01.01.01 EP 5 MS.01.01.01 EP 14 MS.01.01.01 EP 23 PC.01.02.13 EP 6 RC.02.04.01 EP 3	EC.02.05.07 EP 8 IM.02.01.03 EP 6 PC.01.02.13 EP 2	
Moderate	Limited	Pattern	Widespread
Low	Scope		

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The Centers for Medicaid and Medicare Services (CMS) Summary

Program: Hospital

CoP(s)	Tag	CoP Score	Corresponds to:
§482.12	A-0043	Standard	HAP
§482.12(a)(6)	A-0050	Standard	HAP/MS.06.01.05/EP7
§482.13	A-0115	Condition	HAP
§482.13(c)(2)	A-0144	Standard	HAP/NPSG.15.01.01/EP1 HAP/NPSG.15.01.01/EP4
§482.13(e)(5)	A-0168	Standard	HAP/PC.03.05.05/EP1
§482.15	E-0001	Standard	HAP
§482.15(e)(2)	E-0041	Standard	HAP/EC.02.05.07/EP9 HAP/EC.02.05.07/EP8
§482.21	A-0263	Standard	HAP/LD.04.03.09/EP5
§482.22	A-0338	Standard	HAP
§482.22(c)	A-0353	Standard	HAP/MS.01.01.01/EP5
§482.22(c)(6)	A-0363	Standard	HAP/MS.01.01.01/EP14
§482.25	A-0489	Standard	HAP
§482.25(a)	A-0491	Standard	HAP/MM.03.01.01/EP2
§482.41	A-0700	Standard	HAP/EC.02.06.01/EP20
§482.41(a)	A-0701	Standard	HAP/EC.02.02.01/EP5 HAP/EC.02.05.01/EP9 HAP/EC.02.06.01/EP26
§482.41(b)(1)(i)	A-0710	Standard	HAP/EC.02.03.03/EP3 HAP/EC.02.03.05/EP28 HAP/LS.02.01.10/EP11 HAP/LS.02.01.50/EP1
§482.41(b)(5)	A-0714	Standard	HAP/EC.02.03.01/EP9

The Joint Commission

CoP(s)	Tag	CoP Score	Corresponds to:
§482.41(d)(2)	A-0724	Standard	HAP/EC.02.03.05/EP13 HAP/EC.02.03.05/EP19 HAP/EC.02.03.05/EP20 HAP/EC.02.03.05/EP25 HAP/EC.02.05.05/EP6
§482.42	A-0747	Standard	HAP/EC.02.06.05/EP3
§482.42(a)(2)	A-0749	Standard	HAP/IC.02.02.01/EP4
§482.42(a)(3)	A-0750	Standard	HAP/EC.02.06.01/EP20
§482.61	A-1620	Standard	HAP
§482.61(a)(3)	A-1624	Standard	HAP/PC.01.02.13/EP2
§482.61(a)(5)	A-1626	Standard	HAP/PC.01.02.13/EP6
§482.61(b)(3)	A-1633	Standard	HAP/PC.01.02.13/EP2
§482.61(c)(1)(i)	A-1641	Standard	HAP/PC.01.03.01/EP6
§482.61(c)(2)	A-1650	Standard	HAP/PC.01.03.01/EP6
§482.61(d)	A-1655	Standard	HAP/RC.02.01.01/EP7

The Joint Commission Requirements for Improvement

Program: Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.02.01	5	High Limited	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an emergency eyewash station obstructed by a large trash can being stored in front of the station. This was observed by the Manager of Facilities. (Building 3 1st floor kitchen)	§482.41(a)	Standard
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was no eyewash station available where testing and maintenance was be performed on lead acid batteries. This was observed by the Manager of Facilities. (Building 5 generator)	§482.41(a)	Standard
EC.02.03.01	9	Low Limited	The written fire response plan describes the specific roles of staff and licensed practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff and licensed practitioners will cooperate with firefighting authorities. Staff and licensed practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organizations fire response plan did not include how to use a fire extinguisher. This was observed by the Manager of Facilities.	§482.41(b)(5)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.03	3	Low Limited	<p>When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.</p> <p>Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms.</p> <p>Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.</p> <p>Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The times that the fire drills were performed did not vary from quarter to quarter. This was observed by the Manager of Facilities. (Building 5 2nd shift - Q1 2022 @ 1616 and Q2 2022 @ 1541)	§482.41(b)(1)(i)	Standard
EC.02.03.05	13	Moderate Limited	<p>Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented.</p> <p>Note 1: Discharge of the fire-extinguishing systems is not required.</p> <p>Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization semi annual kitchen hood inspection for building ten was missing the required testing requirements. The testing documents did not reflect the shut trip for the gas on the hood shut down testing. This was observed by the Manager of Facilities.	§482.41(d)(2)	Standard
EC.02.03.05	19	Low Limited	<p>Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.</p> <p>Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of 13 devices for the annual HVAC shut down testing. This was observed by the Manager of Facilities. (Building 5)	§482.41(d)(2)	Standard
EC.02.03.05	20	Moderate Pattern	<p>Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.</p> <p>Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.</p>	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual horizontal/rolling doors inspection for 2020 and 2021. This was observed by the Manager of Facilities. (Building 3,5 and 10)	§482.41(d)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.05	25	Moderate Pattern	<p>The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.</p> <p>Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program.</p> <p>Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual fire door inspection for 2020 and 2021.This was observed by the Manager of Facilities. (Building 3,5 and 10)	§482.41(d)(2)	Standard
EC.02.03.05	28	Low Limited	<p>Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:</p> <ul style="list-style-type: none"> - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity <p>Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.</p>	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organizations documentation of the Annual detection device testing references the wrong edition on NFPA 72,- 2016. The document reference the NFPA 72 2011. This was observed by the Manager of Facilities.	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.01	9	Low Limited	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an electrical distribution panel with breakers in the on position identified as spares. This was observed by the Facilities Manager. (Panel C3 breakers 6 and 7)	§482.41(a)	Standard
EC.02.05.05	6	Low Limited	The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an open electrical junction box. This was observed by the Manager of Facilities. (Hallway above door # 153A)	§482.41(d)(2)	Standard
EC.02.05.07	8	Low Pattern	At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual generator fuel sample for 2022. The last sample was completed on May 17, 2021. This was observed by the Manager of Facilities. (Buildings 3,5 and 10)	§482.15(e)(2)	Standard
EC.02.05.07	9	Low Limited	At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the 4 hour generator load test. This was observed by the Manager of Facilities. (Building 3)	§482.15(e)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.06.01	20	Moderate Limited	Areas used by patients are clean and free of offensive odors.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The interior surfaces of a refrigerator used to store patient food was dirty.This was observed by the Manager of Facilities. (Building 3, 1st floor medication room)	§482.42(a)(3)	Standard
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an accumulation of grease on the pipes behind the griddle and the Ansul system nozzles . This was observed by the Manager of Facilities. (Building 10 Kitchen)	§482.41	Standard
EC.02.06.01	26	Low Limited	The hospital keeps furnishings and equipment safe and in good repair.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were two floor mixers with no safety guards. This was observed by the Manager of Facilities. (Building 10 kitchen)	§482.41(a)	Standard
EC.02.06.05	3	High Limited	The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was not following the Infection control risk assessment related to a class 3 construction project. The ICRA required HEPA filter, dust matt and barriers which where not present during the observation. This was observed by the Facilities Manager. (Building 5 S3)	§482.42	Standard
HR.01.06.01	3	Moderate Limited	An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.	1) Observed in Competency Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Associate Director of Nursing without the necessary experience completed the job specific competency for the dental assistant performing dental related job duties.		
HR.01.06.01	6	Moderate Limited	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.	1) Observed in Competency Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The social worker did not have job specific competency in the HR file.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
IC.02.02.01	4	Moderate Limited	The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was linen stored on open, bottom wire rack and not protected from contamination. This was observed by the Manager of Facilities. (Building 3, Room 103)	§482.42(a)(2)	Standard
IM.02.01.03	6	Low Pattern	The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.	1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . (In a non-deemed unit) documented in the medical record were error corrections which used white out, scribble over, and line outs with no author identification.		
LD.04.03.09	5	Low Limited	Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.	1) Observed in Tracer Activities at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that there was no data collected for analyzing the performance indicators for the contract for laboratory services.	§482.21	Standard
LS.02.01.10	11	Low Limited	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a fire rate doors with a gap greater than 1/8 inch between the meeting edge. This was observed by the Manager of Facilities. (Building 3, 1st floor Kitchen) This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a fire rate doors with a gap greater than 1/8 inch between the meeting edge. This was observed by the Manager of Facilities. (Building 3, 2nd floor Kitchen) This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard
LS.02.01.20	13	Moderate Limited	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a large trash can being stored in the stairwell landing. This was observed by the Manager of Facilities. (Building 3, Door # 100)This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission		
LS.02.01.50	1	Moderate Limited	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a gas appliance on wheels not tethered. This was observed by the Manager of Facilities. (Building 10 kitchen)This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard
MM.03.01.01	2	Moderate Limited	The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Observed employee/ staff / patient drinks were stored in the same refrigerator as syringes/medications..	§482.25(a)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
MS.01.01.01	5	Low Limited	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the annual psychiatric assessment was missing the documentation of multiple domains of history such as medical history, social history, past psychiatric history; these domains are required by the medical staff bylaws. This was verified by the nursing supervisor.	§482.22(c)	Standard
MS.01.01.01	14	Low Limited	The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians or licensed practitioners, which may include the process for privileging and re-privileging other practitioners. (See also MS.06.01.13, EP 1)	1) Observed in Credentialing and Privileging at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the Medical Staff Bylaws did not identify individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.	§482.22(c)(6)	Standard
MS.01.01.01	23	Low Limited	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.	1) Observed in Tracer Activities at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the medical staff bylaws did not include the following requirement: that the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.		
MS.06.01.05	7	Moderate Widespread	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.	1) Observed in Credentialing and Privileging at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 8 of 10 medical staff/credentialing files reviewed, It was observed that the National Practitioner Data Bank had not been queried prior to the granting of privileges. There was a job change and when the new credentialing manager took the job, all of the NPDB queries were completed and had no findings. This was verified by the staff managing the credential files.	§482.12(a)(6)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
NPSG.15.01.01	1	Moderate Widespread	<p>For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>	<p>1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The following potential safety concern was observed. The organization was identify on there Risk assessment and is conducting 15 minute rounds. This was observed by the Manager of Facilities. (building 3, 1st floor kitchen) There were handles on three of the kitchen roll down doors accessible to the patients.</p>	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The following potential safety concern was observed. The organization did identify the issue and is conducting 10 minute rounds. This was observed by the Manager of Facilities. (building 5) (The organization has a Ligature Risk Extension Request approved on 09/29/2021) Emergency lights and chimes on top of a junction box that is surface mounted to the wall are a potential ligature point. The door closure on all the EVS closets and bathrooms in the patient care units are a potential ligature risk. The TV mounting brackets are a potential ligature point The furniture in the patient rooms are not bolted down allowing for the patient to potentially barricade the door. Exposed plumbing on the back of the toilet. Sink faucets. Toilet paper dispensers. Soap dispensers. Heating units and thermostats.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>3) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Building 10 unit was surveyed and the following ligature risks and safety risks were identified: 1) The dayroom hallway had furniture which posed ligature risk and also lightweight furniture which posed safety risk; 2) The seclusion/restraint rooms opened directly on to the patient corridor and contained ligature risks but did not have self-locking or self-closing doors; 3) Other rooms which contained ligature risk but did not have self-closers: Room 252, Rm 212 (dining room door). These were verified by the supervising nursing staff p[resent on tour. All of the identified ligature risks are present on the environmental ligature risk assessment. LRER is in place for some of the risks as identified by LS/ENG. All admissions are assessed for suicide using a full Columbia Assessment tool with protective and risk factors identified. Further assessments are completed by psychology and psychiatry service lines as well on the day of admission and within the first week; observation level and precautions are assigned as appropriate to stratified risk level. Environmental rounds are completed at least q 15mins or more frequently depending on acuity of patient status. Patients are reassessed annually or for change of status.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				4) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Building 3 first floor was surveyed - 1) The following rooms contained ligature risks and had self-locking doors, but lacked self-closers: Rm 113, 114, 105, 149 and 150 (seclusion/restraint rooms). 2) The door to the patio had a closer which jugged into the dayroom area posing ligature risk. 3) The hallway had lightweight furniture present which posed safety risk. All of the above were verified by the nursing supervisors present on the tour. Building 3 second floor was surveyed: on 2 west, the seclusion/restraint room contained ligature risk and had a self-locking door but lacked a self-closer. On 2 East, the dayroom had furniture which posed ligature risk and Room 236 (a seclusion/restraint room) had ligature risk and had a self-locking door but lacked a self-closer.	§482.13(c)(2)	Standard
NPSG.15.01.01	4	Moderate Limited	Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that a patient was fully assessed for suicide with the Columbia Risk Assessment and was determined to be at "high" risk but was not placed on 1:1 observation level but on q15mins with suicide precautions; there was also no documentation of the clinical reasoning for not choosing 1:1. The clinical team present expressed the reason for not choosing 1:1 involving the Axis II diagnosis and attention seeking behaviors --- the lower level of observation was to help shore up her own coping skills with DBT skills. This was verified by the nursing supervisor.	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.01.02.13	2	Low Pattern	<p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"> - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan 	<p>1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 6 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that in the mental status examination portion of the psychiatric assessment that no method for determining insight and or judgment was documented. This was verified by the nursing supervisor.</p>	§482.61(b)(3)	Standard
				<p>2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 3 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that the chief complaint was not documented in the psychiatric assessment. This was verified by the nursing supervisor.</p>	§482.61(a)(3)	Standard
				<p>3) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The mental status exam did not include how the insight and judgement was evaluated.</p>	§482.61(b)(3)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.01.02.13	6	Low Limited	Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: - A psychiatric evaluation - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that the H&P did not have documentation of the examination of the cranial nerves. This was verified by the nursing supervisor.	§482.61(a)(5)	Standard
PC.01.03.01	6	Moderate Limited	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: - A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) - Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out - Documentation that demonstrates all active therapeutic efforts are included - The specific treatment modalities used to treat the patient	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed in the patient record that a substantiated diagnosis of UTI for which the patient received diagnostics and treatment was not added to the multi-disciplinary treatment plan as a problem with goals and interventions. This was verified by the nursing supervisor.	§482.61(c)(1)(i)	Standard
				2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 2 of 3 tracers conducted, It was observed on the non-deemed unit that the substantiated diagnosis of Avoidant Restrictive Food Intake Disorder was not represented on the multi-disciplinary treatment plan with goals and interventions. This was verified by the nursing supervisor.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				3) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 3 of 30 the total denominator includes all records reviewed by the team including records with no findings, In a non-deemed unit, the Interdisciplinary Treatment Plan did not include the active medical problems, requiring treatment, of the patient as evidenced by patient receiving active medical treatment for GI Distress and was not documented in the Interdisciplinary Treatment Plan.		
				4) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the multi-disciplinary treatment plan did not include all of the active therapeutic efforts being used to treat a medical problem such as a medical bed, fall precautions etc. This was verified by the nursing supervisor.	§482.61(c)(2)	Standard
PC.02.02.03	11	Moderate Widespread	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were ten food item found in the kitchen refrigerator and freezer that lacked an expiration date as required.This was observed by the Manager of Facilities. (Building 3, 1st floor kitchen)		
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that there were two log books for recording temperatures of the patient nutrition refrigerators which were missing multiple data points for various dates. This was verified by the supervising nursing staff on tour.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.03.05.05	1	Moderate Pattern	A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.	1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 2 of 10 restraint events reviewed, In reviewing charts from a non-deemed unit, there was a restrictive intervention on 8/1/2022, an authorized LIP did not order a restraint. The record only indicated a seclusion order even though the seclusion paperwork indicated a restraint occurred. This was confirmed by the psychiatric nurse practitioner.		
				2) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 10 restraint events reviewed, It was observed on 8/1/22 that there was not a separate order given for a physical hold and multiple mechanical restraints. It also did not specify how many points were used during the mechanical restraints.	§482.13(e)(5)	Standard
RC.02.01.01	7	Moderate Limited	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes must be documented in accordance with applicable state scope-of-practice laws and hospital policies by the following qualified practitioners: - Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient - Nurse(s) - Social worker(s) or social service staff involved in the care of the patient - When appropriate, others significantly involved in the patient's active treatment modalities The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the HCO required monthly psychiatrist progress notes were not recorded for the months of 4/22-8/22. This was verified by the nursing supervisor.	§482.61(d)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed on the non-deemed unit that a patient with an identified eating disorder (and whose physical condition was marked by significant weight loss, anorexia, not drinking fluids well, a recent hospitalization with a feeding tube, a history of feeding problems, recent syncope from not enough oral intake) was identified by the nutrition screening as in need of nutrition consult (completed 6 days later) but had only minimal progress note documentation by LIPs regarding this significant problem. There was no progress note discussion documented about why the nutrition consult was not completed in a more timely manner and why more interventions and plans were not instituted. This was discussed with the nursing supervisor and COO.</p>		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
RC.02.04.01	3	Low Limited	<p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>	<p>1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 10 the total denominator includes all records reviewed by the team including records with no findings, In a non-deemed unit, the discharge summary did not contain the patient's functional condition upon discharge.</p>		
WT.04.01.01	4	Moderate Limited	<p>For instrument-based waived testing, quality control checks are performed on each instrument used for patient testing per manufacturers' instructions.</p>	<p>1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The quality control process observed did not match the manufacturers' instruction in the package insert, as evidenced by controls for the glucometer with a discard date of 9/30/2023 after being opened on 8/23/2022. It was required to be discarded within three months.</p>		

The Joint Commission SAFER™ Matrix

Program: Behavioral Health Care and Human Services

Likelihood to harm a Patient / Visitor / Staff	ITHS			
	High			
	Moderate	EM.02.01.01 EP 2 NPSG.15.01.01 EP 1		
	Low	CTS.04.03.33 EP 3 EC.02.03.03 EP 3	EC.02.06.01 EP 1	CTS.03.01.09 EP 3
		Limited	Pattern	Widespread
		Scope		

The Joint Commission Requirements for Improvement

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	EP Text	Observation
CTS.03.01.09	3	Low Widespread	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)	1) Observed in Data Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Residential at Whitehall is not currently analyzing and aggregating the data for the entire population of patients in regards to their identified outcome tool. This was confirmed by the Administrator and Compliance.
CTS.04.03.33	3	Low Limited	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Both snack refrigerators located at each nursing station of building 14, had thick ice coating the freezers and residue in the bottom of the refrigerators. Confirmed by Program Manager.
EC.02.03.03	3	Low Limited	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.	1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The times that the fire drills were performed did not vary from quarter to quarter. This was observed by the Manager of Facilities.
EC.02.06.01	1	Low Pattern	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were several areas of building 14 with stained ceiling tiles. Tiles were seen in the Exam Room, HIM office, and 173 supply closet. Confirmed by Program Manager.

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation
EM.02.01.01	2	Moderate Limited	<p>The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.</p> <p>Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation <p>Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.</p>	<p>1) Observed in Emergency Management Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Emergency Management Plan at Whitehall was not specific to sites and services. The plan is currently in process of being re-vamped/early development for this campus and was affirmed by the Administrator/Compliance.</p>
NPSG.15.01.01	1	Moderate Limited	<p>The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk (s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>	<p>1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Although an ERA has been started for Whitehall campus there is no evidence the assessment has been completed to identify features in the physical environment of all campus areas that could be used to attempt suicide or self-harm. The organization is in the early development stages of this document. Confirmed by Compliance. The organization was able to complete their ERA process during the survey.</p>

The Joint Commission

Appendix

Conditions of Participation Text

Program: Hospital

CoP	Tag	CoP Standard text
§482.13 Condition of Participation: Patient's Rights	A-0115	§482.13 Condition of Participation: Patient's Rights A hospital must protect and promote each patient's rights.
§482.13(c)(2) Standard: Privacy and Safety	A-0144	(2) The patient has the right to receive care in a safe setting.
§482.13(e)(5) Standard: Restraint or seclusion	A-0168	(5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law.
§482.25 Condition of Participation: Pharmaceutical Services	A-0489	§482.25 Condition of Participation: Pharmaceutical Services The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.
§482.25(a) Standard: Pharmacy Management and Administration	A-0491	§482.25(a) Standard: Pharmacy Management and Administration The pharmacy or drug storage area must be administered in accordance with accepted professional principles.
§482.41 Condition of Participation: Physical Environment	A-0700	§482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.
§482.41(a) Standard: Buildings	A-0701	§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
§482.41(b)(1)(i) Standard: Life Safety from Fire	A-0710	(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.
§482.41(b)(5) Standard: Life Safety from Fire	A-0714	(5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

The Joint Commission

CoP	Tag	CoP Standard text
§482.41(d)(2) Standard: Facilities	A-0724	(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
§482.61 Special Medical Record Requirements for Psychiatric Hospitals	A-1620	§482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals. The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.
§482.61(a)(3) Development of Assessment/Diagnostic Data	A-1624	(3) The reasons for admission must be clearly documented as stated by the patient and/or others significantly involved.
§482.61(a)(5) Development of Assessment/Diagnostic Data	A-1626	(5) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.
§482.61(b)(3) Psychiatric Evaluation	A-1633	(3) Contain a record of mental status;
§482.61(c)(1)(i) Standard Treatment Plan	A-1641	(i) A substantiated diagnosis;
§482.61(c)(2) Standard Treatment Plan	A-1650	(2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.
§482.61(d) Recording Progress	A-1655	§482.61(d) Standard: Recording progress. Progress notes for the patient must be documented, in accordance with applicable State scope-of-practice laws and hospital policies, by the following qualified practitioners: Doctor(s) of medicine or osteopathy, or other licensed practitioner(s), who is responsible for the care of the patient; nurse(s) and social worker(s) (or social service staff) involved in the care of the patient; and, when appropriate, others significantly involved in the patient's active treatment modalities.
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program	A-0263	§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.
§482.12 Condition of Participation: Governing Body	A-0043	§482.12 Condition of Participation: Governing Body There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

The Joint Commission

CoP	Tag	CoP Standard text
§482.12(a)(6) Standard: Medical Staff.	A-0050	[The governing body must:] (6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment; and
§482.22 Condition of Participation: Medical staff	A-0338	§482.22 Condition of Participation: Medical staff The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.
§482.22(c) Standard: Medical Staff Bylaws	A-0353	§482.22(c) Standard: Medical Staff Bylaws The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:
§482.22(c)(6) Standard: Medical Staff Bylaws	A-0363	[The bylaws must:] (6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).
§482.15 Establishment of the Emergency Program (EP)	E-0001	§482.15 Condition of Participation: Emergency Preparedness The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:
§482.15(e)(2) Hospital CAH and LTC Emergency Power	E-0041	(2) Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
§482.42 Condition of Participation: Infection Control	A-0747	§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs. The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.
§482.42(a)(2) Standard: Infection prevention and control program organization and policies.	A-0749	(2) The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;

The Joint Commission

CoP	Tag	CoP Standard text
§482.42(a)(3) Standard: Infection prevention and control program organization and policies.	A-0750	(3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

The Joint Commission

Appendix

Standard and EP Text

Program: Hospital

Standard	EP	Standard Text	EP & Addendum Text
EC.02.02.01	5	The hospital manages risks related to hazardous materials and waste.	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.03.01	9	The hospital manages fire risks.	The written fire response plan describes the specific roles of staff and licensed practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff and licensed practitioners will cooperate with firefighting authorities. Staff and licensed practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.
EC.02.03.03	3	The hospital conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
EC.02.03.05	13	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.
EC.02.03.05	19	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following	Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
		maintenance, testing, and inspection requirements apply.	
EC.02.03.05	20	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented. Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.
EC.02.03.05	25	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening. Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program. Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.
EC.02.03.05	28	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following: - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.
EC.02.05.01	9	The hospital manages risks associated with its utility systems.	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
EC.02.05.05	6	The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.	The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.
EC.02.05.07	8	The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.	At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8.
EC.02.05.07	9	The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.	At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8.
EC.02.06.01	20	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	Areas used by patients are clean and free of offensive odors.
EC.02.06.01	26	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	The hospital keeps furnishings and equipment safe and in good repair.
EC.02.06.05	3	The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.	The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.
HR.01.06.01	3	Staff are competent to perform their responsibilities.	An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.
HR.01.06.01	6	Staff are competent to perform their responsibilities.	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
IC.02.02.01	4	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.	The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
IM.02.01.03	6	The hospital maintains the security and integrity of health information.	The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
LD.04.03.09	5	Care, treatment, and services provided through contractual agreement are provided safely and effectively.	Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.
LS.02.01.10	11	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)
LS.02.01.20	13	The hospital maintains the integrity of the means of egress.	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)
LS.02.01.50	1	The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)
MM.03.01.01	2	The hospital safely stores medications.	The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.
MS.01.01.01	5	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.
MS.01.01.01	14	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians or licensed practitioners, which may include the process for privileging and re-privileging other practitioners. (See also MS.06.01.13, EP 1)

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
MS.01.01.01	23	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.
MS.06.01.05	7	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.
NPSG.15.01.01	1	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient’s medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).
NPSG.15.01.01	4	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	Document patients’ overall level of risk for suicide and the plan to mitigate the risk for suicide.
PC.01.02.13	2	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			and/or others significantly involved in the patient's care - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan
PC.01.02.13	6	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: - A psychiatric evaluation - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)
PC.01.03.01	6	The hospital plans the patient's care.	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: - A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) - Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out - Documentation that demonstrates all active therapeutic efforts are included - The specific treatment modalities used to treat the patient
PC.02.02.03	11	The hospital makes food and nutrition products available to its patients.	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.
PC.03.05.05	1	The hospital initiates restraint or seclusion based on an individual order.	A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.
RC.02.01.01	7	The medical record contains information that reflects the patient's care, treatment, and services.	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes must be documented in accordance with applicable state scope-of-practice laws and hospital

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>policies by the following qualified practitioners:</p> <ul style="list-style-type: none"> - Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient - Nurse(s) - Social worker(s) or social service staff involved in the care of the patient - When appropriate, others significantly involved in the patient's active treatment modalities <p>The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.</p>
RC.02.04.01	3	The patient's medical record contains discharge information.	<p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>
WT.04.01.01	4	<p>The hospital performs quality control checks for waived testing on each procedure.</p> <p>Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.</p>	For instrument-based waived testing, quality control checks are performed on each instrument used for patient testing per manufacturers' instructions.

Program: Behavioral Health Care and Human Services

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
CTS.03.01.09	3	The organization assesses the outcomes of care, treatment, or services provided to the individual served.	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)
CTS.04.03.33	3	For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products.	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
EC.02.03.03	3	The organization conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
EC.02.06.01	1	The organization establishes and maintains a safe, functional environment.	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.
EM.02.01.01	2	The organization has an Emergency Management Plan. Note: The organization's Emergency Management Plan (EMP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.	The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following: - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.
NPSG.15.01.01	1	Reduce the risk for suicide.	The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>

The Joint Commission

Appendix

Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

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Appendix

Report Section Information

CMS Summary Description

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

The Joint Commission

Appendix

Report Section Information

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.



Final Accreditation Report

**State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, NE 68522**

**Organization Identification Number: 1640
Unannounced Full Event: 8/23/2022 - 8/26/2022**

**Programs Surveyed
Hospital
Behavioral Health Care and Human Services**

The Joint Commission

Table of Contents

<u>Executive Summary</u>	<u>3</u>
<u>What's Next - Follow-up Activity</u>	<u>4</u>
<u>Hospital</u>	<u>8</u>
• SAFER™ Matrix	8
• The Centers for Medicaid and Medicare Services (CMS) Summary	10
• Requirements for Improvement (RFI)	12
<u>Behavioral Health Care and Human Services</u>	<u>30</u>
• SAFER™ Matrix	30
• Requirements for Improvement (RFI)	31
<u>Appendix</u>	<u>33</u>
• The Centers for Medicaid and Medicare Services (CMS) Conditions of Participation (CoP)	33
• Standards/Elements of Performance (EP) Language	37
• Report Section Descriptions	46
• Clarification Instructions	48

The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Hospital	08/23/2022 - 08/26/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Unannounced Medicare Deficiency Survey	Survey within 45 Calendar Days from the last day of survey
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date
Behavioral Health Care and Human Services	08/23/2022 - 08/24/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

The Joint Commission What's Next - Follow-up Activity

Program: Hospital

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	5	High / Limited	§482.41 (a)	A-0701		✓
EC.02.03.01	9	Low / Limited	§482.41 (b)(5)	A-0714		✓
EC.02.03.03	3	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
EC.02.03.05	13	Moderate / Limited	§482.41 (d)(2)	A-0724		✓
	19	Low / Limited	§482.41 (d)(2)	A-0724		✓
	20	Moderate / Pattern	§482.41 (d)(2)	A-0724		✓
	25	Moderate / Pattern	§482.41 (d)(2)	A-0724		✓
	28	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
EC.02.05.01	9	Low / Limited	§482.41 (a)	A-0701		✓
EC.02.05.05	6	Low / Limited	§482.41 (d)(2)	A-0724		✓
EC.02.05.07	8	Low / Pattern	§482.15 (e)(2)	E-0041		✓
	9	Low / Limited	§482.15 (e)(2)	E-0041		✓
EC.02.06.01	20	Moderate / Limited	§482.42 (a)(3)	A-0750		✓
			§482.41	A-0700		✓

The Joint Commission

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
	26	Low / Limited	§482.41 (a)	A-0701		✓
EC.02.06.05	3	High / Limited	§482.42	A-0747		✓
HR.01.06.01	3	Moderate / Limited				✓
	6	Moderate / Limited				✓
IC.02.02.01	4	Moderate / Limited	§482.42 (a)(2)	A-0749		✓
IM.02.01.03	6	Low / Pattern				✓
LD.04.03.09	5	Low / Limited	§482.21	A-0263		✓
LS.02.01.10	11	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓
LS.02.01.20	13	Moderate / Limited				✓
LS.02.01.50	1	Moderate / Limited	§482.41 (b)(1)(i)	A-0710		✓
MM.03.01.01	2	Moderate / Limited	§482.25 (a)	A-0491		✓
MS.01.01.01	14	Low / Limited	§482.22 (c)(6)	A-0363		✓
	23	Low / Limited				✓
	5	Low / Limited	§482.22 (c)	A-0353		✓
MS.06.01.05	7	Moderate / Widespread	§482.12 (a)(6)	A-0050		✓
NPSG.15.01.01	1	Moderate / Widespread	§482.13 (c)(2)	A-0144	✓	✓

The Joint Commission

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
	4	Moderate / Limited	§482.13 (c)(2)	A-0144	✓	✓
PC.01.02.13	2	Low / Pattern	§482.61 (b)(3)	A-1633		✓
			§482.61 (a)(3)	A-1624		✓
	6	Low / Limited	§482.61 (a)(5)	A-1626		✓
PC.01.03.01	6	Moderate / Limited	§482.61 (c)(1)(i)	A-1641		✓
			§482.61 (c)(2)	A-1650		✓
PC.02.02.03	11	Moderate / Widespread				✓
PC.03.05.05	1	Moderate / Pattern	§482.13 (e)(5)	A-0168	✓	✓
RC.02.01.01	7	Moderate / Limited	§482.61 (d)	A-1655		✓
RC.02.04.01	3	Low / Limited				✓
WT.04.01.01	4	Moderate / Limited				✓

The Joint Commission What's Next - Follow-up Activity

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
CTS.03.01.09	<u>3</u>	Low / Widespread	✓
CTS.04.03.33	<u>3</u>	Low / Limited	✓
EC.02.03.03	<u>3</u>	Low / Limited	✓
EC.02.06.01	<u>1</u>	Low / Pattern	✓
EM.02.01.01	<u>2</u>	Moderate / Limited	✓
NPSG.15.01.01	<u>1</u>	Moderate / Limited	✓

Likelihood to harm a Patient / Visitor / Staff

**The Joint Commission
SAFER™ Matrix
Program: Hospital**

The Joint Commission

ITHS			
High	EC.02.02.01 EP 5 EC.02.06.05 EP 3		
	EC.02.03.05 EP 13 EC.02.06.01 EP 20 HR.01.06.01 EP 3 HR.01.06.01 EP 6 IC.02.02.01 EP 4 LS.02.01.20 EP 13 LS.02.01.50 EP 1 MM.03.01.01 EP 2 NPSG.15.01.01 EP 4 PC.01.03.01 EP 6 RC.02.01.01 EP 7 WT.04.01.01 EP 4	EC.02.03.05 EP 20 EC.02.03.05 EP 25 PC.03.05.05 EP 1	MS.06.01.05 EP 7 NPSG.15.01.01 EP 1 PC.02.02.03 EP 11
	EC.02.03.01 EP 9 EC.02.03.03 EP 3 EC.02.03.05 EP 19 EC.02.03.05 EP 28 EC.02.05.01 EP 9 EC.02.05.05 EP 6 EC.02.05.07 EP 9 EC.02.06.01 EP 26 LD.04.03.09 EP 5 LS.02.01.10 EP 11 MS.01.01.01 EP 5 MS.01.01.01 EP 14 MS.01.01.01 EP 23 PC.01.02.13 EP 6 RC.02.04.01 EP 3	EC.02.05.07 EP 8 IM.02.01.03 EP 6 PC.01.02.13 EP 2	
Moderate	Limited	Pattern	Widespread
Scope			

The Joint Commission

The Centers for Medicaid and Medicare Services (CMS) Summary

Program: Hospital

CoP(s)	Tag	CoP Score	Corresponds to:
§482.12	A-0043	Standard	HAP
§482.12(a)(6)	A-0050	Standard	HAP/MS.06.01.05/EP7
§482.13	A-0115	Condition	HAP
§482.13(c)(2)	A-0144	Standard	HAP/NPSG.15.01.01/EP1 HAP/NPSG.15.01.01/EP4
§482.13(e)(5)	A-0168	Standard	HAP/PC.03.05.05/EP1
§482.15	E-0001	Standard	HAP
§482.15(e)(2)	E-0041	Standard	HAP/EC.02.05.07/EP9 HAP/EC.02.05.07/EP8
§482.21	A-0263	Standard	HAP/LD.04.03.09/EP5
§482.22	A-0338	Standard	HAP
§482.22(c)	A-0353	Standard	HAP/MS.01.01.01/EP5
§482.22(c)(6)	A-0363	Standard	HAP/MS.01.01.01/EP14
§482.25	A-0489	Standard	HAP
§482.25(a)	A-0491	Standard	HAP/MM.03.01.01/EP2
§482.41	A-0700	Standard	HAP/EC.02.06.01/EP20
§482.41(a)	A-0701	Standard	HAP/EC.02.02.01/EP5 HAP/EC.02.05.01/EP9 HAP/EC.02.06.01/EP26
§482.41(b)(1)(i)	A-0710	Standard	HAP/EC.02.03.03/EP3 HAP/EC.02.03.05/EP28 HAP/LS.02.01.10/EP11 HAP/LS.02.01.50/EP1
§482.41(b)(5)	A-0714	Standard	HAP/EC.02.03.01/EP9

The Joint Commission

CoP(s)	Tag	CoP Score	Corresponds to:
§482.41(d)(2)	A-0724	Standard	HAP/EC.02.03.05/EP13 HAP/EC.02.03.05/EP19 HAP/EC.02.03.05/EP20 HAP/EC.02.03.05/EP25 HAP/EC.02.05.05/EP6
§482.42	A-0747	Standard	HAP/EC.02.06.05/EP3
§482.42(a)(2)	A-0749	Standard	HAP/IC.02.02.01/EP4
§482.42(a)(3)	A-0750	Standard	HAP/EC.02.06.01/EP20
§482.61	A-1620	Standard	HAP
§482.61(a)(3)	A-1624	Standard	HAP/PC.01.02.13/EP2
§482.61(a)(5)	A-1626	Standard	HAP/PC.01.02.13/EP6
§482.61(b)(3)	A-1633	Standard	HAP/PC.01.02.13/EP2
§482.61(c)(1)(i)	A-1641	Standard	HAP/PC.01.03.01/EP6
§482.61(c)(2)	A-1650	Standard	HAP/PC.01.03.01/EP6
§482.61(d)	A-1655	Standard	HAP/RC.02.01.01/EP7

The Joint Commission Requirements for Improvement

Program: Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.02.01	5	High Limited	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an emergency eyewash station obstructed by a large trash can being stored in front of the station. This was observed by the Manager of Facilities. (Building 3 1st floor kitchen)	§482.41(a)	Standard
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was no eyewash station available where testing and maintenance was be performed on lead acid batteries. This was observed by the Manager of Facilities. (Building 5 generator)	§482.41(a)	Standard
EC.02.03.01	9	Low Limited	The written fire response plan describes the specific roles of staff and licensed practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff and licensed practitioners will cooperate with firefighting authorities. Staff and licensed practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organizations fire response plan did not include how to use a fire extinguisher. This was observed by the Manager of Facilities.	§482.41(b)(5)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.03	3	Low Limited	<p>When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.</p> <p>Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms.</p> <p>Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.</p> <p>Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The times that the fire drills were performed did not vary from quarter to quarter. This was observed by the Manager of Facilities. (Building 5 2nd shift - Q1 2022 @ 1616 and Q2 2022 @ 1541)	§482.41(b)(1)(i)	Standard
EC.02.03.05	13	Moderate Limited	<p>Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented.</p> <p>Note 1: Discharge of the fire-extinguishing systems is not required.</p> <p>Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization semi annual kitchen hood inspection for building ten was missing the required testing requirements. The testing documents did not reflect the shut trip for the gas on the hood shut down testing. This was observed by the Manager of Facilities.	§482.41(d)(2)	Standard
EC.02.03.05	19	Low Limited	<p>Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.</p> <p>Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of 13 devices for the annual HVAC shut down testing. This was observed by the Manager of Facilities. (Building 5)	§482.41(d)(2)	Standard
EC.02.03.05	20	Moderate Pattern	<p>Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented.</p> <p>Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.</p>	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual horizontal/rolling doors inspection for 2020 and 2021. This was observed by the Manager of Facilities. (Building 3,5 and 10)	§482.41(d)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.05	25	Moderate Pattern	<p>The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.</p> <p>Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program.</p> <p>Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.</p>	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual fire door inspection for 2020 and 2021.This was observed by the Manager of Facilities. (Building 3,5 and 10)	§482.41(d)(2)	Standard
EC.02.03.05	28	Low Limited	<p>Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:</p> <ul style="list-style-type: none"> - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity <p>Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.</p>	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organizations documentation of the Annual detection device testing references the wrong edition on NFPA 72,- 2016. The document reference the NFPA 72 2011. This was observed by the Manager of Facilities.	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.01	9	Low Limited	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an electrical distribution panel with breakers in the on position identified as spares. This was observed by the Facilities Manager. (Panel C3 breakers 6 and 7)	§482.41(a)	Standard
EC.02.05.05	6	Low Limited	The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an open electrical junction box.This was observed by the Manager of Facilities. (Hallway above door # 153A)	§482.41(d)(2)	Standard
EC.02.05.07	8	Low Pattern	At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the annual generator fuel sample for 2022. The last sample was completed on May 17, 2021.This was observed by the Manager of Facilities. (Buildings 3,5 and 10)	§482.15(e)(2)	Standard
EC.02.05.07	9	Low Limited	At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8.	1) Observed in Document Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was unable to provide documentation of completing the 4 hour generator load test. This was observed by the Manager of Facilities. (Building 3)	§482.15(e)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.06.01	20	Moderate Limited	Areas used by patients are clean and free of offensive odors.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The interior surfaces of a refrigerator used to store patient food was dirty.This was observed by the Manager of Facilities. (Building 3, 1st floor medication room)	§482.42(a)(3)	Standard
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was an accumulation of grease on the pipes behind the griddle and the Ansul system nozzles . This was observed by the Manager of Facilities. (Building 10 Kitchen)	§482.41	Standard
EC.02.06.01	26	Low Limited	The hospital keeps furnishings and equipment safe and in good repair.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were two floor mixers with no safety guards. This was observed by the Manager of Facilities. (Building 10 kitchen)	§482.41(a)	Standard
EC.02.06.05	3	High Limited	The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The organization was not following the Infection control risk assessment related to a class 3 construction project. The ICRA required HEPA filter, dust matt and barriers which where not present during the observation. This was observed by the Facilities Manager. (Building 5 S3)	§482.42	Standard
HR.01.06.01	3	Moderate Limited	An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.	1) Observed in Competency Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Associate Director of Nursing without the necessary experience completed the job specific competency for the dental assistant performing dental related job duties.		
HR.01.06.01	6	Moderate Limited	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.	1) Observed in Competency Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The social worker did not have job specific competency in the HR file.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
IC.02.02.01	4	Moderate Limited	The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was linen stored on open, bottom wire rack and not protected from contamination. This was observed by the Manager of Facilities. (Building 3, Room 103)	§482.42(a)(2)	Standard
IM.02.01.03	6	Low Pattern	The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.	1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . (In a non-deemed unit) documented in the medical record were error corrections which used white out, scribble over, and line outs with no author identification.		
LD.04.03.09	5	Low Limited	Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.	1) Observed in Tracer Activities at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that there was no data collected for analyzing the performance indicators for the contract for laboratory services.	§482.21	Standard
LS.02.01.10	11	Low Limited	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a fire rate doors with a gap greater than 1/8 inch between the meeting edge. This was observed by the Manager of Facilities. (Building 3, 1st floor Kitchen) This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a fire rate doors with a gap greater than 1/8 inch between the meeting edge. This was observed by the Manager of Facilities. (Building 3, 2nd floor Kitchen) This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard
LS.02.01.20	13	Moderate Limited	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a large trash can being stored in the stairwell landing. This was observed by the Manager of Facilities. (Building 3, Door # 100)This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission		
LS.02.01.50	1	Moderate Limited	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There was a gas appliance on wheels not tethered. This was observed by the Manager of Facilities. (Building 10 kitchen)This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard
MM.03.01.01	2	Moderate Limited	The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Observed employee/ staff / patient drinks were stored in the same refrigerator as syringes/medications..	§482.25(a)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
MS.01.01.01	5	Low Limited	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the annual psychiatric assessment was missing the documentation of multiple domains of history such as medical history, social history, past psychiatric history; these domains are required by the medical staff bylaws. This was verified by the nursing supervisor.	§482.22(c)	Standard
MS.01.01.01	14	Low Limited	The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians or licensed practitioners, which may include the process for privileging and re-privileging other practitioners. (See also MS.06.01.13, EP 1)	1) Observed in Credentialing and Privileging at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the Medical Staff Bylaws did not identify individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.	§482.22(c)(6)	Standard
MS.01.01.01	23	Low Limited	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.	1) Observed in Tracer Activities at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the medical staff bylaws did not include the following requirement: that the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.		
MS.06.01.05	7	Moderate Widespread	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.	1) Observed in Credentialing and Privileging at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 8 of 10 medical staff/credentialing files reviewed, It was observed that the National Practitioner Data Bank had not been queried prior to the granting of privileges. There was a job change and when the new credentialing manager took the job, all of the NPDB queries were completed and had no findings. This was verified by the staff managing the credential files.	§482.12(a)(6)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
NPSG.15.01.01	1	Moderate Widespread	<p>For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>	<p>1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The following potential safety concern was observed. The organization was identify on there Risk assessment and is conducting 15 minute rounds. This was observed by the Manager of Facilities. (building 3, 1st floor kitchen) There were handles on three of the kitchen roll down doors accessible to the patients.</p>	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The following potential safety concern was observed. The organization did identify the issue and is conducting 10 minute rounds. This was observed by the Manager of Facilities. (building 5) (The organization has a Ligature Risk Extension Request approved on 09/29/2021) Emergency lights and chimes on top of a junction box that is surface mounted to the wall are a potential ligature point. The door closure on all the EVS closets and bathrooms in the patient care units are a potential ligature risk. The TV mounting brackets are a potential ligature point The furniture in the patient rooms are not bolted down allowing for the patient to potentially barricade the door. Exposed plumbing on the back of the toilet. Sink faucets. Toilet paper dispensers. Soap dispensers. Heating units and thermostats.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>3) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Building 10 unit was surveyed and the following ligature risks and safety risks were identified: 1) The dayroom hallway had furniture which posed ligature risk and also lightweight furniture which posed safety risk; 2) The seclusion/restraint rooms opened directly on to the patient corridor and contained ligature risks but did not have self-locking or self-closing doors; 3) Other rooms which contained ligature risk but did not have self-closers: Room 252, Rm 212 (dining room door). These were verified by the supervising nursing staff p[resent on tour. All of the identified ligature risks are present on the environmental ligature risk assessment. LRER is in place for some of the risks as identified by LS/ENG. All admissions are assessed for suicide using a full Columbia Assessment tool with protective and risk factors identified. Further assessments are completed by psychology and psychiatry service lines as well on the day of admission and within the first week; observation level and precautions are assigned as appropriate to stratified risk level. Environmental rounds are completed at least q 15mins or more frequently depending on acuity of patient status. Patients are reassessed annually or for change of status.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>4) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Building 3 first floor was surveyed - 1) The following rooms contained ligature risks and had self-locking doors, but lacked self-closers: Rm 113, 114, 105, 149 and 150 (seclusion/restraint rooms). 2) The door to the patio had a closer which jutted into the dayroom area posing ligature risk. 3) The hallway had lightweight furniture present which posed safety risk. All of the above were verified by the nursing supervisors present on the tour. Building 3 second floor was surveyed: on 2 west, the seclusion/restraint room contained ligature risk and had a self-locking door but lacked a self-closer. On 2 East, the dayroom had furniture which posed ligature risk and Room 236 (a seclusion/restraint room) had ligature risk and had a self-locking door but lacked a self-closer.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>
<p>NPSG.15.01.01</p>	<p>4</p>	<p>Moderate Limited</p>	<p>Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.</p>	<p>1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that a patient was fully assessed for suicide with the Columbia Risk Assessment and was determined to be at "high" risk but was not placed on 1:1 observation level but on q15mins with suicide precautions; there was also no documentation of the clinical reasoning for not choosing 1:1. The clinical team present expressed the reason for not choosing 1:1 involving the Axis II diagnosis and attention seeking behaviors --- the lower level of observation was to help shore up her own coping skills with DBT skills. This was verified by the nursing supervisor.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.01.02.13	2	Low Pattern	<p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"> - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan 	<p>1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 6 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that in the mental status examination portion of the psychiatric assessment that no method for determining insight and or judgment was documented. This was verified by the nursing supervisor.</p>	§482.61(b)(3)	Standard
				<p>2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 3 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that the chief complaint was not documented in the psychiatric assessment. This was verified by the nursing supervisor.</p>	§482.61(a)(3)	Standard
				<p>3) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The mental status exam did not include how the insight and judgement was evaluated.</p>	§482.61(b)(3)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.01.02.13	6	Low Limited	Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: - A psychiatric evaluation - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 30 the total denominator includes all records reviewed by the team including records with no findings, It was observed that the H&P did not have documentation of the examination of the cranial nerves. This was verified by the nursing supervisor.	§482.61(a)(5)	Standard
PC.01.03.01	6	Moderate Limited	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: - A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) - Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out - Documentation that demonstrates all active therapeutic efforts are included - The specific treatment modalities used to treat the patient	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed in the patient record that a substantiated diagnosis of UTI for which the patient received diagnostics and treatment was not added to the multi-disciplinary treatment plan as a problem with goals and interventions. This was verified by the nursing supervisor.	§482.61(c)(1)(i)	Standard
				2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 2 of 3 tracers conducted, It was observed on the non-deemed unit that the substantiated diagnosis of Avoidant Restrictive Food Intake Disorder was not represented on the multi-disciplinary treatment plan with goals and interventions. This was verified by the nursing supervisor.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				3) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 3 of 30 the total denominator includes all records reviewed by the team including records with no findings, In a non-deemed unit, the Interdisciplinary Treatment Plan did not include the active medical problems, requiring treatment, of the patient as evidenced by patient receiving active medical treatment for GI Distress and was not documented in the Interdisciplinary Treatment Plan.		
				4) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the multi-disciplinary treatment plan did not include all of the active therapeutic efforts being used to treat a medical problem such as a medical bed, fall precautions etc. This was verified by the nursing supervisor.	§482.61(c)(2)	Standard
PC.02.02.03	11	Moderate Widespread	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were ten food item found in the kitchen refrigerator and freezer that lacked an expiration date as required.This was observed by the Manager of Facilities. (Building 3, 1st floor kitchen)		
				2) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that there were two log books for recording temperatures of the patient nutrition refrigerators which were missing multiple data points for various dates. This was verified by the supervising nursing staff on tour.		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
PC.03.05.05	1	Moderate Pattern	A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.	1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 2 of 10 restraint events reviewed, In reviewing charts from a non-deemed unit, there was a restrictive intervention on 8/1/2022, an authorized LIP did not order a restraint. The record only indicated a seclusion order even though the seclusion paperwork indicated a restraint occurred. This was confirmed by the psychiatric nurse practitioner.		
				2) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 10 restraint events reviewed, It was observed on 8/1/22 that there was not a separate order given for a physical hold and multiple mechanical restraints. It also did not specify how many points were used during the mechanical restraints.	§482.13(e)(5)	Standard
RC.02.01.01	7	Moderate Limited	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes must be documented in accordance with applicable state scope-of-practice laws and hospital policies by the following qualified practitioners: - Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient - Nurse(s) - Social worker(s) or social service staff involved in the care of the patient - When appropriate, others significantly involved in the patient's active treatment modalities The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.	1) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed that the HCO required monthly psychiatrist progress notes were not recorded for the months of 4/22-8/22. This was verified by the nursing supervisor.	§482.61(d)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>2) Observed in Individual Tracer at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . It was observed on the non-deemed unit that a patient with an identified eating disorder (and whose physical condition was marked by significant weight loss, anorexia, not drinking fluids well, a recent hospitalization with a feeding tube, a history of feeding problems, recent syncope from not enough oral intake) was identified by the nutrition screening as in need of nutrition consult (completed 6 days later) but had only minimal progress note documentation by LIPs regarding this significant problem. There was no progress note discussion documented about why the nutrition consult was not completed in a more timely manner and why more interventions and plans were not instituted. This was discussed with the nursing supervisor and COO.</p>		

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
RC.02.04.01	3	Low Limited	<p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>	<p>1) Observed in Record Review at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . In 1 of 10 the total denominator includes all records reviewed by the team including records with no findings, In a non-deemed unit, the discharge summary did not contain the patient's functional condition upon discharge.</p>		
WT.04.01.01	4	Moderate Limited	<p>For instrument-based waived testing, quality control checks are performed on each instrument used for patient testing per manufacturers' instructions.</p>	<p>1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The quality control process observed did not match the manufacturers' instruction in the package insert, as evidenced by controls for the glucometer with a discard date of 9/30/2023 after being opened on 8/23/2022. It was required to be discarded within three months.</p>		

The Joint Commission SAFER™ Matrix

Program: Behavioral Health Care and Human Services

Likelihood to harm a Patient / Visitor / Staff

ITHS			
High			
Moderate	EM.02.01.01 EP 2 NPSG.15.01.01 EP 1		
Low	CTS.04.03.33 EP 3 EC.02.03.03 EP 3	EC.02.06.01 EP 1	CTS.03.01.09 EP 3
	Limited	Pattern	Widespread
	Scope		

The Joint Commission Requirements for Improvement

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	EP Text	Observation
CTS.03.01.09	3	Low Widespread	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)	1) Observed in Data Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Residential at Whitehall is not currently analyzing and aggregating the data for the entire population of patients in regards to their identified outcome tool. This was confirmed by the Administrator and Compliance.
CTS.04.03.33	3	Low Limited	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Both snack refrigerators located at each nursing station of building 14, had thick ice coating the freezers and residue in the bottom of the refrigerators. Confirmed by Program Manager.
EC.02.03.03	3	Low Limited	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.	1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The times that the fire drills were performed did not vary from quarter to quarter. This was observed by the Manager of Facilities.
EC.02.06.01	1	Low Pattern	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were several areas of building 14 with stained ceiling tiles. Tiles were seen in the Exam Room, HIM office, and 173 supply closet. Confirmed by Program Manager.

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation
EM.02.01.01	2	Moderate Limited	<p>The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.</p> <p>Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation <p>Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.</p>	<p>1) Observed in Emergency Management Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Emergency Management Plan at Whitehall was not specific to sites and services. The plan is currently in process of being re-vamped/early development for this campus and was affirmed by the Administrator/Compliance.</p>
NPSG.15.01.01	1	Moderate Limited	<p>The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk (s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>	<p>1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Although an ERA has been started for Whitehall campus there is no evidence the assessment has been completed to identify features in the physical environment of all campus areas that could be used to attempt suicide or self-harm. The organization is in the early development stages of this document. Confirmed by Compliance. The organization was able to complete their ERA process during the survey.</p>

The Joint Commission

Appendix

Conditions of Participation Text

Program: Hospital

CoP	Tag	CoP Standard text
§482.13 Condition of Participation: Patient's Rights	A-0115	§482.13 Condition of Participation: Patient's Rights A hospital must protect and promote each patient's rights.
§482.13(c)(2) Standard: Privacy and Safety	A-0144	(2) The patient has the right to receive care in a safe setting.
§482.13(e)(5) Standard: Restraint or seclusion	A-0168	(5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law.
§482.25 Condition of Participation: Pharmaceutical Services	A-0489	§482.25 Condition of Participation: Pharmaceutical Services The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.
§482.25(a) Standard: Pharmacy Management and Administration	A-0491	§482.25(a) Standard: Pharmacy Management and Administration The pharmacy or drug storage area must be administered in accordance with accepted professional principles.
§482.41 Condition of Participation: Physical Environment	A-0700	§482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.
§482.41(a) Standard: Buildings	A-0701	§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
§482.41(b)(1)(i) Standard: Life Safety from Fire	A-0710	(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.
§482.41(b)(5) Standard: Life Safety from Fire	A-0714	(5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

The Joint Commission

CoP	Tag	CoP Standard text
§482.41(d)(2) Standard: Facilities	A-0724	(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
§482.61 Special Medical Record Requirements for Psychiatric Hospitals	A-1620	§482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals. The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.
§482.61(a)(3) Development of Assessment/Diagnostic Data	A-1624	(3) The reasons for admission must be clearly documented as stated by the patient and/or others significantly involved.
§482.61(a)(5) Development of Assessment/Diagnostic Data	A-1626	(5) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.
§482.61(b)(3) Psychiatric Evaluation	A-1633	(3) Contain a record of mental status;
§482.61(c)(1)(i) Standard Treatment Plan	A-1641	(i) A substantiated diagnosis;
§482.61(c)(2) Standard Treatment Plan	A-1650	(2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.
§482.61(d) Recording Progress	A-1655	§482.61(d) Standard: Recording progress. Progress notes for the patient must be documented, in accordance with applicable State scope-of-practice laws and hospital policies, by the following qualified practitioners: Doctor(s) of medicine or osteopathy, or other licensed practitioner(s), who is responsible for the care of the patient; nurse(s) and social worker(s) (or social service staff) involved in the care of the patient; and, when appropriate, others significantly involved in the patient's active treatment modalities.
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program	A-0263	§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.
§482.12 Condition of Participation: Governing Body	A-0043	§482.12 Condition of Participation: Governing Body There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

The Joint Commission

CoP	Tag	CoP Standard text
§482.12(a)(6) Standard: Medical Staff.	A-0050	[The governing body must:] (6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment; and
§482.22 Condition of Participation: Medical staff	A-0338	§482.22 Condition of Participation: Medical staff The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.
§482.22(c) Standard: Medical Staff Bylaws	A-0353	§482.22(c) Standard: Medical Staff Bylaws The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:
§482.22(c)(6) Standard: Medical Staff Bylaws	A-0363	[The bylaws must:] (6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).
§482.15 Establishment of the Emergency Program (EP)	E-0001	§482.15 Condition of Participation: Emergency Preparedness The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:
§482.15(e)(2) Hospital CAH and LTC Emergency Power	E-0041	(2) Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
§482.42 Condition of Participation: Infection Control	A-0747	§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs. The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.
§482.42(a)(2) Standard: Infection prevention and control program organization and policies.	A-0749	(2) The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;

The Joint Commission

CoP	Tag	CoP Standard text
§482.42(a)(3) Standard: Infection prevention and control program organization and policies.	A-0750	(3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

The Joint Commission

Appendix

Standard and EP Text

Program: Hospital

Standard	EP	Standard Text	EP & Addendum Text
EC.02.02.01	5	The hospital manages risks related to hazardous materials and waste.	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.03.01	9	The hospital manages fire risks.	The written fire response plan describes the specific roles of staff and licensed practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff and licensed practitioners will cooperate with firefighting authorities. Staff and licensed practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.
EC.02.03.03	3	The hospital conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
EC.02.03.05	13	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.
EC.02.03.05	19	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following	Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
		maintenance, testing, and inspection requirements apply.	
EC.02.03.05	20	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented. Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.
EC.02.03.05	25	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening. Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program. Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.
EC.02.03.05	28	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following: - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.
EC.02.05.01	9	The hospital manages risks associated with its utility systems.	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
EC.02.05.05	6	The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.	The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.
EC.02.05.07	8	The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.	At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8.
EC.02.05.07	9	The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.	At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8.
EC.02.06.01	20	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	Areas used by patients are clean and free of offensive odors.
EC.02.06.01	26	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	The hospital keeps furnishings and equipment safe and in good repair.
EC.02.06.05	3	The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.	The hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.
HR.01.06.01	3	Staff are competent to perform their responsibilities.	An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.
HR.01.06.01	6	Staff are competent to perform their responsibilities.	Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
IC.02.02.01	4	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.	The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
IM.02.01.03	6	The hospital maintains the security and integrity of health information.	The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
LD.04.03.09	5	Care, treatment, and services provided through contractual agreement are provided safely and effectively.	Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.
LS.02.01.10	11	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)
LS.02.01.20	13	The hospital maintains the integrity of the means of egress.	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)
LS.02.01.50	1	The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)
MM.03.01.01	2	The hospital safely stores medications.	The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.
MS.01.01.01	5	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.
MS.01.01.01	14	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians or licensed practitioners, which may include the process for privileging and re-privileging other practitioners. (See also MS.06.01.13, EP 1)

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
MS.01.01.01	23	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.
MS.06.01.05	7	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.
NPSG.15.01.01	1	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient’s medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).
NPSG.15.01.01	4	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	Document patients’ overall level of risk for suicide and the plan to mitigate the risk for suicide.
PC.01.02.13	2	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			and/or others significantly involved in the patient's care - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan
PC.01.02.13	6	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: - A psychiatric evaluation - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)
PC.01.03.01	6	The hospital plans the patient's care.	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: - A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) - Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out - Documentation that demonstrates all active therapeutic efforts are included - The specific treatment modalities used to treat the patient
PC.02.02.03	11	The hospital makes food and nutrition products available to its patients.	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.
PC.03.05.05	1	The hospital initiates restraint or seclusion based on an individual order.	A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.
RC.02.01.01	7	The medical record contains information that reflects the patient's care, treatment, and services.	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes must be documented in accordance with applicable state scope-of-practice laws and hospital

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>policies by the following qualified practitioners:</p> <ul style="list-style-type: none"> - Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient - Nurse(s) - Social worker(s) or social service staff involved in the care of the patient - When appropriate, others significantly involved in the patient's active treatment modalities <p>The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.</p>
RC.02.04.01	3	The patient's medical record contains discharge information.	<p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>
WT.04.01.01	4	<p>The hospital performs quality control checks for waived testing on each procedure.</p> <p>Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.</p>	For instrument-based waived testing, quality control checks are performed on each instrument used for patient testing per manufacturers' instructions.

Program: Behavioral Health Care and Human Services

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
CTS.03.01.09	3	The organization assesses the outcomes of care, treatment, or services provided to the individual served.	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)
CTS.04.03.33	3	For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products.	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
EC.02.03.03	3	The organization conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
EC.02.06.01	1	The organization establishes and maintains a safe, functional environment.	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.
EM.02.01.01	2	The organization has an Emergency Management Plan. Note: The organization's Emergency Management Plan (EMP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.	The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following: - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.
NPSG.15.01.01	1	Reduce the risk for suicide.	The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>

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Appendix

Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

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Appendix

Report Section Information

CMS Summary Description

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

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Appendix

Report Section Information

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.

Attachment 43

2022 Whitehall Specific Joint Commission Final Accreditation Report



Final Accreditation Report

**State of Nebraska Dept. of Admin Services
801 West Prospector Place PO Box 94949
Lincoln, NE 68522**

**Organization Identification Number: 1640
Unannounced Full Event: 8/23/2022 - 8/26/2022**

**Programs Surveyed
Hospital
Behavioral Health Care and Human Services**

The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Hospital	08/23/2022 - 08/26/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Unannounced Medicare Deficiency Survey	Survey within 45 Calendar Days from the last day of survey
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date
Behavioral Health Care and Human Services	08/23/2022 - 08/24/2022	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

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What's Next - Follow-up Activity

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
CIS.03.01.09	3	Low / Widespread	✓
CIS.04.03.33	3	Low / Limited	✓
EC.02.03.03	3	Low / Limited	✓
EC.02.06.01	1	Low / Pattern	✓
EM.02.01.01	2	Moderate / Limited	✓
NPSG.15.01.01	1	Moderate / Limited	✓

The Joint Commission

Requirements for Improvement

Program: Behavioral Health Care and Human Services

Standard	EP	SAFER™ Placement	EP Text	Observation
CTS.03.01.09	3	Low Widespread	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)	1) Observed in Data Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Residential at Whitehall is not currently analyzing and aggregating the data for the entire population of patients in regards to their identified outcome tool. This was confirmed by the Administrator and Compliance.
CTS.04.03.33	3	Low Limited	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Both snack refrigerators located at each nursing station of building 14, had thick ice coating the freezers and residue in the bottom of the refrigerators. Confirmed by Program Manager.
EC.02.03.03	3	Low Limited	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.	1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The times that the fire drills were performed did not vary from quarter to quarter. This was observed by the Manager of Facilities.
EC.02.06.01	1	Low Pattern	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.	1) Observed in Building Tour at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . There were several areas of building 14 with stained ceiling tiles. Tiles were seen in the Exam Room, HIM office, and 173 supply closet. Confirmed by Program Manager.

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation
EM.02.01.01	2	Moderate Limited	<p>The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur.</p> <p>Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation <p>Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency, their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.</p>	<p>1) Observed in Emergency Management Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . The Emergency Management Plan at Whitehall was not specific to sites and services. The plan is currently in process of being revamped/early development for this campus and was affirmed by the Administrator/Compliance.</p>
NPSSG.15.01.01	1	Moderate Limited	<p>The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk (s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>	<p>1) Observed in Environment of Care Session at Lincoln Regional Center (801 West Prospector Place, Lincoln, NE) site . Although an ERA has been started for Whitehall campus there is no evidence the assessment has been completed to identify features in the physical environment of all campus areas that could be used to attempt suicide or self-harm. The organization is in the early development stages of this document. Confirmed by Compliance. The organization was able to complete their ERA process during the survey.</p>

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
MS.01.01.01	23	Medical staff bylaws address self-governance and accountability to the governing body.	The medical staff bylaws include the following requirements: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.
MS.06.01.05	7	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.
NPSG.15.01.01	1	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).
NPSG.15.01.01	4	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.
PC.01.02.13	2	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: <ul style="list-style-type: none"> - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
CTS.03.01.09	3	The organization assesses the outcomes of care, treatment, or services provided to the individual served.	The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort. (For more information, refer to Standard PI.02.01.01) (See also LD.03.07.01, EP 2)
CTS.04.03.33	3	For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products.	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
EC.02.03.03	3	The organization conducts fire drills.	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.
EC.02.06.01	1	The organization establishes and maintains a safe, functional environment.	Interior spaces meet the needs of the individuals served for safety and suitability for the care, treatment, or services provided.
EM.02.01.01	2	The organization has an Emergency Management Plan. Note: The organization's Emergency Management Plan (EMP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.	The organization has a written Emergency Management Plan that describes the response procedures to follow when emergencies occur. Note 1: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following: - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new individuals for service - Staged evacuation - Total evacuation Note 2: Organizations that do not provide 24-hour care may plan to close in response to an emergency; their activities may be focused on notification and communication to individuals served and strategies for resuming service following the emergency.
NPSG.15.01.01	1	Reduce the risk for suicide.	The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be

The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			<p>used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>

The Joint Commission

Appendix

Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

The Joint Commission

Appendix

Report Section Information

CMS Summary Description

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

The Joint Commission

Appendix

Report Section Information

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored "not compliant" at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.

Attachment 44

YRTC-Hastings Fire Marshal Reports

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13134

Name of Facility: **Chapel Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum
Occupancy: **217 Persons**

Date Issued: **5/5/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13133

Name of Facility: **Administration Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum
Occupancy: **N/A Persons**

Date Issued: **5/5/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

	Fee Sheet Number:	
Facility Name Administration Building	Occupant Street Address 4200 W 2nd Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2nd Street Hastings, NE 68901	County Adams	
	How Occupied Existing Business Occupancy	
Occupant load	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

ORDER

Contact person/number :
Initial inspection :
Revisit inspection :
Hours of operation :
Plan review numbers :

1. The items being stored in the tunnel area connected to the Administration Building shall be removed. The tunnel area is not to be used for storage. Means of egress shall be free of any obstructions. Areas used for general storage shall be enclosed with a fire barrier without windows that has 1 hour fire resistance rating in accordance with section 8.3 or protected the area with automatic extinguishing system in accordance with 9.7 and be in a smoke tight room. NFPA 101, 39.2.1.1, 7.1.10.1, 39.3.2.1

7.1.10.1* General. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.

2. The basement storage area that is protected by a fire sprinkler system shall be separated from the area of the tunnel that is not sprinkled by a two-hour fire rated construction. NFPA 13, 4.1, NFPA 1, 12.7.1 (2), NFPA 101, 6.1.14.4.1

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at todd.brehm@nebraska.gov

Witness my signature at Kearney, Nebraska this 4th, day of May, 2022

By:  8712
Deputy State Fire Marshal

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

		Fee Sheet Number:	
Facility Name Chapel Building		Occupant Street Address 4200 W 2nd Street	
Operator & Phone number Hastings YRTC		City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2nd Street Hastings, NE 68901		County Adams	
		How Occupied New Detention and Correctional Occupancy	
Occupant load 217	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

ORDER

Contact person/number :
Initial inspection :
Revisit inspection :
Hours of operation :
Plan review numbers :

The facility provides reasonable safety to life in case of fire and is approved for occupancy at time of inspection.

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at todd.brehm@nebraska.gov

Witness my signature at _____ Blue Hill, _____ Nebraska this _____ 4th, _____ day of _____ May, 2022 _____

By:  8712
Deputy State Fire Marshal

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13134

Name of Facility: **Chapel Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum
Occupancy: **217 Persons**

Date Issued: **5/5/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13297

Name of Facility: **North Dorm**
Type of Facility:
Location: **4200 W 2nd St, Hastings**
Maximum
Occupancy: **12 Persons**
Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

	Fee Sheet Number:	
Facility Name North Dorm	Occupant Street Address 4200 W 2nd Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2nd Street Hastings, NE 68901	County Adams	
	How Occupied New Detention and Correctional Occupancy	
Occupant load <p style="text-align: right;">12</p>	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

ORDER

Contact person/number :
 Initial inspection : 5-4-22
 Revisit inspection :
 Hours of operation :
 Plan review numbers :

The North Dorm of the facility is classified as a use Condition V – Contained. The residents are unable to move free from an occupied space without the staff to release each door from all sleeping rooms, activity spaces and other occupied area within the smoke compartment to another smoke compartment.

1. The Fire Alarm system shall have manual pull stations installed. NFPA 101, 22.3.4.2.1

The facility shall have at least one manual pull station for the fire alarm system located in a staff location, provided that both of the following criteria are met:

- a. The staff location is attended when the building is occupied.
- b. The staff attendant has direct supervision of the sleeping area.

2. Portable fire extinguishers shall be provided. Access to portable fire extinguishers shall be permitted to be locked. Portable fire extinguishers shall be permitted to be located at staff locations only. NFPA 101, 22.3.5.4

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at todd.brehm@nebraska.gov

Witness my signature at Blue Hill, Nebraska this 4th, day of May, 2022

By:  8712
 Deputy State Fire Marshal

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13298

Name of Facility: **Program Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum
Occupancy: **N/A Persons**

Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

	Fee Sheet Number:	
Facility Name Program Building	Occupant Street Address 4200 W 2nd Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2nd Street Hastings, NE 68901	County Adams	
	How Occupied New Detention and Correctional Occupancy	
Occupant load	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A

ORDER

Contact person/number :
Initial inspection :
Revisit inspection :
Hours of operation :
Plan review numbers :

The Program Building of the facility is classified as a use Condition V – Contained. The residents are unable to move free from an occupied space without the staff to release each door from all sleeping rooms, activity spaces and other occupied area within the smoke compartment to another smoke compartment.

1. The Fire Alarm system shall have manual pull stations installed. NFPA 101, 22.3.4.2.1

The facility shall have at least one manual pull station for the fire alarm system located in a staff location, provided that both of the following criteria are met:

- a. The staff location is attended when the building is occupied.
- b. The staff attendant has direct supervision of the sleeping area.

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at todd.brehm@nebraska.gov

Witness my signature at Blue Hill, Nebraska this 4th, day of May, 2022

By:  8712
Deputy State Fire Marshal

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 13299

Name of Facility: **South Dorm**
Type of Facility:
Location: **4200 W 2nd St, Hastings**
Maximum
Occupancy: **12 Persons**
Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**
Deputy State Fire Marshal

Approved By: 
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

	Fee Sheet Number:	
Facility Name South Dorm	Occupant Street Address 4200 W 2nd Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2nd Street Hastings, NE 68901	County Adams	
	How Occupied New Detention and Correctional Occupancy	
Occupant load <p style="text-align: right;">12</p>	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

ORDER

Contact person/number :
 Initial inspection : 5-4-22
 Revisit inspection :
 Hours of operation :
 Plan review numbers :

The South Dorm of the facility is classified as a use Condition V – Contained. The residents are unable to move free from an occupied space without the staff to release each door from all sleeping rooms, activity spaces and other occupied area within the smoke compartment to another smoke compartment.

1. The Fire Alarm system shall have manual pull stations installed. NFPA 101, 22.3.4.2.1

The facility shall have at least one manual pull station for the fire alarm system located in a staff location, provided that both of the following criteria are met:

- a. The staff location is attended when the building is occupied.
- b. The staff attendant has direct supervision of the sleeping area.

2. Portable fire extinguishers shall be provided. Access to portable fire extinguishers shall be permitted to be locked. Portable fire extinguishers shall be permitted to be located at staff locations only. NFPA 101, 22.3.5.4

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at todd.brehm@nebraska.gov

Witness my signature at Blue Hill, Nebraska this 4th, day of May, 2022

By:  8712
 Deputy State Fire Marshal

Attachment 45

YRTC-Hastings Generator Maintenance Reports



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: HASTINGS REG CENTER BLDG 27-29 MAKE CUMMINS TYPE SPEC C
 CONTACT: DAN SERIAL J030552382 DATE 9/22/2022
 PHONE: 402-759-1188 MODEL 500DFEK-3942 HRS 1122 HRS
 ADDRESS 4200 W 2ND ST TECH ELPERT BROWN
 CITY HASTINGS, NE 68901

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG04808 MODEL CTS
 MAKE CATERPILLAR SERIAL TSG04810 MODEL CTS
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND
 * (B) LINES/CONNECTIONS OK
 * (C) DAY TANK LEVEL N/A
 * (D) DAY TANK OPERATION N/A
 * (E) TRANSFER PUMP OK
 * (F) MAIN TANK LEVEL OK 1 NOTCH BELOW FULL
 * (G) VENT/OVERFLOW OK
 * (H) WATER IN FUEL N/A
 * (I) INJECTION PUMP OK
 * (J) SOLENOID VALVE OK
 * CHANGE (K) FUEL FILTER OK
 * CHANGE (L) WATER SEPARATOR OK
 * TEST: (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK
 * (B) INSTRUMENTATION OK
 * (C) SAFETIES SHUTDOWNS OK
 * (1) OVERCRANK OK
 * (2) HIGH WATER TEMP OK
 * (3) LOW OIL PRESSURE OK
 * (4) OVERSPEED OK
 * (D) ALARMS OK
 * (E) PREALARMS OK
 * (F) CIRCUIT BREAKERS OK
 * (G) FUSES OK
 * CHECK (H) INSULATION DAMAGE OK
 CLEAN (I) CABINERY OK

(2) LUBRICATION

CHECK (A) LEAKS OK
 * (B) ENGINE OIL LEVEL OK
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL N/A
 * (E) CRANKCASE BREATHER OK
 * CHANGE (F) OIL FILTER OK
 * CHANGE (G) ENGINE OIL OK
 * CHANGE (H) GOVERNOR OIL N/A
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK
 * (B) VIBRATION OK
 * (C) TIMING OK
 * (D) INJECTORS OK
 * (E) MOUNTING HARDWARE OK
 * (F) AIR INTAKE OK
 * (G) OIL PRESSURE OK 40 PSI
 * (H) WATER TEMPERATURE OK 180 F
 * (I) DC ALTERNATOR OK
 * (1) VOLTS OK 27.4
 * (2) AMPS OK 5A
 * CHANGE: (J) AIR CLEANER OK
 * TORQUE: (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND
 * (B) COOLANT LEVEL OK
 * (C) FREEZE POINT OK -45
 * (D) RADIATOR AIR FLOW OK
 * (E) LOUVER SYSTEMS OK
 * (F) BLOCK HEATER OK
 * (G) WATER PUMP OK
 * (H) HOSES OK
 * (I) BELTS OK
 * (J) FAN HUB OK
 * (K) PULLEYS OK
 * (L) RADIATOR PSI OK
 * (M) RADIATOR CAP PSI OK 10
 * CHANGE: (N) WATER FILTER OK
 * CHANGE: (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK
 * (B) STATOR OK
 * (C) EXCITOR OK
 * (1) STATOR OK
 * (2) ROTOR OK
 * (D) BEARINGS (IR) OK
 * (E) DIODES OK
 * (F) AIR FLOW OK
 * (G) VOLTAGE REGULATOR OK
 * TEST (H) FEED BREAKER OK
 RECORD (I) VOLTAGE OK L-L 208 L-N 120
 * (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK NONE FOUND
 * (B) CONDENSATION TRAP OK
 * (C) INSULATION OK
 * (D) RESTRICTION OK
 * (E) RAINCAP OK
 CHECK (F) HANGERS/SUPPORT OK
 * (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS OK
 LINEAR MOTORS ACTUATION N/A
 ATS Battery Replaced Y or N N/A
 * (B) SIMULATE POWER N/A
 * FAILURE (C) TIME DELAYS N/A
 * (D) CLOCK EXERCISER OK EVERY TUESDAY 30 MIN

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 26.7 VDC
 * (1) FLOAT OK
 * (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL N/A
 * (C) TERMINALS/CABLES OK CLEANED AND TIGHT
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY N/A
 * (1) HIGH N/A
 * (2) LOW N/A
 * (F) LOAD TEST OK PASSED
 CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK
 * (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A
 * (B) VOLTAGE/LEG N/A
 * (C) HERTZ N/A
 * (D) CB CONNECTIONS N/A
 * (E) UNIT LOADED N/A

(12) EPSS

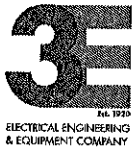
CHECK (A) EPS IN AUTO? OK
 * (B) BREAKER CLOSED? OK

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified.

Comments:

REPLACED BATTERIES 2 EACH P/N NAPA 7266 - GRP 4D REPLACED F/F 3423 REPLACED O/F 7746XD USED 24 GALS 15W-40
 280 MILES JOB # 9808 + 9824

Customer Signature _____ 3E Signature _____ Date 9/22/2022



3E- GENERATOR VAN
 7402 L St
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
09/27/22	9808-00
PO. NO.	PAGE #
HASTINGS REG CENTER	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
http://3e-co.billtrust.com	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

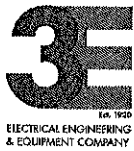
STATE OF NE - BLDG DIVISION
 HASTINGS REG CENTER
 BLDG 27-29
 GENERAL DELIVERY
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				BLDG 27-29 ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E- GENERATOR VAN				09/27/22		11/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 9/19/22 ANNUAL SERVICE & INSPECTION: REPLACED BATTERIES (SEE INVOICE 9824-00)	1.00	0.00	1.00	E	750.00	750.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7301MISC Misc mat acct 1143 3423 FUEL FILTER 7746XD OIL FILTER	1.00	0.00	1.00	each	0.00	0.00	
4	7300MILEAGE MILEAGE	280.00	0.00	280.00	E	0.00	0.00	
5	7080 15W40KOH 15W40 OIL QTS KOHLER	96.00	0.00	96.00	E	0.00	0.00	
5	Lines Total	Qty Shipped Total		379	Total	750.00		750.00
						Invoice Total	750.00	

Last Page

Cash Discount 0.00 If Paid By 11/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM
 TIME TO TIME WITH PRIOR NOTICE.



3E- GENERATOR VAN
 7402 L St
 OMAHA, NE 68127
 (402) 3423050 FAX (402) 3426874

INVOICE

INVOICE DATE	INVOICE NO.
09/27/22	9824-00
PO. NO.	PAGE #
HASTINGS REG CENTER	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
http://3e-co.billtrust.com	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
 Consolidated Electrical Distributor
 PO BOX 850365
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
 1526 K ST SUITE 200
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				BLDG 27-29 BATTERIES			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E- GENERATOR VAN				09/27/22		11/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GREP REPAIR GENERATOR	1.00	0.00	1.00	E	0.00	0.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	95.00	95.00	
3	7301MISC Misc mat acct 1143 (2) 4D BATTERY	1.00	0.00	1.00	each	823.30	823.30	
3	Lines Total	Qty Shipped Total			3	Total	918.30	
					Invoice Total	918.30		

Last Page

Cash Discount 0.00 If Paid By 11/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM
 TIME TO TIME WITH PRIOR NOTICE.

Attachment 46

YRTC-Hastings Range Hood Inspection

2022 INSPECTION

Hastings Regional Center

4200 W. 2nd St., Hastings, NE 68901



DISCLAIMER: This TOTALREPORT inspection and systems layout documentation has been assembled and prepared based on information furnished to Protex Central by the customer and its representatives up to and including the inspection date. The information in this report has been obtained from sources believed to be reliable and accurate. While we do not doubt its accuracy, we cannot completely and firmly verify it and thus make no guarantee, warranty, or representation about it other than what we have been able to verify. Additionally, this report, and enclosed graphic layouts do not reflect any changes to the premises subsequent to the date listed on the report, or any changes to the documents furnished to Protex Central subsequent to this date.



Account: Hastings Regional Center
Address: 4200 W. 2nd St., Hastings, NE 68901

Inspection Provider: Protex Central
Lead Inspector: Jim Mooney (402) 705-6121
Assistant Inspector:
Scope: Full
Frequency: 1st Semi-Annual
Account Manager: (800) 274-0888

Range Hood 1st Semi-Annual Inspection Summary

Result Totals

Devices	Appliance Protected	CO2 Cartridge	Fuse Link	Gas Valve	Manual Release Station	Microswitch	Nozzle	System Cylinder	Trigger Cables and leads
Passed	1	1	-	1	1	1	1	1	1
Mitigated	-	-	-	-	-	-	-	-	-
New - Passed	-	-	-	-	-	-	-	-	-
Failed	-	-	-	-	-	-	-	-	-
Removed	-	-	-	-	-	-	-	-	-
Not Inspected	-	-	-	-	-	-	-	-	-
Total	1	1	0	1	1	1	1	1	1

This inspection was performed on 2/14/2022 in accordance with applicable requirements.

1st Floor Range Hood Results

Number	Type	Location	Discrepancy	Result	Comments	Date	In Service Date	Make	Last Hydrotest Year	Weight	Fuel Shutoff
1	CO2 Cartridge			Passed		2/14/2022 4:12 PM	2020	Ansul		35oz	
2	Fuse Link	3-360 type K		New		2/14/2022 4:13 PM	2/14/22				
3	System Cylinder			Passed		2/14/2022 4:13 PM	1/20	Ansul		3 gallons	
4	Nozzle	1 over appliance, 1 each in duct and plenum		Passed		2/14/2022 4:13 PM					
5	Microswitch	connected to fire alarm, equipment shutdown		Passed		2/14/2022 4:13 PM					
6	Gas Valve	ceiling above automan		Passed		2/14/2022 4:13 PM					
7	Manual Release Station	by back exit		Passed	Somewhat hard to pull. Will monitor on future inspections	2/14/2022 4:13 PM					
8	Appliance Protected			Passed		2/14/2022 4:13 PM					Both
9	Trigger Cables and leads			Passed		2/14/2022 4:13 PM					



⚡ Appliance Protected

● CO2 Cartridge

▲ Fuse Link

☆ Gas Valve

☐ Manual Release Station

▣ Microswitch

↓ Nozzle

▣ System Cylinder

☐ Trigger Cables and leads

Passed = Green

Mitigated = Green

Failed = Red

Not Tested = Blue



Protex Central
1239 N Minnesota Ave, Hastings, NE, 68901
Office: (800) 274-0888 Fax: (402) 463-6057

Range Hood Suppression Inspection Form

Property: Hastings Regional Center

Inspection Date: //

Property Address: 4200 W. 2nd St.

Hastings, NE 68901

RANGE HOOD FUNCTIONS

Auto-Trigger Mechanism for system is in correct working order?	Yes
Is a K-Guard type extinguisher present in the Kitchen area and is it serviceable?	Yes
Has the customer been informed on the theory of operation of Range Hood extinguishing system?	Yes
Has the customer been informed on the known hazards of a dirty system and its impact on the effectiveness?	Yes
In the event of \"Failure of Automatic release\" aspect of the Range Hood system has the customer been shown the manual release method?	Yes
Has it been explained to the customer that the K-Guard Extinguisher is the only rated extinguisher to use in conjunction with cooking areas and potential fires there in?	Yes
After inspection and test has the cocking mechanism/CO2 bottle/lines and pulleys, been put back to an active armed state where the system should work correctly in the event of a fire situation?	Yes
Are the system components properly installed from damage and properly secured to building structure?	Yes
Are all the discharge nozzles properly aimed at protected targets and free from any impedence that could affect their performance?	Yes
Does the system have a point of connection to a building fire alarm system?	Yes
Does this system satisfy the requirements of UL 300?	Yes
Does the system pass this current inspection?	Yes

Time, Date And Signature

Start Time	3:00
End Time	4:00
Today's Date	2/14/22
Inspector's Name	Jim Mooney
Customer Printed Name	
Customer Signature	Dean Stromer



Attachment 47

YRTC-Hastings Backflow Testing

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



NAME OF PREMISE: HRC Commercial Residential
 SERVICE ADDRESS: 4200 w 2nd st CITY: Hastings ZIP: 68901
 CONTACT PERSON: Daniel Brown PHONE: 402-759-1188 FAX: _____
 LOCATION OF ASSEMBLY: Chapel tunnel
 TYPE: DCVA RPBA PVBA AIR GAP OTHER: _____
 NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____
 MAKE OF ASSEMBLY: Watts MODEL: 909-M1 SERIAL NO.: 18513 SIZE: 8"

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> <u>8.2</u> PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>2.6</u> PSID	OPENED AT <u>3.4</u> PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

TEST AFTER REPAIRS: PASSED FAILED DATE: _____

AIR GAP INSPECTION: PASSED FAILED DATE: _____

REMARKS: _____

TESTER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June 24, 2022

PLUMBER'S SIGNATURE Hector CERT. NO. _____ DATE _____

ASSEMBLY MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF THIS TEST DATE.

OWNER'S SIGNATURE Daniel Brown DATE 6/24/22

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



NAME OF PREMISE: HRC Commercial Residential
 SERVICE ADDRESS: 4200 W 2nd St CITY: Hastings ZIP: 68901
 CONTACT PERSON: David Brown PHONE: 402-759-1188 FAX: _____
 LOCATION OF ASSEMBLY: Chapel Tunnel
 TYPE: DCVA RPBA PVBA AIR GAP OTHER: _____
 NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____
 MAKE OF ASSEMBLY: Watts MODEL: LE 909-M1 SERIAL NO.: 185 22 SIZE: 8"

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>8.1</u> PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>2.1</u> PSID	OPENED AT <u>3.6</u> PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

TEST AFTER REPAIRS: PASSED FAILED DATE: _____

AIR GAP INSPECTION: PASSED FAILED DATE: _____

REMARKS: _____

TESTER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June, 24, 2022

PLUMBER'S SIGNATURE Hector CERT. NO. _____ DATE _____

ASSEMBLY MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF THIS TEST DATE.

OWNER'S SIGNATURE David Brown DATE 6/24/22

Attachment 48

YRTC-Hastings Fire Extinguisher Inspection Receipt

HYDRO TECHTM

No. 45589

Fire Extinguishers
Sales & ServiceCO₂ Gas • Dry Ice • Restaurant Hood Systems
Hydro Static Testing & Repair

2219 E. Hwy. 30, P.O. Box 877, Grand Island, NE 68802-0877

Phone: (308) 384-7083 Fax: (308) 675-1254

P.O. # _____ 12/8/21

Name: Hasting YRTC

Address: _____

Qty	Description	Price Ea.	Amount
76	Maint Inv		324.00
APPROVED FOR PAYMENT			
Initials	<u>PB</u>	Date	<u>12/8/21</u>
B/U	<u>65047000</u>		
P/O		NONE	
R.etch	<u>548800</u>		
	<u>How Home</u>	TAX	
		TOTAL	<u>324.00</u>

Please Pay From This Invoice



PO Box 85535
Lincoln, NE 68501

Invoice

Date	Invoice #
10/12/2022	IN 22324

Bill To
Youth Rehabilitation Treatment Center 4200 W. 2nd Street Hastings, NE 68901

P.O. No.	Terms	Project
	Net 10 days	

Description	Qty	Rate	Amount
Performed Annual Fire Sprinkler Inspection at the Program Building & 2 Residential Buildings	1	350.00	350.00

Terms: Net 10 Days. All past due balances will be subject to finance charges allowed by the State of Nebraska.

Fire Sprinkler Inspections are considered a security service by the State of Nebraska and therefore taxable. If you are tax exempt, please send a Form 13 in with your payment.
Thank you, we appreciate your business.

We now accept credit card payments with a 3.5% fee.

Subtotal	\$350.00
Sales Tax (0.0%)	\$0.00
Total	\$350.00
Payments/Credits	\$0.00
Balance Due	\$350.00



2521 West L St., Suite #5
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# _____
 Name of Inspected Property: HASTWGS YRTE
 Inspector Name: Jim Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 FDC obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken		X	
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm (other than vane type) tested and is operational	X		
C.2.1 Test conducted with Inspector's test connection	X		
C.2.2 Test conducted with bypass connection (freezing weather)		X	
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Adequate drainage provided before flow testing	X		
C.3.1 A main drain test conducted downstream from backflow preventer	X		
C.3.2 A main drain test conducted downstream from pressure reducing valve		X	
C.3.3 Supply water gauge reading before flow (static)			45 psi
C.3.4 Gauge reading during stable flow (residual)			35 psi
C.3.5 Time for supply pressure to return to normal			0 sec
C.4.0 Pertinent parties notified of test conclusion	X		
C.5.0 ALARM PANEL CLEAR	X		
C.6.0 SYSTEM RETURNED TO SERVICE	X		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	X		
D.1.1 Pertinent parties notified before testing	X		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X		
D.2.1 Signal restored only when valve returned to normal position	X		
D.3.0 Adequate drainage provided before flow testing	X		
D.3.1 Main drain test conducted	X		
D.3.2 Supply water gauge reading before flow (static)			45 psi
D.3.3 Gauge reading during stable flow (residual)			35 psi
D.3.4 Time for supply pressure to return to normal			0 sec
D.4.0 Pertinent parties notified of test conclusion	X		
D.5.0 ALARM PANEL CLEAR	X		
D.6.0 SYSTEM RETURNED TO SERVICE	X		
D.7.0 COMMENTS:			



Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# _____
 Name of Inspected Property: HASTINGS YRTC
 Inspector Name: JM Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
E.1.0 System in service on inspection	X		
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	X		
E.3.0 Piping appears free of mechanical damage	X		
E.3.1 Piping appears free of leakage	X		
E.3.2 Piping appears free of corrosion	X		
E.3.3 Piping appears properly aligned	X		
E.3.4 Piping appears free of external loading	X		
E.4.0 Sprinklers appear free of leakage	X		
E.4.1 Sprinklers appear free of corrosion	X		
E.4.2 Sprinklers appear free of foreign materials	X		
E.4.3 Sprinklers appear free of paint	X		
E.4.4 Sprinklers appear free of physical damage	X		
E.4.5 Sprinklers appear properly oriented	X		
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	X		
E.4.7 Glass bulbs appear full of liquid	X		
E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	X		
E.4.9 Spare sprinklers stored where temperature maximum is 100°F	X		
E.4.10 Wrench available for each type of sprinkler	X		
PRIOR TO FREEZING WEATHER:			
E.5.0 Building is secure such as not to expose piping to freezing conditions	X		
E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	X		
E.6.0 ALARM PANEL CLEAR	X		
E.7.0 COMMENTS:			

Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
F.1.0 System in service before testing	X		
F.1.1 Pertinent parties notified before testing	X		
F.1.2 Adequate drainage provided before flow testing	X		
F.2.0 Main drain test conducted	X		
F.2.1 Supply water gauge reading before flow (static)			45 psi
F.2.2 Gauge reading during stable flow (residual)			35 psi
F.2.3 Time for supply pressure to return to normal			0 sec
F.3.0 Antifreeze solution tested and freezing point determined		X	
F.3.1 Antifreeze solution freezing point			— °F
F.3.2 Antifreeze solution freezing point after adjustment			— °F
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	X		
F.4.1 PIVs opened until spring or torsion felt in rod	X		
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	X		
F.4.3 Main drain test conducted (see F.2.0)	X		
F.5.0 Backflow prevention assembly forward flow test conducted		X	
F.5.1 System demand flow was achieved through the device		X	
F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)		X	
F.5.3 Forward flow test conducted without measuring flow (device ≤ 2" and outlet sized to flow system demand)	X		
F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)		X	
F.5.5 Forward flow test satisfied by annual fire pump flow test		X	
F.5.6 Backflow preventer performance test conducted as required by the AHJ	X		
F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve		X	
F.7.0 Pertinent parties notified of test conclusion	X		
F.8.0 ALARM PANEL CLEAR	X		
F.9.0 SYSTEM RETURNED TO SERVICE	X		
F.10.0 COMMENTS:			

Annual Maintenance for Wet Pipe Sprinkler Systems			
	Y	N/A	N
G.1.0 System in service before conducting maintenance	X		
G.2.0 Pertinent parties notified before conducting maintenance	X		
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated		X	
G.3.1 Valve completely closed and reopened		X	
G.4.0 Adequate drainage provided before flow testing	X		
G.4.1 Main drain test conducted	X		
G.4.2 Supply water gauge reading before flow (static)			45 psi
G.4.3 Gauge reading during stable flow (residual)			35 psi
G.4.4 Time for supply pressure to return to normal			0 sec
G.5.0 Pertinent parties notified after conclusion of maintenance	X		
G.6.0 ALARM PANEL CLEAR	X		
G.7.0 SYSTEM RETURNED TO SERVICE	X		
G.8.0 COMMENTS:			

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE _____



2521 West L St., Suite #5
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract#: _____
 Name of Inspected Property: HASTINGS YRTC
 Inspector Name: JIM Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System in service on inspection	✓		
B.2.0 Hydraulic nameplate attached and legible	✓		
B.2.1 Alarm device free from physical damage	✓		
B.3.0 FDC is visible	✓		
B.3.1 FDC is accessible	✓		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	✓		
B.3.3 FDC plugs/caps in place/undamaged	✓		
B.3.4 FDC gaskets in place and in good condition	✓		
B.3.5 FDC identification sign in place	✓		
B.3.6 FDC check valve not leaking	✓		
B.3.7 FDC automatic drain valve in place and operating properly	✓		
B.3.8 FDC clapper is in place and operating properly	✓		
B.3.9 FDC interior inspected where caps missing		✓	
B.3.10 FDC obstructions removed as necessary		✓	
B.4.0 Pressure reducing control valves (PRV) indicate open		✓	
B.4.1 PRV not leaking		✓	
B.4.2 PRV maintaining downstream pressure per design		✓	
B.4.3 PRV in good condition		✓	
B.4.4 PRV handwheel installed and not broken		✓	
B.5.0 ALARM PANEL CLEAR	✓		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	✓		
C.1.1 Pertinent parties notified before testing	✓		
C.1.2 Adequate drainage provided before flow testing	✓		
C.2.0 Water flow alarm (other than vane type) tested and is operational	✓		
C.2.1 Test conducted with inspector's test connection	✓		
C.2.2 Test conducted with bypass connection (freezing weather)		✓	
C.2.3 Test conducted per manufacturer's instructions	✓		
C.2.4 Alarm devices appear free of physical damage	✓		
C.3.0 Adequate drainage provided before flow testing	✓		
C.3.1 A main drain test conducted downstream from backflow preventer	✓		
C.3.2 A main drain test conducted downstream from pressure reducing valve		✓	
C.3.3 Supply water gauge reading before flow (static)		55	psi
C.3.4 Gauge reading during stable flow (residual)		45	psi
C.3.5 Time for supply pressure to return to normal			sec
C.4.0 Pertinent parties notified of test conclusion	✓		
C.5.0 ALARM PANEL CLEAR	✓		
C.6.0 SYSTEM RETURNED TO SERVICE	✓		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	✓		
D.1.1 Pertinent parties notified before testing	✓		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	✗		
D.2.1 Signal restored only when valve returned to normal position	✓		
D.3.0 Adequate drainage provided before flow testing	✓		
D.3.1 Main drain test conducted	✓		
D.3.2 Supply water gauge reading before flow (static)		55	psi
D.3.3 Gauge reading during stable flow (residual)		45	psi
D.3.4 Time for supply pressure to return to normal		0	sec
D.4.0 Pertinent parties notified of test conclusion	✓		
D.5.0 ALARM PANEL CLEAR	✓		
D.6.0 SYSTEM RETURNED TO SERVICE	✓		
D.7.0 COMMENTS:			

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE _____



Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# _____
 Name of Inspected Property: HASTINGS YRTC
 Inspector Name: JIM Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N		Y	N/A	N
E.1.0 System in service on inspection	X			E.4.7 Glass bulbs appear full of liquid	X		
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	X			E.4.8 Spare sprinklers are of proper number (at least 8), type and temperature rating	X		
E.3.0 Piping appears free of mechanical damage	X			E.4.9 Spare sprinklers stored where temperature maximum is 100°F	X		
E.3.1 Piping appears free of leakage	X			E.4.10 Wrench available for each type of sprinkler	X		
E.3.2 Piping appears free of corrosion	X			PRIOR TO FREEZING WEATHER:			
E.3.3 Piping appears properly aligned	X			E.5.0 Building is secure such as not to expose piping to freezing conditions	X		
E.3.4 Piping appears free of external loading	X			E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	X		
E.4.0 Sprinklers appear free of leakage	X			E.6.0 ALARM PANEL CLEAR	X		
E.4.1 Sprinklers appear free of corrosion	X			E.7.0 COMMENTS:			
E.4.2 Sprinklers appear free of foreign materials	X						
E.4.3 Sprinklers appear free of paint	X						
E.4.4 Sprinklers appear free of physical damage	X						
E.4.5 Sprinklers appear properly oriented	X						
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	X						

Annual Testing for Wet Pipe Sprinkler Systems

F.1.0 System in service before testing	X			F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)		X	
F.1.1 Pertinent parties notified before testing	X			F.5.3 Forward flow test conducted without measuring flow (device $\leq 2\text{''}$ and outlet sized to flow system demand)	X		
F.1.2 Adequate drainage provided before flow testing	X			F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)		X	
F.2.0 Main drain test conducted	X			F.5.5 Forward flow test satisfied by annual fire pump flow test		X	
F.2.1 Supply water gauge reading before flow (static) <u>55</u> psi				F.5.6 Backflow preventer performance test conducted as required by the AHJ	X		
F.2.2 Gauge reading during stable flow (residual) <u>45</u> psi				F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve		X	
F.2.3 Time for supply pressure to return to normal <u>0</u> sec				F.7.0 Pertinent parties notified of test conclusion	X		
F.3.0 Antifreeze solution tested and freezing point determined			X	F.8.0 ALARM PANEL CLEAR	X		
F.3.1 Antifreeze solution freezing point _____ °F				F.9.0 SYSTEM RETURNED TO SERVICE	X		
F.3.2 Antifreeze solution freezing point after adjustment _____ °F				F.10.0 COMMENTS:			
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	X						
F.4.1 PIVs opened until spring or torsion felt in rod	X						
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	X						
F.4.3 Main drain test conducted (see F.2.0)	X						
F.5.0 Backflow prevention assembly forward flow test conducted			X				
F.5.1 System demand flow was achieved through the device			X				

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0 System in service before conducting maintenance	X			G.4.4 Time for supply pressure to return to normal <u>0</u> sec			
G.2.0 Pertinent parties notified before conducting maintenance	X			G.5.0 Pertinent parties notified after conclusion of maintenance	X		
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated		X		G.6.0 ALARM PANEL CLEAR	X		
G.3.1 Valve completely closed and reopened		X		G.7.0 SYSTEM RETURNED TO SERVICE	X		
G.4.0 Adequate drainage provided before flow testing	X			G.8.0 COMMENTS:			
G.4.1 Main drain test conducted	X						
G.4.2 Supply water gauge reading before flow (static) <u>55</u> psi							
G.4.3 Gauge reading during stable flow (residual) <u>45</u> psi							

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.)
 OWNER/DESIGNATED REP. INITIAL _____ DATE _____



MEININGER FIRE PROTECTION

Backflow Maintenance Form



Business/Building HASTINGS YRTC

Service Address 4200 W. 2ND ST HASTINGS

Contact Person _____ Phone Number _____

Annual Test
 DC RPP 4" Size AMES Manufacturer COLT 200 TC-1012 Model No. _____ Serial #

New Installation Replacement
 DC RPP _____ Size _____ Manufacturer _____ Model No. _____ Serial #

Domestic Containment Irrigation Fire Service Boiler Carbonator Other (Desc.) _____
 Swimming Pool Cooling Tower Water Cooled Ice Maker

Device Location _____

Check Valve #1	Check Valve #2	Pressure Relief Valve	PVB/SVB
INITIAL TEST			
Held at <u>1.8</u> PSID	Held at <u>2.6</u> PSID	Opened at _____ PSID	Air Inlet
Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did not open	Opened at _____ PSID
Cleaned	Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cleaned	Did not open
Replaced	Cleaned	Replaced	Check Valve
	#2 Shut Off		Held at _____ PSID
	Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Leaked
			Cleaned
			Replaced
FINAL TEST			
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve _____ PSID
_____ PSID	_____ PSID	Replaced _____ PSID	Air Inlet _____ PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability.

Questions Call 402-466-2616
 MEININGER FIRE PROTECTION
 2521 West L Street, Suite 5
 Lincoln, NE 68522

JIM STEFKOVICH MFP 9004 402-604-5003
 State Certified Technician (please print) Company Grade 6 Certificate No. Cell/Phone No.
Jim Stefkovich _____ _____ 12-11-22
 State Certified Technician (signature) Customer Signature Date of Test
MIDWEST 1221182 12-16-21
 Test Gauge Manufacturer Test Gauge Serial No. Date of Calibration

Comments _____



2521 West L St., Suite #5
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# _____
 Name of Inspected Property: HASTINGS YRTC
 Inspector Name: _____ Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System In service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 FDC obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken		X	
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm (other than vane type) tested and is operational	X		
C.2.1 Test conducted with inspector's test connection	X		
C.2.2 Test conducted with bypass connection (freezing weather)		X	
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Adequate drainage provided before flow testing	X		
C.3.1 A main drain test conducted downstream from backflow preventer	X		
C.3.2 A main drain test conducted downstream from pressure reducing valve		X	
C.3.3 Supply water gauge reading before flow (static)			45 psi
C.3.4 Gauge reading during stable flow (residual)			35 psi
C.3.5 Time for supply pressure to return to normal			0 sec
C.4.0 Pertinent parties notified of test conclusion	X		
C.5.0 ALARM PANEL CLEAR	X		
C.6.0 SYSTEM RETURNED TO SERVICE	X		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	X		
D.1.1 Pertinent parties notified before testing	X		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X		
D.2.1 Signal restored only when valve returned to normal position	X		
D.3.0 Adequate drainage provided before flow testing	X		
D.3.1 Main drain test conducted	X		
D.3.2 Supply water gauge reading before flow (static)			45 psi
D.3.3 Gauge reading during stable flow (residual)			35 psi
D.3.4 Time for supply pressure to return to normal			0 sec
D.4.0 Pertinent parties notified of test conclusion	X		
D.5.0 ALARM PANEL CLEAR	X		
D.6.0 SYSTEM RETURNED TO SERVICE	X		
D.7.0 COMMENTS:			

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE _____



Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# _____
 Name of Inspected Property: HASTINGS YRTC
 Inspector Name: JIM Date: 10-11-22
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
E.1.0 System in service on inspection	X		
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	X		
E.3.0 Piping appears free of mechanical damage	X		
E.3.1 Piping appears free of leakage	X		
E.3.2 Piping appears free of corrosion	X		
E.3.3 Piping appears properly aligned	X		
E.3.4 Piping appears free of external loading	X		
E.4.0 Sprinklers appear free of leakage	X		
E.4.1 Sprinklers appear free of corrosion	X		
E.4.2 Sprinklers appear free of foreign materials	X		
E.4.3 Sprinklers appear free of paint	X		
E.4.4 Sprinklers appear free of physical damage	X		
E.4.5 Sprinklers appear properly oriented	X		
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	X		
E.4.7 Glass bulbs appear full of liquid	X		
E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	X		
E.4.9 Spare sprinklers stored where temperature maximum is 100°F	X		
E.4.10 Wrench available for each type of sprinkler	X		
PRIOR TO FREEZING WEATHER:			
E.5.0 Building is secure such as not to expose piping to freezing conditions	X		
E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	X		
E.6.0 ALARM PANEL CLEAR	X		
E.7.0 COMMENTS:			

Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
F.1.0 System in service before testing	X		
F.1.1 Pertinent parties notified before testing	X		
F.1.2 Adequate drainage provided before flow testing	X		
F.2.0 Main drain test conducted	X		
F.2.1 Supply water gauge reading before flow (static)			45 psi
F.2.2 Gauge reading during stable flow (residual)			35 psi
F.2.3 Time for supply pressure to return to normal			0 sec
F.3.0 Antifreeze solution tested and freezing point determined		X	
F.3.1 Antifreeze solution freezing point			°F
F.3.2 Antifreeze solution freezing point after adjustment			°F
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	X		
F.4.1 PIVs opened until spring or torsion felt in rod	X		
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	X		
F.4.3 Main drain test conducted (see F.2.0)	X		
F.5.0 Backflow prevention assembly forward flow test conducted		X	
F.5.1 System demand flow was achieved through the device		X	
F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)			X
F.5.3 Forward flow test conducted without measuring flow (device $\leq 2\text{''}$ and outlet sized to flow system demand)	X		
F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)			X
F.5.5 Forward flow test satisfied by annual fire pump flow test			X
F.5.6 Backflow preventer performance test conducted as required by the AHJ	X		
F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve			X
F.7.0 Pertinent parties notified of test conclusion	X		
F.8.0 ALARM PANEL CLEAR	X		
F.9.0 SYSTEM RETURNED TO SERVICE	X		
F.10.0 COMMENTS:			

Annual Maintenance for Wet Pipe Sprinkler Systems			
	Y	N/A	N
G.1.0 System in service before conducting maintenance	X		
G.2.0 Pertinent parties notified before conducting maintenance	X		
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated			X
G.3.1 Valve completely closed and reopened			X
G.4.0 Adequate drainage provided before flow testing	X		
G.4.1 Main drain test conducted	X		
G.4.2 Supply water gauge reading before flow (static)			45 psi
G.4.3 Gauge reading during stable flow (residual)			35 psi
G.4.4 Time for supply pressure to return to normal			0 sec
G.5.0 Pertinent parties notified after conclusion of maintenance	X		
G.6.0 ALARM PANEL CLEAR	X		
G.7.0 SYSTEM RETURNED TO SERVICE	X		
G.8.0 COMMENTS:			

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE _____

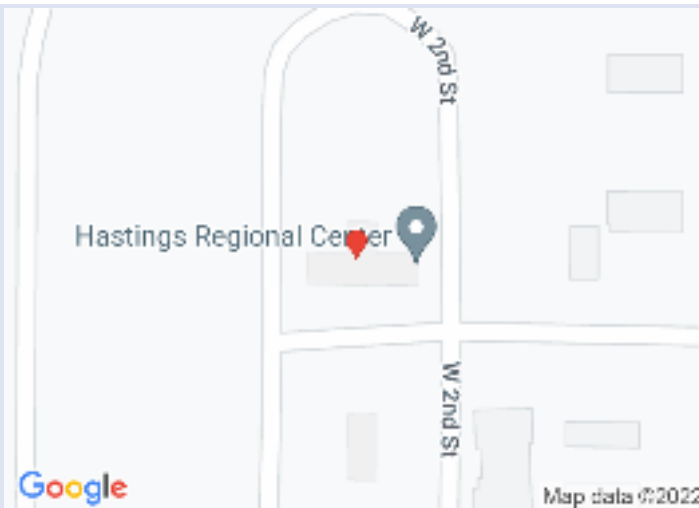
Attachment 49

YRTC-Hastings Alarm Inspection

Inspection Report

Presented To
Hastings Youth Treatment Facility

For
Program Building
4200 W 2nd St
Hastings, NE 68901



**This site has been inspected
and tested in compliance
with applicable standards.**

Completed:
Tuesday, October 11, 2022

Tested By:
Lucas Canfield
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Scan Code to Access
Nspec Cloud Portal



Inspection Information

CUSTOMER INFORMATION

Name:	Hastings Youth Treatment Facility	Address:	4200 W 2nd St
City:	Hastings	State:	NE
ZIP:	68901	AR#:	1001896

BUILDING INFORMATION

Name:	Program Building	Occupancy Type:	Not determined
Address:	4200 W 2nd St	City:	Hastings
State:	NE	ZIP:	68901
AR#:	1001896		

COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	53	53 (100%)	53 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	6	6 (100%)	6 (100%)	0 (0%)

Grand Island Fire Alarm - NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman
Operations Manager
308-389-3981
gary.hesman@mw-as.com

Tested By:



Lucas Canfield
Midwest Alarm Services
3630 W Old Hwy 30
Grand Island, NE 68803

Control Unit

Location

Location

Front Entrance

Specification

Type/Make/Model

Notifier / NFS2-3030D

Software Firmware

Revision Number

-

Onsite Location Of Documentation

-

Primary Power

Nominal Voltage

120v

Amps

-

Overcurrent Protection

Type

-

Amps

-

Location

-

Disconnecting Means Location

-

Visual/ Functional

Control Unit

Tested functionally

Lamps/LEDs/LCDs

Tested functionally

Fuses

Tested functionally

Trouble Signal

Tested functionally

Disconnect Switch

Tested functionally

Ground-Fault Monitoring

Tested functionally

Batteries

Battery Date

07/22/2019

Battery Type

Lead Acid

Nominal Voltage

27.2v

Amps/Hour Rating

18ah

Standby Mode (hrs)

-

Alarm Mode (mins)

-

Visual/ Functional

Load Voltage

Tested functionally

Charge Test

Tested functionally

Discharge Test

Tested functionally

Battery Condition

Tested functionally

Result

■ Passed

Communicator

Location

Location

-

Specification

Type/Make/Model

DMP

Type

Type

Dialer

Result

■ Passed

Supervising Station Monitoring

Location

Location
-

Specification

Type/Make/Model
-

Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Supervisory Signal	Supervisory Restoration		
Tested functionally	Tested functionally		

Result

■ Passed

Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
W. Entry over FACP / L1D1	Smoke Detector / Notifier	Tested functionally	■ Passed	-

Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Low Air Mechanical Room / L1M1	Sprinkler Pressure Switch / Notifier	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dry Flow / L1M3	Sprinkler Pressure Switch / Notifier	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dry Tamper Back Flow / L1M2	Tamper Switch / Notifier	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sprinkler Tamper / L1M3	Tamper Switch / Notifier	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sprinkler Wet Flow / L1M4	Water Flow / Notifier	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Kitchen Hood System / L1M5	Monitor Module / Notifier	Tested visually	■ Passed	-

Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Outside Storage 144	Strobe / System Sensor / SWL	Tested functionally	■ Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Kitchen 138	Strobe / System Sensor / SWL	Tested functionally	■ Passed	-

Location	Specification	New Section	Result	Notes
Location By Restroom 139	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Kitchen 138	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Kitchen 138	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Cafeteria 136	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Cafeteria 136	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Small Meeting Room 118	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location PVX 115	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Small Meeting Room 114	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Medium Meeting 119	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Small Meeting 117	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Small Meeting Room 117	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Sleeping Unit 104A	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Visitor Meeting 116	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Small Meeting 113	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Visitor Meeting 110	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Sleeping Unit 104A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Intake Health 103	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -

Location	Specification	New Section	Result	Notes
Location Restroom 112	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 111	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Exam 104B	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 105	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 106	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Restroom 106	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Admin Work 109A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Admin Break109B	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Waiting 108A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Art 120	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Waiting 108A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Waiting 108A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Waiting 108A	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Art 120	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Study 121	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Classroom 132	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -

Location	Specification	New Section	Result	Notes
Location Classroom 131	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Restroom 122	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 122	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside Restroom 123	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Corridor 134	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Classroom 133	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Classroom 130	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Library 126	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 123	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Corridor 134	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 124	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 124	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Restroom 125	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Oasis 133B	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Osis 130 B	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside IT Data 128	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ■ Passed	Number -
Location Outside on West Side of building	Type/Make/Model Horn/Strobe / System Sensor	Visual / Functional Tested functionally	Result ■ Passed	Number -

Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



Tech connected. Lives protected.

Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

Life Safety Solutions Experts Since 1950

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

www.midwestalarmservices.com

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

Lucas Canfield

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

Attachment 50

YRTC-Hastings 2021 PREA Audit

PREA Facility Audit Report: Final

Name of Facility: Youth Rehabilitation and Treatment Center Hastings

Facility Type: Juvenile

Date Interim Report Submitted: 12/06/2021

Date Final Report Submitted: 03/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Candace L Snyder	Date of Signature: 03/29/2022

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	Snyder@gwtc.net
Start Date of On-Site Audit:	10/21/2021
End Date of On-Site Audit:	10/22/2021

FACILITY INFORMATION	
Facility name:	Youth Rehabilitation and Treatment Center Hastings
Facility physical address:	4200 West 2nd Street , Hastings , Nebraska - 68901
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Fred Boon
Email Address:	fred.boon@nebraska.gov
Telephone Number:	308-293-8523

Superintendent/Director/Administrator	
Name:	Camella Jacobe
Email Address:	camella.jacobe@nebraska.gov
Telephone Number:	402-759-1252

Facility PREA Compliance Manager	
Name:	Fred Boon
Email Address:	fred.boon@nebraska.gov
Telephone Number:	O: (308) 293-8523

Facility Health Service Administrator On-Site	
Name:	Joni Suhr
Email Address:	joni.suhr@nebraska.gov
Telephone Number:	308-991-2070

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	11
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	14 to 18
Facility security levels/resident custody levels:	Highest level of care for juvenile females in DHHS-OJS
Number of staff currently employed at the facility who may have contact with residents:	71
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

AGENCY INFORMATION	
Name of agency:	Nebraska Department of Health and Human Services
Governing authority or parent agency (if applicable):	
Physical Address:	301 Centennial Mall S, Lincoln, Nebraska - 68509
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Shaylee Fortner	Email Address:	shaylee.fortner@nebraska.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-21
2. End date of the onsite portion of the audit:	2021-10-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	NE Child Protective Services hotline. Family Advocacy Network director.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	8
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	I identified the populations to be interviewed by reviewing each youth's screening. It is recommended that the facility track these groups. A larger population would have required a significant amount of time to read all screenings.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	71
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no contractors or volunteers present while I was on-site.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	I interviewed all residents at the facility as the population was 11 and 10 are required.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all residents due to the low number.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	No text provided.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing interviews or to ensuring representation as all residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated they were no residents with a physical disability. I interviewed all residents and reviewed all screenings which corroborated that there were no residents in this category.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No text provided.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated there were no youth who are blind or are visually impaired. There are a few youth who have no vision disability when they wear their glasses. I interviewed all residents and reviewed all screenings which corroborated that there were no residents in this category to be interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated there were no youth who are deaf or hard of hearing. I interviewed all residents and reviewed all screenings which corroborated that there were no residents in this category to be interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated there were no youth who are Limited English Proficient (LEP). I interviewed all residents and reviewed all screenings which corroborated that there were no LEP residents to be interviewed.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No text provided.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated there were no youth who identify as transgender or intersex. I interviewed all residents and reviewed all screenings which corroborated that there were no residents in this category to be interviewed.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed administrative staff at the beginning of the on-site portion of the audit. They stated there were no youth who are or who have been placed into isolation for risk of sexual victimization. I conducted a facility tour and interviewed all residents and interviewed staff. I determined there were no residents in this category to be interviewed.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were no barriers to completing interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers to completing staff interviews or to ensuring representation.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

Was the site review an active, inquiring process that included the following:

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
--	--

a. Explain why the site review did not include testing and/or observing all critical functions in the facility:	There were no intakes during my time on-site to observe. I did review documentation, interview administrators, intake staff and the youth regarding the intake process.
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The facility was extremely cooperative and granted complete access to all areas of the facility. They allowed me to observe any function or to freely ask questions of any person on campus.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	I was given complete access to all documents. I reviewed all investigative files, a sampling of personnel files, all youth screening and education documents. In all instances I either asked for all of the documents or a large sample size. If a sample size was used for documentation, I solely chose the sample randomly. They were very quick to provide all documentation requested.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	4	2	2	2
Total	13	2	11	2

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	0	0
Total	2	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	7
Staff-on-inmate sexual abuse	2	1	1	0
Total	2	1	3	7

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	2
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	2	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	13
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>This facility opened in April 2021. I reviewed investigative files from April 2021 to October 2021.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 434">The YRTC-Hastings has a well-written PREA policy. The policy is titled Operational Memorandum 115.17.5 Prevention, Detection, Reporting, Staff Response, & Investigation of Abuse, Neglect, Sexual Harassment, Sexual Abuse/Assault. This policy will be referred throughout this report as the PREA policy. The PREA policy mandates zero-tolerance and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor observed that the procedures for following the standards were being met through directive and standard operating procedure.</p> <p data-bbox="229 434 1509 804">The OJS has a dedicated compliance team that includes the Compliance Manager who is the agency level PREA Coordinator and multiple Compliance Specialists that are filling the role as PREA Compliance Manager at the YRTC-Hastings facility. Samantha Mooney has been the Compliance Specialist, but she has been working part time at another DHHS facility and will be moving to the other facility full time. Ralph Healey and Fred Boon have been alternating the duty for YRTC-Hastings and will continue this process once Samantha Mooney has fully moved to the other facility. This has caused a bit of instability for this newly opened facility, but it appears they are beginning to find their balance. The compliance team reports outside of the facilities' chains of command and reports directly to the OJS Administrator. This team as well as facility staff work to ensure that compliance with every standard in both policy and procedure is maintained. The team has the authority to develop, implement and oversee the efforts and has the complete support of both the agency administrator and the facility administrator.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not contract for the confinement of its residents with other private agencies/entities.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

YRTC-Hastings has a documented staffing plan that is updated annually. In addition, they provided documents to demonstrate to the auditor their thought process in compiling their staffing plan. A thorough assessment of camera coverage was completed in 2021 with cameras added to many key areas.

This facility attempts to maintain a higher staffing ratio than the 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours mandated by PREA. The administration's ideal staffing level is 1:4 during waking hours and 1:8 during sleeping hours. Although the PREA staffing ratio is always maintained, the facility is only able to maintain their preferred staffing ratio through the use of mandatory overtime or utilizing staff outside of their normal duty position. There have been no documented incidents of falling below either the PREA standards ratio or the facility preferred ratio.

Each living unit is assigned a Living Unit Manager responsible for supervising their building. 11 Youth Security Specialists II (YSSII) and a Case Managers (CM) are direct reports of the Living Unit Manager. The Living Unit Manager will occasionally be responsible for the direct supervision and care of the youth. In addition to the Unit Manger, the Youth Security Specialists II and the Case Managers, there are 11 Youth Security Supervisors (YSS). The YSS is a supervisory position that focuses on safety and security for the campus. There are four (4) YSS assigned to 1st shift, three (3) YSS assigned to 2nd shift and three (3) YSS assigned to 3rd shift. There is a minimum of one (1) YSS during sleeping hours, not responsible for any particular unit, but rather responsible for the staff supervising those units. They patrol the campus to ensure safety and security of the facility and serve as the administration's designees in emergency situations. They, at times, may be responsible for direct supervision and care of the youth. Depending on the programming occurring there are also therapists and teachers on staff.

The PREA policy requires intermediate- and higher-level staff to conduct and document unannounced rounds. This duty is completed by both administrators/department heads. The auditor reviewed the log and noted unannounced rounds conducted by the Facility Administrator, the PREA Coordinator, the interim Program Manager and the and by the Youth Security Supervisors. A review of checks confirm that administrators and the Youth Security Supervisors complete these rounds. Rounds are documented in the unannounced rounds logbook and in the Shift Report section of the Morning Report. The auditor verified this by reviewing documentation and through interviews. Department heads stated during interviews that they have unannounced rounds assigned for a week at a time every eight to ten weeks. They go through every unit and interact with the youth during their walk-through.

In reviewing investigative files and interviewing youth, the auditor concluded that although there are adequate staff on duty for appropriate supervision, the activities of the youth reported during the incidents indicate that the staff on shift were not properly or directly supervising the youth. Proper supervision requires that not only are the staff present, but they are situationally aware and attuned to what each youth under their care is doing. If youth behavior is inappropriate, they need to immediately halt the behavior and if the behavior continues ensure that consequences are issued. Some of the incidents should never have occurred had the youth been actively supervised. Using camera coverage to verify an incident after-the-fact is not a beneficial strategy. Prevention should be the first strategy used. In addition, all staff should be aware that they are never to be in a one-on-one situation with a youth off camera. The average daily population has been 12. At the time of the on-site portion of the audit there were 11 with the youth split between Unit A with six (6) youth and Unit B five (5) youth. These are very manageable numbers to maintain constant supervision.

CORRECTIVE ACTION: To meet this standard the auditor required a period of monitoring in which the direct care staff are better coached in the proper techniques of youth supervision and more actively monitored by administrators. The auditor participated in phone conferences with the facility administrator every two weeks during the corrective action period. During these meetings we discussed their new strategies for better supervision. We discussed staff coaching, unannounced rounds and incident reports, if any, from the previous two weeks. During the monitoring period the administrators enacted several key supervision tactics to help alleviate incidents within their facility. They put in place a new compliance manager, placed youth who were having behavioral concerns on boundary plans, separated youth who were having boundary issues into different sleeping rooms, and assigned a one-to-one staff ratio for youth who continued with poor behavior. They monitored staff interactions closely and required that Unit Managers and Compliance staff review camera coverage frequently, review the logbook and actively coach staff when poor supervision was witnessed. Toward the end of the corrective action period the administrator stated staff were doing a better job at redirecting behavior and being more diligent in directly supervising youth and holding them accountable. Staff were understanding that they cannot let things go because these can turn into larger problems if left unaddressed. There were no incidents reported in December to mid-January (the last monitoring call was on January 14, 2022).

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 510">The facility does not conduct cross-gender pat-down searches except in exigent circumstances. The agency trains security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Staff at YRTC-Hastings are instructed to conduct all searches with the back of their hands and in a manner that is respectful of all residents. The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="229 510 1509 804">The YRTC-Hastings has policies and procedures that enable residents to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing them in a state of undress except in exigent circumstances or when such viewing is incidental to routine cell checks. If during a routine cell check a youth is seen in a state of undress, an entry is made in the exigent circumstance log. Each resident hall has a private restroom that includes a shower, toilet, and sink. The restrooms are single-occupant restrooms for privacy. Male staff do not supervise the resident hall during shower times when a female youth might be in a state of undress. Male staff announce their presence prior to entering the resident hall. The auditor noted the announcement was made during the tour of the facility. The youth and staff indicated during interviews that these announcements are made consistently.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 647">The YRTC-Hastings uses both a contracted telephonic interpretation service, the Language Line, and a list of state contracted interpreters for youth who may not speak English or speak through Sign Language. The facility does not use residents to interpret for other residents. All staff are instructed in the procedures for assisting youth who may need additional assistance. Staff sign a verification form that they understand these procedures. Staff acknowledged these procedures during the interviews. Staff work with youth who have either visual impairments or reading and comprehension issues by verbally reviewing the material. The agency takes appropriate steps to ensure residents with disabilities (for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy states the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's personnel files are maintained on-line. The Human Resources staff brought up employee files for the auditor to review electronically. The facility has performed background checks at the time of employment of new hires. The auditor reviewed personnel files to confirm the background checks were completed as per the standard. YRTC-Hastings performs Child Abuse and Neglect Registry checks at the time of employment. They have a form asking the questions regarding sexual misconduct that is completed upon hiring and during the annual review process. The continuing duty to report is outlined in policy and all staff are required to sign that they have read and understood the policy. The facility conducts the required checks with former institutional employees regarding sexual misconduct while employed.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 264">Auditor Discussion</p> <p data-bbox="231 264 1508 483">The facility opened in April 2021 following the completion of new construction on several of the buildings. The facility is well designed, and facility staff will continue to review for blind spots or changes to the facility through their incident review and annual review process. There are cameras in all key areas and badge readers to enter the resident hallway for access to bedrooms and showers. Video retention is up to 90 days which enhances investigation efforts. Mirrors are located in areas where visibility may be impaired. Administration staff are continuously modifying and upgrading when the need dictates or when discovered during physical inspections of the campus.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 416">As soon as sexual abuse is reported the protocol is to call the Child Protective Services hotline and/or the Nebraska State Police. Both of these agencies use the Family Advocacy Network (FAN) in Hastings to advocate and assist youth who have been sexually assaulted. The staff take direction from the State Police and the FAN on when and where to transport sexual assault victims for a forensic examination. Typically, they will be transported to FAN or to Mary Lanning Healthcare.</p> <p data-bbox="229 416 1508 539">The facility has a Memorandum of Understanding (MOU) with the FAN who provide counseling to survivors of sexual abuse and provide accompaniments to the hospital, during interviews and throughout the investigative and criminal proceedings process.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 479">The policy and procedures are in place to always notify the facility investigators (which are members of the compliance team) for every incident of sexual abuse or sexual harassment. PREA policy 115.17.5 then specifically states that the YRTC-Hastings will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to the Nebraska State Police that involves potentially criminal behavior. Allegations that are not criminal are investigated by trained investigators at the facility. The PREA policy (which includes Section V. Investigation – Criminal & Administrative) is posted on their website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx.</p> <p data-bbox="229 479 1509 591">In reviewing investigative files, the auditor reviewed one case that was administratively investigated. However, the case involved potentially criminal behavior and should have been turned over to the Nebraska State Patrol for investigation as per the YRTC-Hastings' Investigation policy.</p> <p data-bbox="229 591 1509 763">CORRECTIVE ACTION: The auditor required that a case with potentially criminal behavior be turned over to the Nebraska State Patrol for investigation as per the YRTC-Hastings Investigation policy. On November 16, 2021, the PREA Coordinator provided the auditor documentation verifying that the YRTC-Hastings Compliance Specialist reported the incident to the Nebraska State Patrol on October 27, 2021, for investigation.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The YRTC-Hastings provides PREA training to all staff both at the time of hire and annually thereafter. The training is based on training resources that the compliance team has compiled from the PREA Resource Center website. The auditor reviewed the training material to include PowerPoint presentations, reviewed the training forms with staff signatures and interviewed staff about the training they received.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>YRTC-Hastings utilizes Youth for Christ mentors from the University of Nebraska Kearney and the University of Nebraska Lincoln. All volunteers receive PREA training and background checks. Their interaction with youth is always staff monitored. Due to Covid-19 use of volunteers has been limited. The auditor reviewed their volunteer and contractor training materials. Compliance staff provide the training and the contractors/volunteers are required to sign training acknowledgment forms.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 591">The facility provides information to residents upon intake. This training covers the YRTC-Hastings's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility verbally goes over written orientation information with the youth, provides a PREA pamphlet and then has the youth sign the form when complete. Youth are required to complete the video training and the PREA comic book End the Silence from the Washington College of Law within 10 days. However, of the eleven (11) youth housed at YRTC-Hastings at the time of the audit there was only documentation of three (3) youth receiving the more comprehensive information within the required ten days. The documentation showed that the comprehensive training was overdue by five to seven days for four (4) youth; the documentation was blank regarding the comprehensive training for two (2) youth and there was no documentation provided for two (2) youth.</p> <p data-bbox="229 591 1509 815">Their training includes their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding the YRTC-Hastings' policies and procedures for responding to such incidents. Youth sign acknowledgment forms that they have received the training. This information is continuously and readily available through posters throughout the facility as well as in the handbook. The Family Advocacy Network (FAN) number is on the bulletin board near the phone. The auditor reviewed documentation for both the initial training done at intake and comprehensive training.</p> <p data-bbox="229 815 1509 994">CORRECTIVE ACTION: The auditor required documented evidence of training for all youth admitted into the program during the corrective action period. On January 19, 2022, the facility provided youth training records for all youth admitted during the corrective action period. The training documentation appropriately reflected both the initial training on the zero-tolerance policy and how to report that is given during the intake process and more comprehensive training provided within 10 days of arrival.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All members of the compliance team are trained investigators and have received specialized training as a facility investigator by a staff member who has attended the PREA Resource Center's Train the Trainer course in investigations. In addition, most of the compliance team have also completed the Reid Technique of Investigative Interviewing and Advanced Interrogation. The auditor interviewed two of the investigators and found them to be well trained. They stated specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The YRTC-Hastings provided the auditor with documentation of the investigator training completed.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through interviews with medical and mental health staff it is apparent they are knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed the training curriculum and training signature sheets.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 501">The auditor reviewed policy, the screening tool that the YRTC-Hastings uses and interviewed screening staff. The facility maintains and uses information about each resident's personal history and behavior to assist in reducing the risk of sexual abuse by or upon a resident. The screening is objective and assigns points or use a specific number of questions to assign an outcome to provide an outcome of low, moderate, or high risk in either the potential for victimization and/or perpetration. Only limited staff have access to the risk screening form. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well-being of youth.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 680">Youth are housed in individual rooms at the YRTC-Hastings. Interviews indicate that a transgender or intersex resident's own view with respect to his or her own safety would be given serious consideration on how they are placed. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. YRTC-Hastings makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Youth who identify as transgender or are intersex shower separately as do all youth at YRTC-Hastings. The facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's housing placement rather than using isolation as a means for protecting the resident's safety. If residents are placed on safekeeping/isolation, it is used as a last resort when least restrictive measures cannot keep a resident safe.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 636">YRTC-Hastings provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to staff including medical and mental health staff or write a grievance. They also can speak with the Administrator or any member of the compliance team by making a request at any time. They have regular contact with their family, probation, attorney or Children and Family Services case worker. They can call externally to the Child Abuse & Neglect Hotline provided by the Nebraska Department of Health and Human Services Children and Family Services. This number is available on posters posted in the dayroom near the telephone and in the handbook. The auditor placed a call within the housing unit to the abuse hotline and spoke with a staff worker who walked through the process if a youth calls to report abuse. The call was free and did not require a PIN. Youth are always able to request staff to place a call to the hotline on their behalf. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 465">Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment, but it does not have to be reported by that method. Grievance boxes are located in the housing areas. These boxes are check by compliance daily.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The YRTC-Hastings has an MOU with the Family Advocacy Network (FAN) for crisis support services. The FAN contact information is posted on their bulletin board near the phones. The YRTC-Hastings provides youth with reasonable and confidential access to their attorneys and parents. In addition, youth reported that they had contact with their families regularly.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has posted publicly on their website at http://dhhs.ne.gov/Pages/YRTC-Reports.aspx the YRTC-Hastings Parent Handbook which includes a paragraph about how to report to the Child Abuse & Neglect Hotline. Also, the opening webpage for Youth Rehabilitation has in bold, large print and outlined in red the Child Abuse and Neglect Hotline Number.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 365">The YRTC-Hastings requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="242 398 1468 490">Apart from reporting to designated supervisors or officials and the abuse and neglect hotline, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 521 1474 680">Medical staff are required to report sexual abuse to designated supervisors and officials as well as to the Department of Health and Human Services Children and Family Services Child Abuse and Neglect hotline. Such practitioners are required to inform the residents at the initiation of services of their duty to report and the limitation of confidentiality. There is also a sign posted in the medical offices that informs youth that if they tell medical staff they were hurt by anyone or themselves they must report it.</p> <p data-bbox="242 712 1474 837">The staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to designated investigators. Upon receiving any allegation of sexual abuse, the Administrator or designee promptly reports the allegation to the Department of Health and Human Services Children and Family Services Child Abuse and Neglect hotline and to parents or the legal guardian.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through a review of policy, interviews with the Administrator and random staff, the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through interviews with the OJS Administrator, the facility administrator, and the PREA Coordinator there are procedures in place to appropriately act upon receiving an allegation of sexual abuse of a resident while at another facility with such action initiated no later than 72 hours and actions documented. They stated that this notification must be from Administrator to Administrator. There have been no instances of these allegations received regarding abuse at other facilities.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	YRTC-Hastings staff were well versed in first responder duties and were aware of all elements of this standard (separate alleged victim/abuser, preservation, and protection of crime scene, to include collection of physical evidence as soon as possible by law enforcement or the SANE nurse, including the request of the victim not to take any actions which could destroy any physical evidence). A review of policy as well as interviews with random staff confirmed knowledge of these procedures.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1477 465">The facility has a coordinated response plan in their PREA policy. The policy outlines the coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, facility leadership and the external responders. Staff always call or assist the youth in calling the Abuse and Neglect Hotline. The Children and Families staff's response are coordinated between the Nebraska State Police and the Family Advocacy Network. Staff interviews and interviews with the Administrator and the PREA Coordinator indicate staff are aware of their responsibilities to coordinate responses within the facility.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The staff are represented by collective bargaining agreements. However, after a review of the agreement and interviewing administrators there are no barriers preventing the Administrator from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 512">The facility has a PREA policy that includes measures to protect against retaliation. Case Managers are assigned to monitor for retaliation for youth and Unit Managers are assigned to monitor for retaliation against staff. Should any person who cooperates with a sexual misconduct investigation express fear of retaliation appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. The monitoring is documented for up to 90-days or longer if needed on the Protection Against Retaliation form and an electronic copy is kept which includes the date, time and monitoring comments.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The YRTC-Hastings has no special management unit. If a youth needs to be segregated from others they are put on room confinement. The facility typically does not use room confinement of residents as a means to keep them safe from sexual misconduct. Youth have individual sleeping rooms. When not in their rooms, youth are to be always in the direct supervision of staff. Adequate precautions can be taken such as keeping the youth in more close proximity of staff or separate the youth by giving them different housing assignments to keep them safe. It would be a very rare circumstance to use room confinement – possibly while they were keeping two youth separate while they investigated the facts.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 582">The auditor reviewed agency investigative files. The facility had multiple incidents of youth violating the no-touch policy and making one-time comments of a sexual nature. There was one investigation of staff misconduct that was investigated administratively although it involved potentially criminal behavior and should have been turned over to the Nebraska State Patrol for investigation as per the YRTC-Hastings' Investigation policy. Refer to the standard 115.322 regarding corrective action required for this incident. All other incidents were properly investigated as outlined by agency policy and PREA standards and appropriate consequences were issued following the investigations. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports that include physical/testimonial evidence. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The YRTC-Hastings uses no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment. The auditor determined this through a review of policy, interviews and a review of investigatory files.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility documented their outcome of the investigation reported to the resident on their investigatory documents. Their investigation forms have a form that documents their notification to residents as to whether the allegation was substantiated, unsubstantiated or unfounded and also requires that the resident sign the form.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor interviewed staff and investigators and reviewed PREA policy. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement, unless the activity was clearly not criminal. There have been two cases of staff sexual misconduct reported for this program, one was while the program was temporarily housed on another campus and another at this campus. Both cases are still under investigation.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Any contractor or volunteer who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1508 257">Auditor Discussion</p> <p data-bbox="229 257 1508 548">The auditor reviewed policy, screening documents and conducted interviews to verify compliance with this policy. If the screening tool indicates there was previous sexual abuse victimization or perpetration, there are documentation areas on the youth screening form to document this. If the youth does want to meet with a medical provider or mental health professional the follow-up care will be documented within the medical record or therapists' records. Residents are notified that if they report prior sexual victimization even incidents that did not occur in an institutional setting and they are under 18 years of age, they must notify Department of Health and Human Services Children and Family Services Child Abuse & Neglect Hotline. The medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting if the resident is 18.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1508 257">Auditor Discussion</p> <p data-bbox="229 257 1508 584">The facility provides access to emergency medical and mental health services. In the event services after hours are not available by the facility medical health staff, residents would be taken to the Mary Lanning Healthcare Center. The facility health services staff work in coordination with the Mary Lanning Healthcare Center to ensure that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Nebraska has a state law (Neb. Rev. Stat. §81-1429.03) which requires that the full out-of-pocket cost or expense that may be charged to a sexual assault victim in connection with a forensic medical examination are to be paid from the Sexual Assault Payment Program Cash Fund. This program is administered by the Nebraska Department of Justice. These services have not been used since the facility opened.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1493 465">The facility requires that medical and mental health evaluations and treatment be offered at no cost to sexual abuse victims and abusers. If the youth is taken to the hospital, they would follow any recommendations made by hospital staff or provide any services needed that were not provided by the hospital. The nurse and the Director of Clinical programming stated that in many instances mental health services are provided on-site by their mental health professionals. If a youth is taken to the hospital, tests for sexually transmitted infections and pregnancy tests will be offered there by the SANE, but they also have standing orders for those if for some reason they were not done at the hospital.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility conducts incident reviews as outlined within their PREA policy. They conduct formal sexual abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. This review includes upper-level staff, supervisors, investigators, and medical staff. The auditor verified this through interviews, a review of policy and a review of investigatory files with documented incident reviews when required by the standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. Aggregate annual data is available and was provided to the auditor. The facility has provided this information to the Department of Justice through the Survey of Sexual Victimization.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has completed an annual review of data and prepared an annual report. This review reports findings and corrective actions as well as other Agency reports and Agency efforts at other facilities in addressing sexual abuse. The 2020 review is posted on the agency's website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Agency posts PREA related data on the Agency's website https://dhhs.ne.gov/Pages/YRTC-Reports.aspx . Data collected is retained via limited access and through a secure server for at least ten (10) years.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 674">The state previously had a girls program in Geneva, Nebraska and was known as YRTC-Geneva and was audited in 2015 and again in 2018. That facility closed in August 2019. The YRTC-Hastings facility opened in April 2021 with a new facility and new staff. This is considered this facility's first audit. This agency operates three juvenile facilities. All facilities are audited every three years. Audits are posted on the agency website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx. The auditor had complete access to the facility and was able to observe all areas of the facility. The auditor was provided numerous documents, viewed camera systems, and interviewed residents and staff from all shifts. The YRTC-Hastings staff provided private accommodations to conduct interviews, made adjustments to routines and staff schedules and allowed after-hours access to the auditor. The staff were very professional throughout the audit. The auditor notices were posted throughout the facility and the facility provided a dated photograph to verify that the notice was posted six weeks in advance of the audit. The auditor did not receive any confidential communication from residents at this facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the first audit for this program. The agency's previous audits for other facilities are published on their website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.333 (c)	Resident education	
	Have all residents received such education?	no
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

Attachment 51

YRTC-Hastings 2022 ACA Audit

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE INITIAL AUDIT

State of Nebraska
Youth Rehabilitation and Treatment Center- Hastings
Hastings, NE

June 29-July 1, 2022

VISITING COMMITTEE MEMBERS

Ernest Umunna, Chairperson
ACA Auditor

William Gallaher
ACA Auditor

A. Introduction

The initial audit of the Youth Rehabilitation and Treatment Center-Hastings (YRTC-H) Lincoln, Nebraska was conducted on June 29-July 1, 2022, and utilizing the American Correctional Association (ACA) Standards for Juvenile Correctional Facilities, 4th Edition, 2016 Standard Supplement. The following team conducted the audit: Ernest Umunna, Chairman and William Gallaher, Member.

B. Facility Demographics

Rated Capacity:	20
Actual Population:	11 (11 females)
Average Daily Population for the last 12 months:	11
Average Length of Stay:	230 days or 7.56 months
Security/Custody Level:	Medium/Residential
Age Range of Offenders:	14 years – 18 years
Gender:	Female
Full-Time Staff:	79
✓ Administrative Support-5	
✓ Direct Care-44	
✓ Program Support-30	

C. Facility Description



The Hastings Regional Center (HRC) was established in 1889, located two miles west of the town of Hastings. It was originally known as the Nebraska Asylum for the Incurably Insane. The first patients arrived from the Lincoln State Hospital on August 1, 1889. The original building housed psychiatric adult patients. In 1895, the name was changed to The Nebraska Asylum for the Chronic Insane. In 1905, a post office was established on the grounds and was named Ingleside. The name was then changed to the Nebraska State Hospital. In 1915, the name was again changed to Ingleside Hospital for the Insane. In 1921, the name was changed back to the Hastings State Hospital and would continue to be known as that until 1969 when it was changed to the Hastings Regional Center.

The Hastings Youth Rehabilitation and Treatment Center (YRTC-H) is physically located at 4200 W 2nd Street, Hastings, NE 68901.

In 1999, 40 juveniles from the Youth Rehabilitation and Treatment Center (YRTC) – Kearney (K) were transferred to HRC to start the Hastings Juvenile Chemical Dependency Program. The program dealt with juveniles with substance abuse issues and behavioral issues.

On July 1, 2007, HHSS reorganized into the Department of Health and Human Services (DHHS). DHHS is the parent agency of nine 24-hour care facilities including three Regional Centers, three Veterans Homes, one Development Center, and two YRTC's.

In 2017, a master campus plan was made which authorized the building of three new buildings and renovating the Chapel and Administration Buildings. The buildings and renovations were completed in 2020.

On October 1, 2020, the Hastings Juvenile Chemical Dependency Program was moved to Whitehall Campus in Lincoln, Nebraska.

On April 12, 2021, HRC transitioned to a female youth facility Youth Rehabilitation and Treatment Center – Hastings (YRTC-H), housing female youth from YRTC-Kearney.

The rated capacity is 24. The facility reported “The ideal capacity is 20, given physical plant characteristics and a preference of single youth occupancy in each sleeping room, and a preference for sick bays.” The facility comprises Unit A (North Dorm) and Unit B (South Dorm). Each has A and B Pods with 12 single rooms each. The unit also features an ADA room and two sick bay rooms. There is one storm shelter for each unit.

The facility has identified four goals for the 2022 year:

- ✓ Youth Involvement in the Community
- ✓ Review and Revision of Operational Memorandums
- ✓ Organization and Clean-up of Computer Drives “I” & “S”
- ✓ Providing a Positive Culture

The mission of the YRTC-H is “To provide a program that has responded to juveniles in a sensitive, humane, and just manner and to create hope for juveniles to stay motivated to achieve their full potential by providing a safe and secure environment, programming, therapy, education/vocation, case management, and life skills which empower them to succeed”.

D. Pre-Audit Meeting

The team met on June 29, 2022, in Lincoln, NE, to discuss the information provided by the Association staff and the officials from the Youth Rehabilitation and Treatment Center-Hastings (YRTC-H), Hastings, NE. This is a back to back audit with the YRTC-L.

The chairperson divided standards into the following groups:

Standards #4-JCF-1A-01 through #4-JCF-3E-01, William Gallaher, Member
Standards #4-JCF-4A-01 through #4-JCF-6G-14, Ernest Umunna, Chairperson/Healthcare Member

E. The Audit Process

1. Transportation

Transportation from the airport was provided by Lucas Jones-Compliance Specialist (YRTC-Kearney, YRTC-Hastings), Fred Boon-Compliance Specialist (YRTC-Kearney) and Shaylee Fortner -Statewide Compliance Manager (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF).

The team was escorted to the facility by Lucas Jones-Compliance Specialist (YRTC-Kearney, YRTC-Hastings) and Fred Boon-Compliance Specialist (YRTC-Kearney) who also provided daily transportation.

2. Entrance Interview

The audit team proceeded to the office of Camella Jacobe, Facility Administrator. The team expressed the appreciation of the Association for the opportunity to be involved with the Youth Rehabilitation and Treatment Center-Hastings (YRTC-H) Hastings, NE in the accreditation process.

The audit team inquired of any issues or problems that will impact the audit process, such as COVID-19 precautions, Cohort and Quarantine Units, lockdowns, and if staffs and youth are aware of the audit review, and if any staff or youth have requested a meeting with the audit team.

In addition, the visiting committee team requested that privacy to be provided when a team member interviews a youth to allow the youth the privilege and self-assurance to speak freely.

Camella Jacobe, Facility Administrator. escorted the team to the cafeteria where the formal entry meeting was held.

The following persons were in attendance:

Lisa Buchta, Psychologist
Lisa Ferguson, Unit Manager
Jill Vavra, Human Resources Business Partner
Sara Thomas, Clinical Program Director
Amber Hughes, Advance Practice Registered Nurse
Fred Boon, Compliance Specialist
Lucas Jones, Compliance Specialist
Madison Drame, Program Manager
Shaylee Fortner, Statewide Compliance Manager
Brett Hopkins, Training Coordinator
Scott English, Superintendent
Mark LaBouchardiere, Juvenile Services Administrator
Camella Jacobe, Facility Administrator
Todd Lancaster, Youth Counselor I (Case Manager)
Lisa Stramel, Food Service Manager
James Orme, Food Service Director
Deb Houdek, Administrative Specialist
Bryce Blecha, Recreation Manager
Kristie Himmelberg, Registered Nurse Supervisor
Don Patten, Religious Coordinator
Corinne Jensen, Administrative Technician

The auditors introduced themselves and shared their background and experiences. It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

The team emphasized that the facility should expect a thorough, professional, and fair audit.

3. Facility Tour

The team toured the facility from 2:35 p.m. to 3:57 p.m. on Wednesday, June 29, 2022. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Lucas Jones, Compliance Specialist
Fred Boon, Compliance Specialist
Camella Jacobe, Facility Administrator
Madison Drame, Program Manager

Notices of the ACA audit were posted throughout the facility.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarize the findings regarding the quality of life.

Security:

The security (Youth Security Specialist-YSS) operates three 8-hour shifts, first shift from 6:00 a.m. to 2:00 p.m., second shift from 2:00 p.m. to 10:00 p.m. and third shift from 10:00 p.m. to 6:00 a.m.

The facility has three shifts, with three Youth Security Specialists II and one Youth Security Supervisor assigned overnight. During all shifts, there was at least one Youth Security Supervisor assigned. Staff assigned to each unit maintains logs of all relevant activity including routine, emergency, and unusual incidents in their assigned area. Historical and current information reviewed was informative, descriptive, and validated with staff initials. Each post included post orders and documentation observed, and staff interviews confirmed staff review post orders when assigned to the post. The post orders are reviewed at least annually, and all updates are communicated to staff.

There is a security emergency plan in place and is reviewed at least annually. New employees are oriented on the plan. A copy of emergency plans has been provided to Hastings Police Department and Nebraska State Patrol.

The facility's use of force policy and procedures meet all ACA requirements and limitations including investigations and reporting of all incidents.

The facility utilizes the *Handle with Care* approach to physical intervention. This approach utilizes verbal de-escalation skills, release techniques, blocking techniques and primary restraint techniques (PRT). Also used are mechanical restraints, placing youths on the wall, PRT floor takedowns, two-person escort techniques, as well as shield and chair techniques. Following an incident, staff documents the location of incident, the reason for physical intervention, whether staff was injured and required medical attention. Reporting also addresses the behavior of the youth, staff responses and witness statements. Following a quality review by the Compliance Specialist, the form is forwarded to the Facility Administrator for review. A debriefing occurs after the incident and includes a review of the incident, impact on staff and youths, and corrective actions taken and needed and is concluded by plans for improvement to avoid another incident. Documents reviewed were descriptive and met all reporting requirements of the facility and ACA.

The facility's escape procedures and responses are comprehensive and include notification of local law enforcement and agency staff. Staff are trained in these procedures at least annually and informed of any updates electronically.

Movement of youth throughout the facility is monitored by assigned staff and coordinated by radios. Youth assigned to the facility are always under direct sight and sound supervision during awake hours, and at least 10-minute rounds are completed during room placement. All movement is documented.

The facility's search procedures were found to be thorough and excluded the use of body cavity searches. Youth are informed of search procedures in the youth handbook, and a copy is provided to all youth. The handbook clearly identifies items that are considered contraband, and details how contraband will be disposed.

The facility policy regarding preservation, control and disposition of contraband is thorough and provides for procedures related to chain of custody, handling of evidence and how to properly store and inventory contraband. Illegal contraband will cause notification of Nebraska State Patrol and will be secured at the facility until retrieved by State Patrol. State Patrol will determine if charges are to be filed. To date, the facility has not recovered any illegal contraband. At intake, items not allowed in the facility are inventoried, bagged and a receipt of items retained is given to the youth. Items are stored in a secure room in the intake area and given to the youth upon release. Staff receives training in these procedures during initial orientation and at least annually thereafter. Documentation indicates annual reviews are completed as required.

The audit team found the facility's procedures and controls regarding tools and sensitive items to be effective. Class A tools and equipment are not kept at the facility but off campus at the maintenance complex, managed by Department of Administrative Services (DAS). The facility maintains several toolboxes containing utility tools used for minor repairs. Associated inventories were accurate and well-maintained. When DAS staff and outside service providers access the facility, their tools and equipment are inventoried, and staff provides direct supervision through the course of service delivery. The original inventory is confirmed prior to the service providers leaving the facility.

There were no reports of, or grievances related to a youth having control of another during the audit cycle.

The facility's disciplinary policies, practices and procedures were developed by the Department, utilized by all similar facilities, and are reviewed by the Department and the Facility Administrator on annual basis. During intake, facility staff discuss the disciplinary process with each youth, and youth are allowed to ask questions. Interpretation resources are available, and facility staff is available to assist with problems related to comprehension and/or literacy.

Disciplinary procedures and prohibited behaviors are clearly identified in writing and included in the youth handbook. Disciplinary expectations and sanctions are also posted throughout the facility.

The facility's approach is to resolve minor misbehaviors informally, with a focus on discussing the misbehavior with the youth and allowing the youth to explain the matter at hand. Policy requires staff to prepare a *Major Violation Report* reporting known or suspected major disciplinary violations. The report includes a descriptive narrative of the incident, results of an investigation and related offense categories. The youth is provided a copy of the report within 24 hours of the incident and has the option to forgo a formal hearing. The youth can request staff representative, witnesses and waive their right to a hearing. The form reports the youth's and staff explanation of the violation, the committee findings, and that a copy has been given to the youth. The action is reviewed by the Superintendent and one level of appeal is afforded the youth.

Youth are afforded the same rights as general population during confinement. Clothing considerations vary when placed on suicide precautions. Staff complete several forms when a youth is confined including the start date, time and assigned room number and identifies the precaution level. Staff are required to complete visual contact with the confined youth at least every 10 minutes and can be increased to continuous sight supervision.

Youth are encouraged to address complaints informally by talking directly with staff. If the youth is not satisfied, they have a formal grievance process available to them. Grievance forms are readily available and document the course of the grievance process, beginning with the youth reporting the nature of the complaint. Youth place the completed form in a designated box, and they are collected Monday through Friday. The facility grievance officer verifies and records the date of receipt and has 10 working days to respond to the grievance and the form is returned to the youth. Upon review, the youth provide a response indicating whether or not she is satisfied with the decision. If satisfied, the youth is provided a copy and the original is retained. If not satisfied, the grievance is forwarded to the Juvenile Service Administrator who has 15 days to respond. If the youth documents she is not satisfied with the Facility Administrator response, an appeal can be made to the agency.

There were 29 grievances filed by youth during the first quarter of 2022. There were no appeals reported.

The facility vehicles are inspected weekly by staff and vehicles needing repairs are taken to a local vendor, effectively precluding staff usage pending completion of repairs. The vehicles are equipped with first aid and safety equipment and a listing of emergency contact numbers. Proof of insurance was provided. All staff have current driver licenses and have been trained in transport security and related procedures. All youths are handcuffed when in transit.

In addition to the driver, the facility requires another staff member to sit between the youth and driver as the vehicles are not equipped with security cages.

Activities during intake include storing personal items in a secure room inside the facility and washing youth clothing. Items secured are inventoried, with the youth receiving a copy.

A youth handbook, which is provided for retention, addresses topics such as program rules and disciplinary procedures, the daily schedule, grievance procedures and PREA information. Throughout all phases of intake, youth are an active participant and have ample opportunity to ask questions. The *YRTC Orientation Youth Checklist for Understanding* form summarizes responses to 11 questions. Questions are related to telephone calls, access to services, does the youth feel safe, youth rights and access to legal representatives. Susceptibility to sexually aggressive behavior or victimization is also assessed. Results of this assessment are reported to key staff.

Prior to assignment, all staff completes job-specific and general training. Unit staff training is divided along specific topical areas including security and control, juvenile rights and regulations and rights and responsibilities of juveniles. Additional broad topical areas focus on safety and emergency procedures, sexual harassment/abuse/assault prevention and PREA information and workplace harassment. Cultural awareness, first aid/CPR training which is required every two years, report writing, facility-specific policies and procedures are also addressed.

In addition to radios, the facility's security equipment includes 11 cuffs, eight waist chains 11 leg restraints and one waist restraint. The facility does not use chemicals.

Youth Security Supervisors and Youth Security Specialist II are assigned a key ring that is identified by an inscribed chit that includes their name, number of keys and key ring number. Their keys are secured in a cabinet in the shift briefing area, at the end of each shift. Back-up key rings are maintained in the administration building. Staff maintain key location and inventories electronically. DAS staff fabricate replacement keys and dispose of damaged keys.

The YRTC-H has an open campus environment. Youth are escorted within the facility by the YSS and a patrol golf cart. Perimeter patrols are conducted five times per shift. Facility has a non-security fence in the front. There is one storm shelter for each unit.

Environmental Conditions:

The YRTC-H has an open campus environment. The grounds and flower beds inside the secure perimeter fences are well manicured as was the grounds and flower beds outside the perimeter fences.

The DAS provides all the labor for the upkeep of the grounds. The DAS is also responsible for all preventive maintenance on all equipment and machinery on the compound.

Temperature ranges in the housing areas were comfortable but within the required temperature requirements. The housing units are equipped with air-conditioned in summer and heating systems during the winter months. The facility provides all the youth living units with access to water for hydration purposes.

The YRTC-H functions as a smoke and drug-free facility. Day rooms are equipped with acoustic walls. There is one storm shelter for each unit. Each unit has two sinks, showers, and toilets in one room on each wing. Youth rotate responsibility for cleaning these areas. All areas were found clean and odor free. Both units were clean, orderly, and free of odors. Youth clothing was clean and in good repair. Youth clearly adhere to a high level of personal hygiene.

The facility has established a temporary area in the administration building for provision of beautician services. A volunteer has agreed to provide this service, which will also include nail care. Equipment includes a chair, mirror, shears, and related items. A variety of beauty products is maintained in a flammable cabinet with associated SDS sheets and current inventories.

Sanitation:

The audit team observed clean and organized living units, bathroom facilities and food service areas. It is clearly obvious that the facility manages a rotating cleaning schedule and a preventative maintenance plan. Staff offices, classrooms, counseling areas and workstations were neatly organized. The exterior grounds were well cared for with no sign of trash or debris outside of the designated areas. The interior of the facility was found to be above standard for cleanliness, with everything in its place. The team found no signs of pests or rodents at the facility.

Facility staff completes daily inspections of all facility areas which are documented in the *YSS Safety, Sanitation, and Detail Checklist*. Safety areas assessed include emergency exit lights, general purpose lights, fire extinguishers, posted emergency evacuation plans, radios, door/magnetic locks and cameras. Also reported is the intercom system and windows. Sanitation inspections include trash cans, restrooms, living units, sleeping rooms and floors. The summary report notes the posting of grievance procedures, youth rights, rules and violations, emergency plans and related forms. The report also reports deficiencies and corrections.

Chemicals were found properly inventoried and accounted for. The storage areas were clean, orderly, and free of clutter. Safety Data Sheets were adjacent the products, protective equipment is available and utilized by staff and youths. The facility does not utilize flammable/hazardous materials. Products of this nature are used and managed by DAS staff.

Fire Safety:

The facility was inspected by the State of Nebraska State Fire Marshall staff on 5-4-22, with occupancy granted. A private vendor, approved by the Nebraska State Fire Marshal, completed an annual Fire Alarm Test Report on April 12, 2022, with no deficiencies reported. Door/alarm/fire system are serviced by Johnson Control.

The sprinkler system is inspected bi-annually by a private vendor. The most recent test occurred on April 12, 2022, with no deficiencies reported. Fire Safety Performance ratings were available for facility furnishings and all trash receptacles are of non-combustible materials. The facility has developed a comprehensive Safety Manual, most recently revised February 2022, that is available in eight areas of the facility. In addition to a general overview, the manual addresses safety equipment, fire procedures, severe weather, chemical spill/hazardous cloud/floods, natural disaster aftermath and intruder on campus. Also addressed is bomb threats, accident/injury, prevention and supporting operational memorandums/administrative regulations. New employee orientation addresses the manual's contents and requirements. Staff is provided and verifies receipt of all updates which are available electronically.

The audit team conducted an inspection of all visible fire extinguishers and observed that they were properly charged, and each was in its designated location. The extinguishers are inspected monthly. All exit doors and evacuation routes are clearly posted. Exit doors were unobstructed for safe movement in an emergency and the emergency lights were functional. Routine Fire and Emergency Evacuations and the official annual inspections from the Fire Marshall and Inspectors were documented. There is a backup generator that is load tested by the DAS.

The YRTC-H has a Memorandum of Understanding (MOU) with the Hastings Fire & Rescue and the Emergency Medical Service (3 miles/5 minutes) in the event of a medical emergency.

Food Service:

The food service at the YRTC-H is provided through state employees. There is a small kitchen and a cafeteria/dining room. Food service staff includes one Food Service Manager and three Cooks.

The YRTC-H provides three balance meals a day. Menus are planned to meet the nutritional standards as recommended by dietary guidelines and are approved by a Registered Dietician. Menu is based on a five week cycle and consists of three hot meals plus snacks and incentive snacks.

With the Healthy, Hunger-Free Kids Act of 2010 the meal pattern requirements and nutrition standards for the National School Lunch and Breakfast Programs have changed requiring schools to increase the availability of fruits, vegetables, whole grains, and fat-free and low-fat fluid milk in school meals; reduce the levels of sodium, saturated fat, and trans-fat in meals; and meet the nutrition needs of school children within their calorie requirements. The cost per meal is \$1.34.

Special diets are provided when prescribed by YRTC-H medical staff. Religious diets may be provided with the approval of the Facility Administrator. Provisions are made for special diets based on medical, dental, or religious needs. Menu substitutions are available.

The Food Service department was found to be clean and well organized with proper control of tools and toxic/caustic inventories. Youths are not allowed to work in food service. The food storage facilities and dishwashing equipment were functioning within required temperatures. An inventory and accountability of all kitchen tools was checked. The 3-compartment sinks are labelled wash, rinse and sanitize. Sample meals are not maintained kept 72-hours. Alternative diets choices are provided to the youth population who are approved based on their religious preferences.

There is one of each operational reach-in cooler, walk-in freezer, one walk-in dry storage room. Temperature records were maintained for freezer, cooler, and dry storage area. All products were stored within the acceptable temperature ranges.

The Nebraska Department of Environment and Energy completed a *Food Establishment Inspection Report* in June 2022. Three violations were reported, and documents indicate the concerns were quickly addressed and ameliorated.

Kitchen staff completes a *Daily Cleaning Checklist* which documents cleaning and other activities throughout the day. This form is maintained monthly. Activities reported include cleaning of the steam table, oven warmer, microwave, can opener, counter cart, dish machine and sweeping/mopping of line and kitchen.

Other activities include proper food storage, stocking of supplies, paperwork completion, lighting and trash take out.

Staff uses the *Chemical Inventory (Room 140)* and *Chemical Inventory (Janitor's Closet)* forms to document chemicals on-hand and quantity. Each form notes the quantity of chemicals checked out and to whom, remaining quantity and a staff signature.

All storage areas had adequate air flow and space. Cooked and ready-to-eat foods were stored above raw foods; containers were dated with no discrepancies observed, and if not in original containers food was stored in sanitary and well-marked containers. Storage areas are locked and accessed only by staff.

The visiting committee team on the second day of the audit consumed a lunch meal with the youth consisting of Chicken Noodle Casserole (6oz), 5Way Mixed Vegetable (1/2 cup), Mixed Green Salad/Dressing (1 cup), Dinner Roll/Margarine (2oz), Rosy Pears (1/2 cup), Fresh Fruit Choice (1/2cup), Yogurt Choice (6oz) and Milk Choice (8oz). The team found the meal to be tasty, reasonable portion size and temperature appropriate. Cold/hot holding temperatures were appropriate.

Medical Care:

The review of health care at the YRTC-H includes direct observation and review of local policies and written procedures, approved clinical protocols and review of medical records, as well as interviews with medical staffs and youth.

Medical services at the YRTC-H are provided through state employees. Previous contract with the Wellpath ended in January 2022. They employ fulltime health professionals to provide medical services. Dental is contracted out through the Driscoll family Dentistry, Hastings, NE.

Upon admittance to the YRTC-H, youths are provided with Orientation Handbooks (English and Spanish) to aid in adjustment to correctional setting. This documentation contains information regarding medical services and to include sick call and grievance procedures. The YRTC-H utilize interpreter and language lines services.

Medical staff are well trained and caring professionals. Youth are complimentary of the medical services they are receiving at the YRTC-H and was evident during the tour of the facility. There is a good rapport between medical, security, and other departments. There are peer review evaluations, access to care, and Continuous Quality Improvement (CQI) meetings.

The following staff support the YRTC-H medical clinic: one FT RN Supervisor, two FT RNs, one PT APRN (once per week) and one PT MD (twice per year) There is an on-call physician. One of the health care challenges identified during the review was the difficulty meeting the 14-day initial dental visits. Dentists are booked full for about one month out.

Medical at the YRTC-H operate a normal 1 8-hr shift from 8:00 a.m. to 4:30 p.m. (M-F). There are nursing on-call schedule for health care. The YRTC-H medical consist of three rooms (one examination room, one intake room and one office). The YRTC-H medical has one waiting room with access to water, bathroom, education materials and health pamphlets. The medical area is well maintained and clean.

The YRTC-H is equipped with three AEDs, two emergency or jump bags and three medication carts. There are three refrigerators (one each for meds and two lab specimen). All the equipment is inventoried, inspected, and secured.

The YRTC-H maintains affiliation agreements to provide emergency room and inpatient medical services with the following hospital: 1) Mary Lanning Hospital, Hastings, NE (ER).

The YRTC-H has a Memorandum of Understanding (MOU) with the Hastings Fire & Rescue and the Emergency Medical Service (3 miles/5 minutes) in the event of a medical emergency. Non-emergent medical transportation is done by the staff to either a hospital facility or community provider for offsite consultations. The nurses have Basic Life Support (BLS) certifications. The medical reviewer recommended an updated master SDS in medical and the need to highlight all the SDS sheets (name of chemicals and the first aid section) for easy reference. Officers are trained on first aid, CPR and AED, and are considered first responders. Eye wash stations are available in medical and various parts of the facility. All first aid boxes are to be inventoried and sealed with contents listed outside.

Sick calls are provided seven days per week for the General Population (GP) and the confinement area. Sick call slips are picked up seven days per week. Sick calls are submitted through the sick call boxes in the pods. Average monthly sick calls are 2. The medical reviewer observed sick call process and found the process timely and organized. Medical requests are triaged daily; any patient with symptoms is seen within one day. There are no medical copays. The quality and level of care between the youths are the same. No youth is denied health care service. Medical utilizes paper medical records. The average monthly number of chronic care youths during the review period was 0. Specialty clinics or outside consults are approved and referred to the Mary Lanning Hospital, Hastings, NE (ER). There was no pregnant youth at the time of the review. OB/GYN services provided through the Obstetricians & Gynecologist, PC, Hastings, NE. There is no telemedicine service at the YRTC-H.

Optometry and ophthalmology services are provided offsite through the Nebraska Eye Care, Hastings, NE.

Medical diets are coordinated with the food service. The YRTC-H medical approves medically necessary diets. The medical reviewer examined the manual during the audit and found it current. The manual is examined regularly by the Nurse Supervisor for updates. At the time of the review, there is one youth requiring medical diet.

Medical grievances are reviewed by the Compliant Specialist within 1-3 days. The YRTC-H averages zero substantiated medical grievance per month.

The YRTC-H medical has a draw only lab. Specimens are collected on site. Routine blood analysis is spun and sent out for analysis to the Mary Lanning Hospital, Hastings, NE 5-days/week and reports received through fax/phone/online within 24-48 hours. STAT labs are also sent to the Mary Lanning Hospital, Hastings, NE, and reports received through fax/phone/online within 2-4 hours. Average monthly

youth lab tests are 2. The Medi-Waste is contracted to remove the biohazard and sharps wastes for proper disposal as verified by manifests on hand.

Routine and emergency x-ray services are provided through the Mary Lanning Hospital, Hastings, NE. They also provide ultrasound and other radiological services (CT scans and MRIs).

Medications are secured in a locked cabinet and behind double door. Medications are ordered through the Diamond Pharmacy Services and delivered through the FedEx. The backup pharmacy is the local Bert's or the Walgreen Pharmacy. There is no keep on person (KOP) medications. There is available stock, patient specific medications and bulk sharps maintained.

Youth are not allowed personal rescue inhalers. There are regular internal audits. A random inventory count on sharps is accurate. There is a refrigerator for the storage of medications with temperature log and inventory current. Basic medical supplies and materials are obtained through the McKesson/Diamond. The disposal and return of expired, unused, discontinued, and recalled, over-stocked medications including prescription (pills and liquids), are arranged through the Diamond Pharmacy and the use of the Rx Destroyer. Records are maintained on disposal process. There were some expired medications found in the facility during the review and scheduled for pick-up or disposal.

There is a communicable disease management plan that includes prevention, diagnosis, treatment, and isolation. There is an Infectious Control Nurse. The YRTC-H does not have negative pressure rooms or infirmary unit. Youth needing such services are transferred to the Mary Lanning Hospital, Hastings, NE. COVID-19 related patients are temporary quarantined and housed in the facility before transfer to the Mary Lanning Hospital, Hastings, NE (ER). At the time of the review there were no youth or pod under medical quarantine. Youths are provided with TB skin tests during intake and annual tests afterwards at the facility. Total monthly TB tests is 1. Hand sanitizer dispensers were located throughout medical and other areas.

A review of COVID-19 vaccination statistics/data as of June 30, 2022, as provided by the facility showed 40% of the youths have received the 1st and 2nd doses of the COVID-19 vaccinations. The number of the completed COVID-19 vaccination for the youths are low due to short stay. There was no information on staff vaccination. The Coronavirus (COVID-19) precautions in the facility include temperature checks. Facial masking and social distancing are optional.

A nurse administers medications two times a day, seven days a week in general population in the units and confinement (cell side). Some YSS are trained to administer medications. There is a separate diabetic line three times a day (none at the time of the audit). All no shows or medication refusals are documented and/or referred. The medical reviewer observed medication administration and found the process timely and organized. The paper MARS (medication administration

records) are checked regularly for missed doses. There are one youth on control and eleven on prescription medications at the time of the review. Youths are provided with 30-day medications upon release and connected to the community for further assistance through the discharge process.

Visiting committee medical reviewer recommendations:

1. Medical needs a backboard and a stretcher with straps and neck supports.
2. Medical needs an oxygen tank for emergency response due to type of population at the YRTC-H.

Dental service at the YRTC-H is provided offsite through the Driscoll Family Dentistry and Orthodontist is through the Central Nebraska Orthodontics. Request for dental services is through the sick call process. There is a medical protocol in case of emergency. The average number of youths seen monthly is 7.

Mental health service at the YRTC-H is supported by one FT Psychologist, one FT Behavioral Health Practitioner and one FT Vacant Behavioral Health Practitioner position. Mental health hours are from 9:00 a.m. to 5:00 p.m. (M-F). Tele-psychiatric service is not offered at the YRTC-H. There is psychiatrist on call. Youth were seen approximately 43 times and there is a monthly average of 2 prescriptions for anti-psychotic and 13 anti-depressants. All suicide ideations are referred to Mental Health. Suicidal youths are housed separate in their cells, monitored, and observed 1:1. Mental health conducts daily rounds. Security garments are available. Any staff member has concerns about youth's mental stability may refer the youth to the mental health department. In addition, a youth may self-refer for a clinical interview to discuss their mental health needs. Youth requiring more intense treatment are referred and based on available beds to the Mary Lanning Hospital, Hastings, NE.

Each youth and an assigned staff member complete the YRTC Admission Health/Mental Health Screening form, which forms the foundation for initial treatment planning. Information reported includes a physical description of the youth, a health review, appearance/observations, diet, drug and alcohol use, risk assessment and mental/medical health. An YRTC Mental Health Treatment Plan is subsequently developed in concert with the youth. This document includes start date, a projected plan end date and identifies problems to be addressed.

Each identified problem includes an assessment of the youth's strengths and weaknesses and discharge planning.

Recreation:

The YRTC-H offers a complete recreational and leisure time program. Recreational programs include access to the gymnasium and outdoor recreation area. There is opportunity for both individual and group recreation.

A major portion of the YRTC-H youth sports program are structured sports. These seasonal sports include Basketball, Soccer, Dodgeball, Softball, Bowling, Badminton, Volleyball and Kickball. Leisure activities includes Yard Games, 9 Square, Frisbee, Water Activities, Nail Polishing, Puzzles, Coloring, Writing, Craft, Video Games, Crocheting, and Drawing.



The youth are required to participate in two-three hours of recreation daily unless prohibited for health reasons. One hour of this recreation is large muscle exercise and one hour is designed for leisure time recreation. Activities supervised by a fulltime Recreation Manager and two Assistants.

Academic and Vocational Education:

The YRTC-H education program is provided by West Hasting School (WHS). WHS provides year-round education and vocational services that are available at no cost to the students and are consistent with the needs of the students committed to the YRTC-H. The WHS is accredited through the Nebraska Department of Education (NDE) as a Special Purpose School. Programming and school classrooms are designed to conform to this accreditation. All course offerings are provided as required by the NDE certification as a Rule 10 School.

Students attend WHS and may earn a 12th grade diploma or may be enrolled in a GED program. Any credit earned by students attending WHS may be transferred to their home schools upon their return to the community. Extracurricular activities will be offered in compliance with the requirements of approval under the school agreement. Students may participate in intramural sports. The library services of the school include recreational reading materials, part of which are on permanent loan to teach to each living unit.

The school will graduate seniors, promote 8th grade students, and honor those completing the GED program or achieving other significant successes. The school holds a graduation ceremony as needed. The four GED subjects are: Mathematical Reasoning, Reasoning Through Language Arts, Science and Social Studies. Elective classes include but are not limited to: Business Information and Technology, Career Education, Family Life Skills, Health Education, Psychology, and Physical Education.

Vocational services are integrated with the academic program, provided by a Vocational Counselor based on a youth's age, needs, and employment opportunities. Vocational testing and follow-up counseling is available, researching post-high school educational opportunities, after-care vocational programming, and employment/volunteer activities.

YRTC-Hastings offers a graduate program for youth who have earned their high school diploma or GED. Youth can attend classes at the Central Community College in Hastings in areas of interests if classes are available and they have met the appropriate stage requirement to go off campus.

Social Services:

YRTC-H staff provides a substance use disorders programming that includes education/intervention-based program that includes assessment, education, programming, and referrals.

Staff is required to have certification from the State of Nebraska in one or more specific disciplines related to mental health or drug and alcohol counseling.

YRTC-H adheres to the PREA recommended staffing levels of no less than one staff to eight youth.

Staff schedule youths to at least one individual and up to two group sessions weekly. Youth who have not been assessed for a substance abuse use disorder for at least four months prior to placement will be assessed by an YRTC-H clinical staff member.

The assessment consists of:

- Clinical interview addressing areas such as use, effects, family history and consequences of use.
- YRTC-H staff utilizes professional screening tools such as the SASSI-A3, MUI and DSM 5.
- File review
- Family survey

Education:

- Provided by either a licensed mental health/substance abuse provider or trained by a licensed provider, and includes:
- Prevention and Harm Reduction which focuses on basic drug education, categories of drugs, drug side effects, levels of use, addiction, intervention and living a substance free lifestyle.
- Media-based materials and sources including worksheet activities, approved videos, approved internet sites, and group activities.

Substance Abuse Disorder Programming Guidelines include:

- Participants can be identified and assessed after placement.
- Youth must be classified as a risk for continued substance use, at risk for relapse, and not eligible for in-patient treatment.
- Programming focuses on lifestyle and making behavioral value changes.
- Each participant will have individualized treatment plan goals related to their needs.
- Release will not be contingent upon completion of programming.

Referrals for additional services may be initiated, and begins in the assessment phase:

- Is part of the youth's individual treatment planning.
- May in-patient recommendations such as a psychiatric residential treatment center or similar provider.
- Outpatient recommendations are typically made following completion of the YRTC-H program.
- Other recommendations may include NA or AA meetings, urinary analysis, intensive out-patient, or day treatment levels of substance use specific treatment.

Mental health and behavioral programs to all youth TARGET is a strengths-based, present-centered, and multi-layered biopsychosocial approach to teaching self-regulation skills to trauma survivors. TARGET teaches a simple sequence of practical skills to enable an individual to safely process stressful current experiences without escalating into avoidance, hyper vigilance, dissociation, decompensation, or acute crisis. This method increases control over emotional self-regulation and relational engagement. TARGET does this by shifting the primary focus off past trauma and traumatic memories and refocusing the survivor's attention on current trauma symptoms.

Moral Recognition Therapy (MRT): Moral recognition therapy utilizes cognitive behavioral therapy techniques to change an individual's decision-making instincts. MRT was developed in prisons in 1986. MRT is currently used in all 50 states, several commonwealths/territories, and in 9 countries. The word recognition has to do with how we make our decisions. MRT tries to help people make decisions based on doing what is right.

Voices is focused on female adolescents taking a journey of self-discovery. In this group, a group females share their hopes, struggles and stories. Staying connected to who they are, and their true selves, can be challenging in a world that does not always support women. The group learn to trust and support one another as they learn to embrace their true selves, find their VOICES and inner strength.

The youth handbook addresses most services, expectations and information related to the youth's stay. Topical areas include the facility mission, access to care, grooming practices, food service, mail, and fire procedures. Other topical areas include facility expectations, disciplinary process, the daily schedule, campus movement and no physical contact policy/procedures.

Youth are provided basic hygiene items at intake, and subsequent items can be purchased off-campus as an earned privilege or by money forwarded by family. The facility provides subsequent items for indigent youths.

There is YRTC-H youth community service/activities program. The primary goal is to help youth repair their relationships with the community through volunteer services as part of restorative justice. Youth are led by staff in projects throughout

the year. Examples of the collaborative and long-lasting partnership with YRTC-H for youth includes the YMCA of Hastings.

The youth handbook references a variety of expected behaviors in the areas of living unit, clothing, room care, weekend detail and restroom. Also addressed are hair/nails, chapel, television, movement through campus, table etiquette, school, and off-campus activities.

The facility is pro-active in the PREA arena. Sexual behavior is addressed during intake, in the youth handbook, and with prominent signage throughout the campus.

The facility strictly enforces a no physical contact policy, provides youth with outside reporting information including toll-free numbers, and encourages youth to immediately report concerns to staff.

Documentation indicates several grievances have been swiftly investigated, and satisfactorily resolved.

Youth Work Programs:

Youth Rehabilitation and Treatment Center- Hastings does not operate a youth Work Program.

Religious Programming:

A full-time Religious Coordinator is employed by YRTC-K. Religious programming is available to youth, should they decide to participate. Upon request a spiritual leader will be contacted. The religious program consists of regularly scheduled chapel services, Bible study classes, individual counseling, and special spiritual programs. Chapel services are held every Sunday afternoon in the All-Faiths Chapel for any youth expressing an interest in attending.

The YRTC-H administration encourages citizen involvement and volunteer programs. The goal of citizen and volunteer programs is to generate a variety of services and experiences for the youth. Citizen volunteers participate with youth Bible studies and other campus and off campus activities.

Visitation:

Youth have three options for staff-supervised visitation including WEBEX, on-campus, and off-campus. Off-campus visits can also be earned through program progress. In the youth handbook, the facility strongly encourages youth to discuss with their families such topics as their progress with treatment goals and release planning. Meals and snacks may be brought into center during weekend visits. All food items must be pre-packaged or purchased at a fast-food restaurant. Staff are required to inspect all food and drinks items. Energy drinks are not allowed. Food brought in must be eaten, taken home at the conclusion of the visit, or thrown away.

Visits are encouraged and the family must contact the facility to schedule a visit. Siblings 19 and older may visit alone. Staff can also coordinate visits from “other adults with sincere interest” or “has a legal interest” in the youth’s welfare. Youth may have one visit per week.

WEBEX visits are allowed on Saturdays and Sundays, between 8:00 a.m. and 4:30 p.m. and require prior approval and the family to initiate the telephonic contact.

On-campus visitation occurs in the administration lobby in a comfortable and well-appointed lobby or outside in a small, designated area. All on-campus visits are on Saturday or Sunday, between 8:00 a.m. and 4:30 p.m.

Rules for on-campus visits require visitors to turn keys over to staff, and items of value are to be locked in the car. Other items must be contained in a clear see-through bag. Other restrictions apply and are communicated to potential visitors in advance.

Off-campus visits occur on weekends and can occur on a bi-weekly basis. Youth are not allowed to use electronic devices, change clothes, drive, or use any drugs or alcohol. Off-campus visits are on Saturday or Sunday, between 8:00 a.m. and 3:00 p.m.

Special visits for family emergencies, funerals, weddings, are permitted with the approval of the Facility Administrator.

Restricted visits may occur due to safety security concerns. Only parents or guardian will be allowed to visit.

Library Services:

The library serves patrons by providing high-quality literature selected specifically to meet the interests and reading levels of those accessing the resources. This includes a variety of fiction, non-fiction, biographies, and graphic novels. Titles range in readability from emergent readers to young adult selections. This collection is well-maintained and resourced so that the newest and most popular juvenile and young adult literature is represented. YRTC Hastings Library Book Count is Fiction-1400 and Non-Fiction-600.

Catalog list includes Fiction, Non-Fiction, Young Adult Literature (Individual and Series), Biographies, Self-Help, History, Action-Adventure, Art – Drawing, Auto Biography, Sports and Leisure, Textbooks, Graphic Novels, Mystery, Picture Books, Craft Books (Origami), Anthologies, Classics, Coming of Age Books Encyclopedia, Dictionary, Romance, Short Story, Suspense, Thriller, and Travel

Laundry:

Clothing is issued during intake and includes jeans, sweatpants, winter/summer shorts, t-shirts, polo shirts, tennis shoes, sweatshirts, underwear, sports bras, and socks. Youth are also allowed one pair of personal tennis shoes. Each youth is also provided with a comforter, flat and fitted sheet, pillow with pillowcase and a mattress.

Two washers and two dryers and detergent are available in each unit, each youth is responsible for cleaning their clothing and staff cleans bedding. The laundry room was found to be well-organized and clean and inventories for detergent were observed.

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

Staff prepares a *Facility Critical Incident Reporting* form following such incidents as death of a youth for non-medical circumstances, near fatalities, suicide/attempted suicide, elopement, youth or staff injury, legal allegations or arrests of youth and high-profile incidents. The form also reports details of the incident, whether family/guardian has been notified, and notification of supervisory staff and the Facility Administrator.

There was one incident of escape, one incident of disturbance, four youth to youth assaults and twelve youth to staff assaults during the review period. Explanation of the disturbance and escape are provided by the facility as follows:

8/6/2021-Youth in both living units started acting out and were not following staff directives. One unit of youth started breaking windows in the common area of the living unit. The youth from the other unit could see through the windows of the other unit and started to do the same behaviors. Staff directed all youth to go to their rooms and the youth refused. All staff were called to respond to campus, as well as Hastings Police Department (PD) and Nebraska State Patrol (NSP). Hasting PD and NSP indicated they were only available to respond to youth actions if they were in the process of doing something criminal and would offer support to staff, however staff would have to handle the situation how we would normally. Staff

had to physically intervene with the youth that wouldn't go to rooms and placed them in rooms, where youth started breaking windows to their rooms. Maintenance staff were called in and placed plywood on common area windows and youth rooms that were broken. All windows were secured by maintenance. Two youth were transported to the hospital. One for using their head to break their window in their room. The other was transported due to an anxiety attack. Both youths were released back to the facility within hours. A debriefing was completed with staff. All windows in both units were reinforced.

The facility completed a debriefing with the Office of Juvenile Services and the Ombudsman of the incident. Video was reviewed. Staff were assigned refresher training in Handle With Care and Verbal De-escalation. Processes were reinforced regarding response to safety/security situations.

10/16/2021-Youth E.V. approached another youth and began to assault the youth. Staff intervened and both staff and the youth fell to the ground, where the youth was able to gain access to the staff's badge that the staff had on a break-away lanyard around her neck. The youth used the staff badge to access the front entrance door and exited the door. The Administrator was called and responded to campus. Staff were called to assist with the search. Nebraska State Patrol (NSP) was called. Staff were sent out in vehicles in teams to complete a search. NSP responded to campus. The youth was apprehended at Casey's convenient store by NSP and returned to campus. A debriefing was completed with staff who responded. Corrective action, lanyards were removed from campus. Staff were issued arm bands for badges to reduce the risk of badges being obtained by youth.

Significant incidents and outcome measures are consistent with the size, type, and population of the facility.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited	Person(s)	Contacted
Kitchen		Lisa Stramel, Food Service Manager James Orme, Food Service Director
Medical		Sara Thomas, Clinical Program Director Brianna Walker, Registered Nurse Lisa Buchta, Psychologist
3rd Shift Staff on 6/30/22		Gennavieve Rednour (Youth Security Supervisor) Kennetha Conway (Youth Security Specialist II)

Norma Fellhoelter (Youth Security Specialist II)
Lesa Struss (Youth Security Specialist II)
Rex Kennel (Youth Security Specialist II)

4. Shifts

The security (Youth Security Specialist-YSS) operates 3 8-hour shifts, first shift from 6:00 a.m. to 2:00 p.m., second shift from 2:00 p.m. to 10:00 p.m. and third shift from 10:00 p.m. to 6:00 a.m.

a. Day and Evening Shifts

The team was present at the facility during the day and evening shifts from 1:50 p.m. to 3:57 p.m. on the first day of the audit, and from 7:56 a.m. to 6:10 p.m. the second day. The briefing was mutual and participatory. The team briefly introduced themselves and discussed the purpose of the audit and matters pertaining to the audit. The team observed shift change, programs, pills passes while the rest of the YSS and medical staff was busy taking care of the youth and are pleasant and professional. In addition, the audit team met and spoke with many of the staff, including admin staffs. The facility was calm and orderly, and no signs of tension.

b. Night Shift

The team was present at the facility during the night shift on second day from 9:40 p.m. to 10:35 p.m. This shift's primary responsibility is to conduct security checks on the youths throughout during the sleeping hours, sanitation, and laundry services.

There were no outside security lights out. The staffs observed were alert, appeared well trained for the duties they were assigned, and was professional, and courteous.

5. Status of Previously Non-Compliant Standards/Plans of Action

The team reviewed the status of the standard previously found non-compliant, for which a waiver was not granted and found the following: This is an initial audit.

G. Interviews

During the course of the audit, team members met with both staff and youths to verify observations and/or to clarify questions concerning facility operations.

1. Youth Interviews

The visiting committee spoke with and interviewed 11 youths of the facility. All expressed no complaints about food or medical service. They stated they knew how to fill out grievance and medical forms.

The youths further stated that staff was very respectful and fair in the daily interaction with them really cared about their welfare. No youth requested a private interview with the visiting committee team.

2. Staff Interviews

The visiting committee spoke with over 43 staff members on all shifts. They felt safe, received annual reviews, and reviewed post orders when stationed on post. They appeared eager to showcase their assigned area.

The team observed structured security shift change briefings. Staff were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between medical, programs and security, and communication flowed freely. In addition, morale was good. Staff indicated that their training was excellent and are applicable to their positions and job needs. No complaints were brought to the team and no staff asked for a private interview. It was clear that staffs took ownership for their specific areas and were proud of the facility.

Staff were complimentary concerning the administration. No staff reported that they do not feel safe at the facility.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the dining hall with the Camella Jacobs, Facility Administrator and 18 staff in attendance.

The following persons were also in attendance:

Fred Boon, Compliance Specialist

Lucas Jones, Compliance Specialist

Mark LaBouchardiere, Juvenile Services Administrator

Shaylee Fortner, Statewide Compliance Manager

Frank Fornataro, Information Technology Supervisor

Brad Larson, Information Technology Applications Developer Lead

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	<i>Juvenile Correctional Facilities 4th Edition</i>	
Supplement	<i>2016 Standards Supplement</i>	
Facility/Program	DHHS, Youth Rehabilitation & Treatment Center, Hastings, NE	
Audit Dates	June 29-July 1, 2022	
Auditor(s)	Ernest Umunna, Audit Chair William Gallaher, Audit Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	38	331
Number Not Applicable	5	21
Number Applicable	33	310
Number Non-Compliance	0	0
Number in Compliance	33	310
Percentage (%) of Compliance	100%	100%
	<ul style="list-style-type: none"> • Number of Standards minus Number of Not Applicable equals Number Applicable • Number Applicable minus Number Non-Compliance equals Number Compliance • Number Compliance divided by Number Applicable equals Percentage of Compliance 	

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska
Youth Rehabilitation and
Treatment Center- Hastings
Hastings, NE

June 29-July 1, 2022

Visiting Committee Findings

Non-Mandatory Standards
Non-Compliance

None

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska

Youth Rehabilitation and
Treatment Center- Hastings
Hastings, NE

June 29-July 1, 2022

Visiting Committee Findings

Mandatory Standards
Not Applicable

4-JCF-2A-18 Revised January 2015 (MANDATORY)

FOUR-/FIVE-POINT RESTRAINTS ARE USED ONLY IN EXTREME INSTANCES AND ONLY WHEN OTHER TYPES OF RESTRAINTS HAVE PROVEN INEFFECTIVE OR THE SAFETY OF THE JUVENILE IS IN JEOPARDY. ADVANCE APPROVAL IS SECURED FROM THE FACILITY ADMINISTRATOR/DESIGNEE BEFORE A JUVENILE IS PLACED IN A FOUR-/FIVE-POINT. SUBSEQUENTLY, THE HEALTH AUTHORITY OR DESIGNEE MUST BE NOTIFIED TO ASSESS THE JUVENILE'S MEDICAL AND MENTAL HEALTH CONDITION, AND TO ADVISE WHETHER, ON THE BASIS OF SERIOUS DANGER TO SELF OR OTHERS, THE JUVENILE SHOULD BE IN A MEDICAL/MENTAL HEALTH UNIT FOR EMERGENCY INVOLUNTARY TREATMENT WITH SEDATION AND/OR OTHER MEDICAL MANAGEMENT, AS APPROPRIATE. IF THE JUVENILE IS NOT TRANSFERRED TO A MEDICAL/MENTAL HEALTH UNIT AND IS RESTRAINED IN A FOUR-/FIVE-POINT POSITION, THE FOLLOWING MINIMUM PROCEDURES ARE FOLLOWED:

- DIRECT VISUAL OBSERVATION BY STAFF IS CONTINUOUS PRIOR TO OBTAINING APPROVAL FROM THE HEALTH AUTHORITY OR DESIGNEE.
- SUBSEQUENT VISUAL OBSERVATION IS MADE AT LEAST 15 MINUTES.
- RESTRAINT PROCEDURES ARE IN ACCORDANCE WITH GUIDELINES APPROVED BY THE DESIGNATED HEALTH AUTHORITY.
- ALL DECISIONS AND ACTIONS ARE DOCUMENTED.

FINDINGS:

The YRTC-H does not utilize four-/five points restraints

4-JCF-2A-27 (MANDATORY)

THE LEVEL OF AUTHORITY, ACCESS, AND CONDITIONS REQUIRED FOR THE AVAILABILITY, CONTROL, AND USE OF CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE MUST BE SPECIFIED. CHEMICAL AGENTS ARE USED ONLY WITH THE AUTHORIZATION OF THE FACILITY ADMINISTRATOR, MEDICAL DIRECTOR, OR DESIGNEE.

1. CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE ARE INVENTORIED AT LEAST MONTHLY TO DETERMINE THEIR CONDITION AND EXPIRATION DATES.
2. PERSONNEL USING CHEMICAL AGENTS TO CONTROL JUVENILES SUBMIT WRITTEN REPORTS TO THE FACILITY ADMINISTRATOR OR DESIGNEE NO LATER THAN THE CONCLUSION OF THE TOUR OF DUTY.
3. ALL PERSONS CONTAMINATED IN AN INCIDENT INVOLVING THE USE OF A CHEMICAL AGENT MUST RECEIVE AN IMMEDIATE MEDICAL EXAMINATION AND TREATMENT.

FINDINGS:

The use of chemical agents to control juveniles is prohibited at the YRTC-H.

4-JCF-4C-01 (MANDATORY)

INTAKE HEALTH SCREENING COMMENCES UPON THE JUVENILE'S ARRIVAL AT THE FACILITY, EXCLUDING INTRA-SYSTEM TRANSFERS, AND IS PERFORMED BY A QUALIFIED HEALTH CARE PROFESSIONAL OR HEALTH TRAINED PERSONNEL. WHEN HEALTH-TRAINED PERSONNEL CONDUCT THE HEALTH SCREENING, PROCEDURES SHALL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY A QUALIFIED HEALTH CARE PROFESSIONAL. THE RESPONSIBLE HEALTH CARE PRACTITIONER IN COOPERATION WITH THE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR ESTABLISHES WRITTEN PROCEDURES AND HEALTH SCREENING PROTOCOLS. ALL FINDINGS ARE RECORDED ON A HEALTH SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE HEALTH SCREENING SHALL INCLUDE AT LEAST THE FOLLOWING:

INQUIRY INTO:

1. HISTORY OF CHRONIC ILLNESSES AND SERIOUS INFECTIOUS OR COMMUNICABLE DISEASES, INCLUDING SYMPTOMS AND TREATMENT
2. OBSTETRICAL/GYNECOLOGICAL HISTORY AND CURRENT PREGNANCY STATUS

3. USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
4. CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING INFECTIOUS OR COMMUNICABLE DISEASES
5. CURRENT MEDICATIONS
6. CURRENT DENTAL PROBLEMS
7. RECORDING OF HEIGHT AND WEIGHT
8. OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN

OBSERVATIONS OF THE FOLLOWING:

9. BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING
10. BODY DEFORMITIES AND EASE OF MOVEMENT
11. CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE JUVENILE:

12. CLEARED FOR GENERAL POPULATION
13. CLEARED FOR GENERAL POPULATION WITH A REFERRAL TO APPROPRIATE HEALTH CARE SERVICE
14. REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT. WHEN JUVENILES ARE REFERRED FOR EMERGENCY TREATMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE.

FINDINGS:

The YRTC-H is not an Intake facility.

4-JCF-4C-03 (MANDATORY)

ALL JUVENILES, EXCLUDING INTRA-SYSTEM TRANSFERS, SHALL RECEIVE AN INTAKE HEALTH APPRAISAL AND EXAMINATION WITHIN 14 DAYS OF THE JUVENILE'S ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH EXAMINATION WITHIN THE PREVIOUS 90 DAYS, A NEW HEALTH EXAMINATION IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE RESPONSIBLE HEALTH CARE PRACTITIONER.

THE HEALTH CARE PRACTITIONER IN COOPERATION WITH THE HEALTH AUTHORITY APPROVES HEALTH APPRAISAL AND EXAMINATION DATA COLLECTION AND DOCUMENTATION FORMAT.

THE HEALTH APPRAISAL, COMPLETED BY A QUALIFIED HEALTH CARE PROFESSIONAL, SHALL INCLUDE AT LEAST THE FOLLOWING:

1. REVIEW OF THE EARLIER ADMISSION SCREENINGS
2. REVIEW OF THE RESULTS OF THE PREVIOUS MEDICAL EXAMINATIONS, TESTS, AND IDENTIFICATION OF PROBLEMS
3. RECORDING OF HEIGHT, WEIGHT, AND VITAL SIGNS (PULSE, BLOOD PRESSURE, RESPIRATION, AND TEMPERATURE)
4. COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
5. CONSULTATION WITH A HEALTH CARE PRACTITIONER, AS APPROPRIATE

THE HEALTH EXAMINATION, COMPLETED BY A HEALTH CARE PRACTITIONER, SHALL INCLUDE AT LEAST THE FOLLOWING:

6. REVIEW OF THE EARLIER ADMISSION SCREENING RESULTS, APPRAISAL DATA, PREVIOUS MEDICAL EXAMINATIONS, TESTING, AND HEALTH PROBLEMS
7. PHYSICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS
8. REQUEST FOR ANY ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
9. ORDERS FOR LABORATORY AND/OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS
10. OTHER TESTS AND EXAMINATIONS, AS APPROPRIATE
11. INITIATION OF THERAPY, WHEN APPROPRIATE
12. DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING AND PROGRAM PARTICIPATION

FINDINGS:

The YRTC-H is not an Intake facility.

4-JCF-4C-47 (MANDATORY)

GUIDELINES REGARDING THE USE OF RESTRAINTS ON JUVENILES FOR MEDICAL AND MENTAL HEALTH PURPOSES AT A MINIMUM SHALL INCLUDE:

1. CONDITIONS UNDER WHICH RESTRAINTS MAY BE APPLIED
2. TYPES OF RESTRAINTS TO BE APPLIED
3. IDENTIFICATION OF A QUALIFIED MEDICAL OR MENTAL HEALTH PROFESSIONAL AND HEALTH CARE PRACTITIONER WHO MAY AUTHORIZE THE USE OF RESTRAINTS AFTER REACHING THE CONCLUSION THAT LESS INTRUSIVE MEASURES ARE NOT SUCCESSFUL
4. MONITORING PROCEDURES
5. LENGTH OF TIME RESTRAINTS ARE TO BE APPLIED
6. LESS-RESTRICTIVE-TREATMENT-PLAN ALTERNATIVES ARE DEVELOPED AND IMPLEMENTED AS SOON AS POSSIBLE
7. AFTER-INCIDENT REVIEW

FINDINGS:

The YRTC-H does not use restraints on juvenile for medical or mental purposes.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska
Youth Rehabilitation and
Treatment Center- Hastings
Hastings, NE

June 29-July 1, 2022

Visiting Committee Findings

Non-Mandatory Standards
Not Applicable

4-JCF-1A-04

IF THE JUVENILE FACILITY IS ON THE GROUNDS OF ANY OTHER TYPE OF CORRECTIONAL FACILITY, IT IS A SEPARATED, SELF-CONTAINED UNIT.

FINDINGS:

The YRTC-H is a standalone facility.

4-JCF-1C-02

MULTIPLE-OCCUPANCY ROOMS TO INCLUDE OPEN-BAY DORMITORIES PROVIDE:

1. SOME DEGREE OF PRIVACY WITH AT LEAST 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT
2. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY THERE ARE AT LEAST 80 SQUARE FEET PER OCCUPANT
3. A BED FOR EACH JUVENILE.
4. ADEQUATE STORAGE SPACE FOR CLOTHING AND PERSONAL BELONGINGS FOR EACH JUVENILE
5. A WRITING SURFACE
6. ACCESS TO TOILETS AND A WASHBASIN WITH HOT AND COLD RUNNING WATER 24 HOURS PER DAY

FINDINGS:

The YRTC-H does not have any multiple occupancy rooms.

4-JCF-2A-08

WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER IS ON DUTY AT ALL TIMES.

FINDINGS:

The YRTC-H houses only females.

4-JCF-3A-04

THERE IS EQUAL ACCESS TO PROGRAMS AND SERVICES FOR MALE AND FEMALE JUVENILES.

FINDINGS:

The YRTC-H houses only females.

4-JCF-3A-05

MALE AND FEMALE JUVENILES DO NOT OCCUPY THE SAME SLEEPING ROOM.

FINDINGS:

The YRTC-H houses only females.

4-JCF-3A-27

THE AGENCY RESPONSIBLE FOR THE COMMUNITY SUPERVISION OF THE JUVENILE IS AUTHORIZED TO PETITION THE PLACING/RELEASING AUTHORITY IF IT APPEARS THAT THE JUVENILE HAS WILLFULLY FAILED TO COMPLY WITH ANY PART OF THE DISPOSITION OR RELEASE ORDER. A COPY OF THIS PETITION IS PROVIDED TO THE JUVENILE, HIS/HER ATTORNEY, PARENT, AND/OR GUARDIAN.

FINDINGS:

The YRTC-H does not provide community supervision.

4-JCF-3E-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE JUVENILES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS AND MAKE RESTITUTION TO THE VICTIMS OF THEIR CRIME(S) AND/OR TO THE COMMUNITY, WHEN REQUIRED. OPPORTUNITIES ARE BASED ON COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS:

The YRTC-H has no information or contact with victims thus no restitution program required for juvenile at the facility.

4-JCF-4B-05

PROTECTIVE CLOTHING AND EQUIPMENT ARE ISSUED TO JUVENILES ASSIGNED TO WORK IN FOOD SERVICE, THE GARAGE, THE FACILITY PHYSICAL PLANT, THE MAINTENANCE SHOPS, VOCATIONAL EDUCATION, AND OTHER SPECIAL WORK AREAS.

FINDINGS:

Youth are not assigned to work during their stay.

4-JCF-4C-52

(Ref. 3-JTS-4C-17) WHEN QUALIFIED HEALTH CARE PROFESSIONALS ARE NOT ON DUTY, A HEALTH-TRAINED STAFF PERSON COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR.

FINDINGS:

The YRTC-H has a qualified health care professional on duty and on call to coordinate health delivery services 24/7.

4-JCF-4C-55

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTING, TRAINING, STAFF SUPERVISING, PROVIDING FACILITY ORIENTATION, AND DEFINING OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING.

VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The YRTC-H does not use volunteers in health care services.

4-JCF-4C-56

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The YRTC-H does not use students, interns, or residents in the delivering of health care services.

4-JCF-4C-57

JUVENILES ARE PROHIBITED FROM PERFORMING HEALTH CARE DUTIES IN THE FACILITY.

FINDINGS:

Youths are prohibited from performing health care duties in the facility.

4-JCF-4D-03

ALL JUVENILES, EXCLUDING INTRA-SYSTEM TRANSFERS, WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH CARE PROFESSIONAL WITHIN 14 DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS 90 DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. REVIEW OF AVAILABLE RECORDS OF INPATIENT AND OUTPATIENT MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT
2. INQUIRY INTO PRIOR MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT
3. INQUIRY INTO HISTORY OF EMOTIONAL, PHYSICAL, AND SEXUAL ABUSE
4. INQUIRY INTO EDUCATIONAL HISTORY
5. ASSESSMENT OF CURRENT MENTAL STATUS
6. ASSESSMENT OF CURRENT SUICIDAL AND SELF-INJURY POTENTIAL
7. ASSESSMENT OF VIOLENCE POTENTIAL
8. ASSESSMENT OF ALCOHOL AND OTHER DRUG ABUSE AND/OR ADDICTION
9. USE OF ADDITIONAL ASSESSMENT TOOLS OR REFERRAL FOR A MENTAL HEALTH EVALUATION, AS INDICATED BASED ON NEED AS DETERMINED BY MENTAL HEALTH AUTHORITY OR PROVIDER
10. REFERRAL FOR TREATMENT, AS INDICATED
11. RECOMMENDATIONS CONCERNING HOUSING AND PROGRAM PARTICIPATION

FINDINGS:

The YRTC-H does not participate in intersystem transfers.

4-JCF-5H-02

THE JUVENILE WORK PLAN PROVIDES FOR EMPLOYMENT FOR JUVENILES WITH DISABILITIES.

FINDINGS:

The YRTC-H has no workplan that provide for employment for youths with disabilities.

4-JCF-5H-03

JUVENILES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING RATE.

FINDINGS:

There is no youth employed in the community by public or private organizations.

4-JCF-5I-03

TEMPORARY RELEASE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

1. WRITTEN OPERATIONAL PROCEDURES
2. SCREENING AND SELECTION CRITERIA
3. GOALS AND OBJECTIVES FOR PLANNED ACTIVITIES
4. WRITTEN RULES OF JUVENILE CONDUCT AND SANCTIONS FOR MISBEHAVIOR
5. SUPERVISION TO ENCOURAGE POSITIVE BEHAVIOR

FINDINGS:

The YRTC-H does not provide for furloughs or temporary release programs.

4-JCF-5I-04

WHERE STATUTES PERMIT, JUVENILES SHOULD BE AFFORDED OPPORTUNITIES FOR GRADUATED RELEASE AND PARTICIPATION IN EMPLOYMENT AND EDUCATION PROGRAMS.

FINDINGS:

The YRTC-H does not permit graduated release and participation in employment and education programs.

4-JCF-5I-05

WHERE STATUTES PERMIT, JUVENILES ARE AFFORDED OPPORTUNITIES FOR ESCORTED AND UNESCORTED DAY LEAVES INTO THE COMMUNITY.

FINDINGS:

The YRTC-H youths are not afforded unescorted day leave into the community.

4-JCF-6A-03

IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH, GIVE DIRECTION, AND GUIDE PROGRAMS FOR JUVENILES.

FINDINGS:

The YRTC-H does not provide adult services.

4-JCF-6B-11

IF A CANTEEN IS AVAILABLE WHERE JUVENILES CAN PURCHASE APPROVED ITEMS THAT ARE NOT FURNISHED BY THE FACILITY, THE CANTEEN OPERATIONS ARE STRICTLY CONTROLLED USING STANDARD ACCOUNTING PROCEDURES.

FINDINGS:

The YRTC-H does not provide a canteen where youths can purchase approved items that are not furnished by the facility.

4-JCF-6G-07

CONSISTENT WITH JURISDICTIONAL LAWS, REGISTERED CRIME VICTIM(S) ARE NOTIFIED OF A JUVENILE OFFENDER'S RELEASE PRIOR TO ANY PLANNED RELEASE FROM CONFINEMENT AND/OR ESCAPE FROM CUSTODY. FOLLOW-UP NOTIFICATION TO VICTIMS OCCURS WHEN ESCAPEES ARE RETURNED TO CUSTODY.

FINDINGS:

Jurisdictional laws relating to this standard do not apply to juvenile offenders in the state of Nebraska.

This report is required for all **youthful** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Community Youth Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Youth Services, and Small Juvenile Detention Facilities.

Facility Name: YRTC-Hastings Reporting Period: April 1, 2021 - March 31, 2022

Incident Type	Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	1	0	0	0	0	0	1
Disturbances*		0	0	0	0	1	0	0	0	0	0	0	0	1
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	1	1	1	0	1	0	0	4
	Offender/Staff	0	0	0	0	2	0	3	3	0	1	0	3	12
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard* ^a		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

^a*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.



		Safety & Security Outcomes		
Performance Standard	Outcome Measure	YRTC-Hastings	Value	Calculated Outcome Measure
A		YOUTH ON YOUTH INCIDENTS		
		Outcome Measures		
	(1)	Number of youth on youth assaults with a weapon (object of any description used to cause harm to another) in the past twelve months divided by the total number of youth on youth assaults in the past twelve months		0%
	(2)	Number of confirmed youth on youth sexual assaults in the past twelve months divided by the total number of youth on youth assaults in the past twelve months.		0%
	(3)	Number of confirmed youth on youth assaults prosecuted resulting in a guilty verdict/conviction in the past twelve months divided by the total number of youth on youth assaults prosecuted in the past twelve months.		0%
	(4)	Number of youth on youth fights resulting in injury requiring medical treatment (band-aid, ice, stitches, x-ray, emergency room, etc.) in the past twelve months divided by the total number of youth fights in the past twelve months.		0%
		Data Collection		
		Number of youth on youth assaults in the past twelve months	4	
		Number of youth on youth assaults with a weapon (object of any description used to cause harm to another) in the past twelve months	0	
		Number of confirmed youth on youth sexual assaults in the past twelve months	0	
		Number of youth on youth cases prosecuted in the past twelve months	0	
		Number of guilty verdicts/convictions in cases prosecuted in the past twelve months	0	
		Number of reported incidents of youth on youth fights in the past twelve months	0	

		Number of youth on youth fights resulting in injury requiring medical treatment (band-aid, ice, stitches, x-ray, emergency room, etc.) in the past twelve months	0	
B		YOUTH ON STAFF INCIDENTS		
		Outcome Measures		
	(1)	Number of youth on staff assaults with a weapon in the past twelve months divided by the total number of youth on staff assaults in the past twelve months.		0%
	(2)	Number of confirmed youth on staff sexual assaults in the past twelve months divided by the total number of youth on staff assaults in the past twelve months.		0%
	(3)	Number of confirmed youth on staff assaults prosecuted resulting in a guilty verdict/conviction in the past twelve months divided by the total number of youth on staff assaults prosecuted in the past twelve months.		0%
		Data Collection		
		Number of youth on staff assaults in the past twelve months	12	
		Number of youth on staff assaults with a weapon in the past twelve months	0	
		Number of confirmed youth on staff sexual assaults	0	
		Number of staff assaults prosecuted in the past twelve months	0	
		Number of youth on staff assault cases resulting in guilty verdicts/convictions in the past twelve months	0	
C		STAFF ON YOUTH INCIDENTS		
		Outcome Measures		
	(1)	Number of staff on youth assaults with a weapon in the past twelve months divided by the total number of staff on youth assaults in the past twelve months.		0
	(2)	Number of confirmed staff on youth sexual assaults in the past twelve months divided by the total number of staff on youth assaults in the past twelve months.		0
	(3)	Number of confirmed staff on youth assaults prosecuted resulting in a guilty verdict/conviction in the past twelve		0

		months divided by the total number of staff on youth assaults prosecuted in the past twelve months.		
		Data Collection		
		Number of staff on youth assaults in the past twelve months	12	
		Number of staff on youth assaults with a weapon in the past twelve months	0	
		Number of confirmed staff on youth sexual assaults	0	
		Number of staff on youth assaults prosecuted in the past twelve months	0	
		Number of staff on youth assaults cases resulting in guilty verdicts/convictions in the past twelve months	0	
D		USES OF FORCE		
		Outcome Measures		
	(1)	Number of uses of force incidents requiring hands on intervention without mechanical restraints (non-escort, non-transport) in the past twelve months.		20
	(2)	Number of use of force incidents requiring the use of mechanical restraints (non-transport) in the past twelve months divided by the total number of use of force incidents in the past twelve months		.65%
	(3)	Number of use of force incidents requiring the use of four – five point restraints in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(4)	Number of use of force incidents requiring the use of chemical agents in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(5)	Number of use of force incidents requiring the use of some other non-lethal security device (baton, shield, tazer, etc.) in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(6)	Number of use of force incidents resulting in injury to youth in the past twelve months divided by the total number of use		.1%

		of force incidents in the past twelve months.		
	(7)	Number of use of force incidents resulting in injury to staff in the past twelve months divided by the total number of use of force incidents in the past twelve months.		.3%
	(8)	Number of use of force incidents determined to be excessive in the past twelve months divided by the total number of use of force incidents in the past twelve months.		.05%
		Data Collection		
		Number of use of force incidents in the past twelve months	20	
		Number of use of force incidents requiring hands-on intervention in the past twelve months	20	
		Number of use of force incidents requiring restraints in the past twelve months	13	
		Number of use of force incidents requiring four or five point restraints in the past twelve months	0	
		Number of use of force incidents requiring the use of chemical agents in the past twelve months	0	
		Number of use of force incidents requiring the use of some other non-lethal security device (baton, shield, tazer, etc.) in the past twelve months	0	
		Number of use of force incidents resulting in injury to youth in the past twelve months	2	
		Number of use of force incidents resulting in injury to staff in the past twelve months	6	
		Number of use of force incidents determined to be excessive in the past twelve months	1	
E		CRITICAL INCIDENTS		
		<i>Outcome Measure: Events of this type as defined in this section are unique and their analysis needs to be individualized.</i>		
	(1)	Description of each incident of youth disturbance to include response, analysis and resulting plans of action.		1
	(2)	Description of each incident of employee work stoppage to include response, analysis and resulting plans of action.		0

	(3)	Description of each incident involving a hostage to include response, analysis and resulting plans of action.		0
	(4)	Description of each incident of man-made or natural disaster to include response, analysis and resulting plans of action.		0
	(5)	Description of each incident of escape from a secure facility or during secure transport to include response, analysis and resulting plans of action.		1
	(6)	Description of any employee deaths related to occupational injury, illness, homicide, suicide or natural causes within the past twelve months to include response, analysis and resulting plans of action.		0
	(7)	Description of any juvenile deaths related to accidental injury, illness, homicide, suicide or natural causes for the past twelve months to include response, analysis and resulting plans of action.		0
		Data Collection		
		The dates and number of incidents of youth disturbance, i.e. 4 or more youth in an organized group engaging in violence toward other youth or staff, vandalism, and/or destruction property in the past twelve months	1 8/6/2021	
		The dates and number of incidents of employee work stoppage	0	
		The dates and number of incidents involving a hostage situation	0	
		The dates and number of incidents of man made or natural disaster, i.e. significant weather emergency, loss of power exceeding 8 hours, environmental accident, excessive illness or infection of youth or staff impacting operations, terrorist action, etc.	0	
		Average daily population for the past twelve months	11	
		Number of attempted escapes from a secure facility in the past twelve months	3	
		Number of attempted escapes during a secure transport in the past twelve months	0	
		Number of actual escapes from a secure	1	

		facility in the past twelve months		
		Number of actual escapes during a secure transport in the past twelve months	0	
		Number of walkaways from a nonsecure facility in the past twelve months	0	
		Number of absences from furlough during the past twelve months	0	
		Number of absences from other planned events in nonsecure settings or during nonsecure transport in the past twelve months	0	
		Total number of employees allotted to the table of organization for this site	99	
		Average daily juvenile population for the past twelve months	11	
		Number and cause of employee deaths for the past twelve months	0	
		Number and cause of juvenile deaths for the past twelve months	0	
F		YOUTH GRIEVANCES		
		Outcome Measures		
	(1)	Total number of youth grievances found in favor of the youth related to access to legal counsel or courts in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(2)	Total number of youth grievances found in favor of the youth related to communications (mail, telephone, and visitation) in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		.08%
	(3)	Total number of youth grievances found in favor of the youth related to discipline received in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(4)	Total number of youth grievances found in favor of the youth related to food service in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(5)	Total number of youth grievances found in favor of the youth related to personal		.02%

		hygiene, personal grooming or clothing divided by the total number of youth grievances filed in the past twelve months.		
	(6)	Total number of youth grievances found in favor of the youth related to physical or verbal abuse by other juveniles in the past twelve months divided by the total number of youth grievances filed I the past twelve months.		0%
	(7)	Total number of youth grievances found in favor of the youth related to physical or verbal abuse by staff in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(8)	Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		.31%
	(9)	Total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past twelve months.		0%
	(10)	Total number of youth grievances found in favor of the youth related to access to religious services or programs in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(11)	Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		.02%
	(12)	Total number of all youth grievances found in favor of the youth in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		100%
	(13)	Total number of individual youth grievants in the past twelve months divided by the total number of youth		.35%

		grievances filed in the past twelve months.		
	(14)	Total number of individual youth grievants in the past twelve months divided by the average daily population for the past twelve months		1.55%
		Data Collection		
		Total number of youth grievances filed in the past twelve months	48	
		Total number of youth grievances found in favor of the youth related to access to counsel and courts in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to communications (mail, telephone, visiting) in the past twelve months	1	
		Total number of youth grievances found in favor of the youth related to discipline received in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to food service in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to personal hygiene, personal grooming or clothing in the past twelve months	1	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from other juveniles in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from staff in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past twelve months	25	
		Total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to access to religious services or programs in the past twelve months	0	

		Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past twelve months	1	
		Total number of all grievances found in favor of the youth	48	
		Average daily population for the past twelve months	11	
		Number of individual youth filing grievances in the past twelve months (counted once per youth per twelve month period not per grievance and not per month)	17	
G		STAFF GRIEVANCES		
		Outcome Measures		
	(1)	Total number of staff grievances found in favor of staff related to working conditions, physical environment and safety in the past twelve months divided by the total number of staff grievances filed.		0%
	(2)	Total number of staff grievances found in favor of staff related to work schedules, overtime, job duties and pay in the past twelve months divided by the total number of staff grievances filed.		0%
	(3)	Total number of all staff grievances found in favor of staff divided by the total number of staff grievances filed.		0%
		Data Collection		
		Total number of staff grievances in the past twelve months	2	
		Total number of staff grievances related to working conditions, physical environment and safety found in favor of staff in the past twelve months	0	
		Total number of staff grievances related to work schedules, overtime, job duties and pay found in favor of staff in the past twelve months	1	
		Total number of all grievances found in favor of staff in the past twelve months	0	
H		EMPLOYEE OCCUPATIONAL HEALTH & SAFETY		
		Outcome Measures		
	(1)	Total number of employee injuries due to		0.04%

		youth assault at this site resulting in lost work days in the past twelve months divided by total number of employees assigned to this site.		
	(2)	Total number of lost work days as a result of an employee injury due to youth assault in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		0.08%
	(3)	Total number of employee injuries due to accidents at this site resulting in lost work days in the past twelve months divided by total number of employees assigned to this site.		0.04%
	(4)	Total number of lost work days as a result of an employee injury due to accidents in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		0.32%
	(5)	Total number of employee illnesses at this site resulting in lost work days in the past twelve months divided by the total number of employees assigned to this site.		0.28%
	(6)	Total number of lost work days as a result of employee illness in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		2.92%
		Data Collection		
		Total number of employee injuries resulting in lost work days in the past twelve months	11	
		Total number of lost work days as a result of employee injury in the past twelve months	11	
		Total number of employee illnesses resulting in lost work days in the past twelve months	100	
		Total number of lost work days as a result of employee illness in the past twelve months	772.1	
		Total number of employees assigned to this site per the approved table of organization minus approved/mandated vacancies required for budgetary attrition rate	93	
		Total number of work days assigned to this site	26,402	
I		JUVENILE ACCIDENTAL INJURY		
		Outcome Measures		

	(1)	Total number of juvenile injuries related to insect or animal bite in the past twelve months divided by the average daily population for the past twelve months.		0%
	(2)	Total number of juvenile injuries related to chemical exposure in the past twelve months divided by the average daily population for the past twelve months.		0%
	(3)	Total number of juvenile injuries related to planned recreational activity in the past twelve months divided by the average daily population for the past twelve months.		1.18%
	(4)	Total number of juvenile injuries related to routine physical activity, slips, trips or falls in the past twelve months divided by the average daily population for the past twelve months.		.46%
	(5)	Total number of juvenile injuries related to machinery or equipment in the past twelve months divided by the average daily population.		.09%
		Data Collection		
		Average daily population for the past twelve months	11	
		Total number of juvenile injuries related to insect or animal bites in the past twelve months	0	
		Total number of juvenile injuries related to chemical exposure in the past twelve months	0	
		Total number of juvenile injuries related to planned recreational activity in the past twelve months	13	
		Total number of juvenile injuries related to routine physical activity slips trips or falls	5	
		Total number of juvenile injuries related to machinery or equipment in the past twelve months	1	
J		JUVENILE DISCIPLINARY HEARINGS		
		Outcome Measures		
	(1)	Total number of disciplinary hearing decisions appealed by the juvenile in the past twelve months divided by the total number of disciplinary hearings for the		0%

		past twelve months.		
	(2)	Total number of disciplinary hearing appeals decided in favor of the juvenile in the past twelve months divided by the total number of disciplinary hearings appealed in the past twelve months.		0%
	(3)	Total number of disciplinary hearing decisions that resulted in transfer of the juvenile in the past twelve months divided by the total number of disciplinary hearings for the past twelve months.		0%
		Data Collection		
		Total number of disciplinary hearings for the past twelve months	38	
		Total number of disciplinary hearings appealed by the juvenile for the past twelve months	0	
		Total number of disciplinary hearing appeals found in favor of the juvenile in the past twelve months	0	
		Total number of disciplinary hearings that resulted in transfer of the juvenile in the past twelve months	0	
K		SECLUSION & ROOM CONFINEMENT		
		Outcome Measures		
	(1)	Total number of hours of seclusion of a juvenile for purposes of investigation for the past twelve months divided by the total number of juveniles confined for purposes of investigation in the past twelve months.		0%
	(2)	Total number of hours of room confinement of a juvenile for purposes of investigation for the past twelve months divided by the total number of juveniles confined for purposes of investigation in the past twelve months.		18%
	(3)	Total number of hours of seclusion disciplinary reasons for the past twelve months divided by the total number of juveniles confined for disciplinary reasons in the past twelve months.		0%
	(4)	Total number of hours of room confinement for disciplinary reasons for		0%

		the past twelve months divided by the total number of juveniles confined for disciplinary reasons in the past twelve months.		
	(5)	Total number of hours of seclusion as part of a juvenile's special management plan for the past twelve months divided by the total number juveniles confined as part of a special management plan.		0%
	(6)	Total number of hours of room confinement as part of a juvenile's special management plan for the past twelve months divided by the total number of juveniles confined as part of a special management plan.		1.63%
	(7)	Total number of hours for unit or facility lockdown for the past twelve months divided by the number of incidents requiring unit or facility lockdown in the past twelve months.		0%
		Data Collection		
		Total number of hours of seclusion of a juvenile for purpose of investigation for the past twelve months	0	
		Total number of hours of room confinement of a juvenile for purposes of investigation for the past twelve months	36	
		Total number of hours of seclusion for disciplinary reasons for the past twelve months	0	
		Total number of hours of room confinement for disciplinary reasons for the past twelve months	0	
		Total number of hours of seclusion as part of a juvenile's special management plan	0	
		Total number of hours of room confinement as part of a juvenile's special management plan	15	
		Total number of hours for unit or facility lockdown for the past twelve months	0	
		Total number of juveniles confined for purposes of investigation in the past twelve months	2	
		Total number of juveniles confined for disciplinary reasons	0	

J		EDUCATION AND WORK		
		Outcome Measures		
	(1)	Number of juveniles who receive high school diplomas or equivalent in the past twelve months divided by the average daily juvenile population in the past twelve months.		.09
	(2)	Average change in grade level of juvenile served as measured by a standardized pre and post test achievement instrument during the past twelve months.		1.00
	(3)	Number of juveniles who successfully complete a vocational certification program divided by the number of juvenile enrolled in the program in the past twelve months.		.66%
	(4)	Number of juveniles who, in the past twelve months, obtained and maintained work program employment divided by the number of juveniles who, in the past twelve months were eligible for work programs.		0%
		Data Collection		
		Number of high school graduates in the past twelve months	1	
		Average daily population in the past twelve months	11	
		Average education pre test scores for the past twelve months	218	
		Average education post test scores for the past twelve months	220	
		Number of vocational program certificates awarded in the past twelve months	2	
		Average number of students enrolled in school	6	
		Average number of juveniles employed in a work program in the past twelve months	0	
		Average number of juveniles eligible for work in the past twelve months	0	

Attachment 52

YRTC-Lincoln Lincoln- Lancaster County Health Department Food Establishment Inspection Report



Lincoln-Lancaster County Health Department
 Environmental Health Division
 3131 O Street
 Lincoln, Nebraska 68510

Time In: 11:00 AM	Purpose: Regular	Inspection Date: 02/25/2022
Time Out: 12:00 PM	Facility Codes: 20X	

FIRM: LANCASTER YOUTH SERVICES
 ADDRESS: 1200 RADCLIFF ST

OWNER: LANCASTER YOUTH SERVICES
 LINCOLN NE, 68512

TOTAL VIOLATIONS
 PRIORITY 0 CORE 4
 PRIORITY FOUNDATION 1

FOOD ESTABLISHMENT INSPECTION REPORT

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		GOOD RETAIL PRACTICES	
Bulletin		Bate Food and Water	
1	IN COMPLIANCE PIC present, demonstrates knowledge, and performs duties	28	IN COMPLIANCE Pasteurized eggs used where required
Employee Health Responding to Contamination Events		29	IN COMPLIANCE Water and ice from approved source
2	IN COMPLIANCE Management and food employee knowledge,	30	IN COMPLIANCE Variance obtained or specialized processing methods
3	IN COMPLIANCE Proper use of restriction and exclusion	Food Temperature Control	
Good Hygiene Practices		31	IN COMPLIANCE Proper cooling methods used; adequate equipment for temperature control
4	IN COMPLIANCE Proper eating, drinking, or tobacco use	32	IN COMPLIANCE Plant food properly cooked for hot holding
5	IN COMPLIANCE No discharge from eyes, nose, and mouth	33	IN COMPLIANCE Approved thawing methods used
Control of Hands as a Vector of Contamination		34	IN COMPLIANCE Thermometers provided and accurate
6	IN COMPLIANCE Hands clean properly washed	Food Identification	
7	IN COMPLIANCE No bare hand contact with RTE foods or a pre-approved alternate properly followed	35	IN COMPLIANCE Food properly labeled; original container
8	OUT OF COMPLIANCE Adequate handwashing sinks, properly stocked and accessible	Prevention of Food Contamination	
Approved Source		36	IN COMPLIANCE Insects, rodents and animals not present
9	IN COMPLIANCE Food obtained from approved source	37	IN COMPLIANCE Contamination prevented during food preparation, storage and display
10	NOT APPLICABLE Food received at proper temperature	38	IN COMPLIANCE Personal cleanliness; hair restrained
11	IN COMPLIANCE Food in good condition, safe, and unadulterated	39	OUT OF COMPLIANCE Wiping cloths; properly used and stored
12	NOT APPLICABLE Required records available: shellstock tags, possible destruction	40	IN COMPLIANCE Washing fruits and vegetables
Protection from Contamination		Proper Use of Utensils	
13	IN COMPLIANCE Food separated and protected	41	IN COMPLIANCE In-use utensils; properly stored
14	OUT OF COMPLIANCE Food-contact surfaces: cleaned, sanitized	42	IN COMPLIANCE Utensils, equipment and linens; properly stored, dried, handled
15	IN COMPLIANCE Proper disposition of returned, previously served, reconditioned, and unsafe food	43	IN COMPLIANCE Single-use/single-service articles; properly stored, used
Time/Temperature Control for Safety Food (TCS Food)		44	IN COMPLIANCE Gloves used properly
16	NOT APPLICABLE Proper cooking time and temperatures	Utensils, Equipment, and Warewash	
17	IN COMPLIANCE Proper reheating procedures for hot holding	45	OUT OF COMPLIANCE Food and non-food contact surfaces cleanable, properly designed, constructed, and used
18	IN COMPLIANCE Proper cooling time and temperatures	46	IN COMPLIANCE Warewashing facilities, installed, maintained, used, test strips
19	IN COMPLIANCE Proper hot holding temperatures	47	IN COMPLIANCE Non-food-contact surfaces clean
20	IN COMPLIANCE Proper cold holding temperatures	Required Facilities	
21	IN COMPLIANCE Proper date marking and disposition	48	IN COMPLIANCE Hot and cold water available; adequate pressure
22	NOT APPLICABLE Time as a Public Health Control: procedures and records	49	OUT OF COMPLIANCE Plumbing installed; proper backflow devices
Consumer Advisory		50	IN COMPLIANCE Sewage and waste water properly disposed
23	NOT APPLICABLE Consumer advisory provided for raw or undercooked food	51	IN COMPLIANCE Toilet facilities: properly constructed, supplied, clean
Highly Susceptible Population		52	IN COMPLIANCE Garbage and refuse properly disposed; facilities maintained
24	NOT APPLICABLE Pasteurized fluids used; prohibited foods not offered	53	IN COMPLIANCE Physical facilities installed, maintained, and clean
Food Color Additives and Toxic Substances		54	IN COMPLIANCE Adequate ventilation and lighting; designated areas used
25	NOT APPLICABLE Food additives: approved and properly used		
26	IN COMPLIANCE Toxic substances properly identified, stored, and used; held for retail sale, properly stored		
Conformance with Approved Procedures			
27	NOT APPLICABLE Compliance with variance, specialized process, ROP criteria or HACCP plan		



HF20045010

LANCASTER YOUTH SERVICES 1200 RADCLIFF ST

TEMPERATURE OBSERVATIONS			STAFFING/RECORDS REQUIREMENTS	
FOOD PRODUCT	" F	LOCATION	Food Handler Permits	IN COMPLIANCE
Fried Rice	145	Hot Holding Rail	Permit Records	IN COMPLIANCE
1% Milk	37	Upright Cooler 4-doors		
Apple Juice	38	Upright Cooler 4-doors		
Cooked Beef	5	Freezer Upright 1-door		

VIOLATION DETAIL						
Code	Critical	Repeat	Violation Description	Remarks	Corrected	Correct By
Priority Level		Risk Factor	Food Code Citation			
5-205.11	<input type="checkbox"/>	<input type="checkbox"/>	Blocked access to hand sink. Please clear access to hand sink for employees. Corrected.		<input checked="" type="checkbox"/>	CORRECTED
Priority Foundation		RF 8	A handwashing sink shall be maintained so that it is accessible at all times for employee use.			
4-602.12	<input type="checkbox"/>	<input type="checkbox"/>	Interior of the microwave found with food residues. Clean frequently.		<input type="checkbox"/>	03/27/2022
		RF 14	The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure.			
3-304.14	<input type="checkbox"/>	<input type="checkbox"/>	Wiping towel left on work table. Return wiping cloths to a sanitizing solution immediately after use.		<input type="checkbox"/>	03/27/2022
		RF 39	Cloths in-use for wiping counters and other equipment surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and (2) Laundered daily as specified under 4-802.11(D).			
4-501.11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water/ ice dispenser with corrosion along bottom of unit.		<input type="checkbox"/>	03/27/2022
		RF 45	Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.			
5-205.15	<input type="checkbox"/>	<input type="checkbox"/>	Leaking faucets at hand sink and dishwasher. Repair.		<input type="checkbox"/>	03/27/2022
		RF 49	A plumbing system shall be: Maintained in good repair.			

Remarks: Please address violations found during inspection. Good food temperature observed. Keep up the good work.

5007434693602252022113819

Printed 02/25/2022 11:56:28 AM FIR201

Follow-up

Siddiq G. Konneh

Dena Hupp

Environmental Health Specialist

SIDDIQ G. KONNEH, EHS 68
skonneh@lincoln.ne.gov (402) 441-6714

Received by Person-In Charge

HUPP DENA
EMPLOYEE

Obtain Food Handler and alcohol server/seller permits at
www.lincoln.ne.gov search word "Food".



HF20045010

LANCASTER YOUTH SERVICES 1200 RADCLIFF ST

Page 2 of 2

Attachment 53

YRTC-Lincoln State Fire Marshal Report

Nebraska State Fire Marshal

Acceptance

Annual *2*

Semi Annual

Quarterly



**MIDWEST
ALARM
SERVICES**

FIRE ALARM TEST REPORT

Date:

7 Apr 22

Names of Installer/Maintenance Company: **Midwest Alarm Services**

Address of Installer: **141 M Street, Lincoln, NE 68508**

Customer:

City of Lincoln

Address:

Premises Protected:

*Youth Services Center
1200 Rockwell St*

Address:

Type of System: *Loop Line*

Model Number: *4100*

Standby Power Type: **AC**

Manufacturer: *Simplex*

Serial Number: **N/A**

Trouble Battery Type: **SLA**

Installed By:

Battery Voltage:

System Remotely Monitored By: *Loop*

Date 100% Smoke Calibration Performed:

Time of Inspection:

Next Scheduled:

Time System Back in Service:

Date 100% Heat Detection Last Performed:

Smoke Detection Calibration Test Methods Used:

Next Scheduled:

System Components	Total Quantity	Number Tested
Manual Stations	<i>19</i>	<i>19</i>
Heat Detectors		
Non-Restorable Line Type		
Non-Restorable Spot Type		
Rate of Rise Restorable	<i>5</i>	
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional	<i>140</i>	<i>140</i>
Calibrated		
Beam, Infrared or Other Detectors		
Duct Detectors	<i>10</i>	<i>10</i>
Waterflow Devices		
Supervisory Switches		
Audible/Visual Devices	<i>109/109</i>	<i>109/109</i>
Annunciators	<i>1</i>	<i>1</i>
Control Unit		
Lamps and LED's	<i>LC9</i>	<i>LC9</i>
Fuses	<i>1</i>	<i>1</i>
Primary Power Supply	<i>1</i>	<i>1</i>
Secondary Supply	<i>1</i>	<i>1</i>
Magnetic Hold Open Devices		
Fan Relays		
Voice Notification System	<i>1</i>	<i>1</i>
Trouble Signals		
Alarm Circuit	<i>1</i>	<i>1</i>
Zone Initiating Circuit	<i>AMC</i>	<i>AMC</i>
Supervisory Signals		
Ground Fault	<i>1</i>	
Elevator Controls		

Disconnect AC Power and Check System on Emergency Power

Did Trouble Signals Work? YES NO DATE: *9/22*

Did Alarm Signal Work? YES NO DATE: *9/22*

Battery Test Voltage Under 1 Ampere Test Load:

Emergency Power Battery: Type: **SLA** Test Volts: **24**

Main Operating Power: Type: **AC** Test Volts: **120**

What Code is System Operating Under: **NFPA-72**

Is System Operating Under Code?

Comments/Deficiencies:

List Current Repairs That Are Needed and or Have Been Done on System Below:

Inspector:

[Signature]
1/24

License # *271*

Witness:

License Expiration Date:

Badge Number of Witness:

Subscriber:

Nebraska State Fire Marshal

Acceptance

Annual

Semi Annual *2*

Quarterly



**MIDWEST
ALARM
SERVICES**

FIRE ALARM TEST REPORT

Date:

7 SEP 22

Names of Installer/Maintenance Company: **Midwest Alarm Services**

Address of Installer: **141 M Street, Lincoln, NE 68508**

Customer:

City of Lincoln

Address:

Premises Protected:

*Youth Service Center
1400 Franklin*

Address:

Type of System:

Loop

Model Number:

4100

Standby Power Type: **AC**

Manufacturer:

Siemens

Serial Number: **N/A**

Trouble Battery Type: **SLA**

Installed By:

Battery Voltage: *13.9 / 13.9*

System Remotely Monitored By:

12-11

Date 100% Smoke Calibration Performed:

Time of Inspection:

10:00

Next Scheduled:

Time System Back in Service:

2:00

Date 100% Heat Detection Last Performed:

Smoke Detection Calibration Test Methods Used:

Next Scheduled:

System Components	Total Quantity	Number Tested
Manual Stations	<i>22</i>	<i>1</i>
Heat Detectors		
Non-Restorable Line Type		
Non-Restorable Spot Type		
Rate of Rise Restorable	<i>5</i>	
Restorable Line Type, Pneumatic		
Detectors		
Functional	<i>151</i>	
Calibrated		
Beam, Infrared or Other Detectors		
Duct Detectors	<i>13</i>	
Waterflow Devices	<i>2</i>	
Supervisory Switches	<i>2</i>	
Audible/Visual Devices	<i>109 / 109</i>	
Annunciators	<i>1</i>	<i>1</i>
Control Unit		
Lamps and LED's	<i>260</i>	<i>260</i>
Fuses		
Primary Power Supply	<i>1</i>	<i>1</i>
Secondary Supply	<i>1</i>	<i>1</i>
Magnetic Hold Open Devices		
Fan Relays		
Voice Notification System		
Trouble Signals		
Alarm Circuit	<i>1</i>	
Zone Initiating Circuit	<i>1000</i>	<i>1000</i>
Supervisory Signals	<i>2</i>	
Ground Fault	<i>1</i>	
Elevator Controls		
Smoke Dampers	<i>1</i>	

Disconnect AC Power and Check System on Emergency Power

Did Trouble Signals Work?

YES NO

DATE: *7/9/22*

Did Alarm Signal Work?

YES NO

DATE: *7/9/22*

Battery Test Voltage Under 1 Ampere Test Load:

Emergency Power Battery:

Type: **SLA**

Test Volts: **24**

Main Operating Power:

Type: **AC**

Test Volts: **120**

What Code is System Operating Under: **NFPA-72**

Is System Operating Under Code? *Yes*

Comments/Deficiencies:

List Current Repairs That Are Needed and or Have Been Done on System Below:

Inspector:

License # *01*

Witness:

License Expiration Date:

Badge Number of Witness:

Subscriber:

INSPECTION CHECKLIST

FOR RESIDENTIAL BOARD & CARE/HEALTH INSTITUTIONS



BUILDING & SAFETY DEPARTMENT
Bureau of Fire Prevention
 555 S. 10th St., Suite 203, Lincoln, NE 68508
 P: 402-441-7521



Occupancy Class Institutional License Number L1900171
 Address 1200 Radcliff St.
 Name of Business Youth Services Center
 Date of Inspection 8/27/2020 Approved Occupant Load 45 beds

FACILITY	EVACUATION CAPABILITY	LOCATION
<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Above Grade
<input checked="" type="checkbox"/> Large	<input type="checkbox"/> New	<input type="checkbox"/> Below Grade
<input type="checkbox"/> Remodeling	<input checked="" type="checkbox"/> Slow	<input checked="" type="checkbox"/> Grade
<input type="checkbox"/> Licensing Change	<input type="checkbox"/> Impractical	# of Stories _____

All Code Numbers from 2012 101 Life Safety Codes

- | Yes | No | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXITS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unobstructed 33.3.2.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Properly identified 33.3.2.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper door swing 33.3.2.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency lighting (if required) 33.3.2.9 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Generator 2012 IFC 604 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical rooms in compliance 33.2.3.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage areas in compliance 33.2.3.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping 33.3.2.5 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Room Doors closes/latches 33.2.3.6.3 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illegal cords, splices, makeshift 605.5 2012 IFC 605 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | GAS APPLIANCES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved venting 33.2.5.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved installation 33.2.5.2.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HAZARDOUS AREAS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets rating requirements 33.2.3.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door closes/latches 33.2.3.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corridor penetrations 33.2.3.6.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EMERGENCY PLANNING |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety & Evacuation Plan 33.7.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire drills 33.7.3 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training 33.7.2 |

- | Yes | No | N/A | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ALARM SYSTEMS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required alarm system 33.3.3.4.1 P.I.U |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Properly maintained 33.3.3.4.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler system (if required) 33.2.3.5.2 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved range hood system 9.7.3 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Carbon monoxide alarms 9.8 |

- | Yes | No | N/A | |
|--------------------------|--------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FLOOR SEPARATION |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Primary means escape 33.2.2.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bedroom egress windows 33.2.2.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Smoke detectors 33.3.3.4.7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rating between floors 33.2.3.1.1 |

LARGE FACILITIES ONLY

FIRE EXTINGUISHERS

Approved size 9.7.4.1

Approved type 9.7.4.1

Properly maintained 9.7.4.1

TRAVEL DISTANCE TO EXITS

Under 75 feet 33.3.2.6.1

Under 125 feet (sprinkled) 33.2.6.1

Approved _____
 Denied (see comments) 9/22/2020 KH

COMMENTS: P.I.U. tamper still not working

You are ordered to comply with all 'No' items by the following date: 10/27/2020 in accordance with provisions of the Regulations Promulgated by the Nebraska State Fire Marshal governing Safety to Life from Fire and Like Emergencies.

FIRE INSPECTOR: Ken Hilger Date: 8/27/2020

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: *Youth Services Center
800 Radcliffe Dr
Lincoln, NE 68521*

1-2022
INSPECTION DATE
Jan
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET	TYPE OF INSPECTION
<input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/> REPORT OF INSPECTION	<input checked="" type="checkbox"/> PERIODIC ANNUAL INSPECTION
<input type="checkbox"/> DRY PIPE VALVE TEST	<input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES
1 - WET RISER 2 - DRY RISER 3 - PREACTION RISER 4 - FIRE PUMP 5 - BACKFLOW PREVENTER 6 - STANDPIPE 7 - OTHER	ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
<i>17653</i>	<i>1</i>	
<i>17654</i>	<i>1</i>	
<i>17687</i>	<i>5</i>	
<i>49019 A-B</i>	<i>1</i>	
<i>49020 C-D</i>	<i>1</i>	
<i>49021 E-F</i>	<i>1</i>	
<i>49022 J-K</i>	<i>1</i>	

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE

 MINOR DEFICIENCIES

 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.

WE PUT OUT FIRES EVERYWHERE

5004 So. 110th St. • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James R. [Signature]

INSPECTOR SIGNATURE

NE LICENSE #: 99024
TESTER BFP LICENSE #: *8411*

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: *Smith Services*
1200 Radcliff St
Lincoln NE 68521

1-27-22
INSPECTION DATE
Fail
TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET	TYPE OF INSPECTION
<input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input checked="" type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/> REPORT OF INSPECTION	<input type="checkbox"/> PERIODIC ANNUAL INSPECTION
<input type="checkbox"/> DRY PIPE VALVE TEST	<input type="checkbox"/> BACKFLOW PREVENTER TEST

- ITEM # DIRECTORY**
- | | |
|---------------------|------------------------|
| 1 - WET RISER | 5 - BACKFLOW PREVENTER |
| 2 - DRY RISER | 6 - STANDPIPE |
| 3 - PREACTION RISER | 7 - OTHER |
| 4 - FIRE PUMP | |

DEFICIENCIES
ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
<i>17653</i>	<i>1</i>	<i>* Flashed underground line to underground company boring into to head line</i>
<i>17654</i>	<i>1</i>	
<i>17687</i>	<i>5</i>	
<i>A-B</i>	<i>1</i>	
<i>C-D</i>	<i>1</i>	
<i>E-F</i>	<i>1</i>	
<i>J-K</i>	<i>1</i>	

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE **MINOR DEFICIENCIES** **MAJOR DEFICIENCIES**

COMPANY PERFORMING INSPECTION:

MAHONEY
Fire Sprinkler, Inc.
WE PUT OUT FIRES EVERYWHERE

5004 So. 110th St. • Omaha, NE 68137
(402) 553-1221 • (402) 553-4545 FAX

James W. Dethlefs
INSPECTOR SIGNATURE

NE LICENSE #: *99024*

TESTER BFP LICENSE #: *8911*

[Signature]
OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

5004 So. 110th St. • Omaha, NE 68137
 (402) 553-1221 • (402) 553-4545 FAX

REPORT TO Youth Services Center DATE 1-20-22
 ADDRESS 1206 Radcliff St Lincoln, NE 68512 TECHNICIAN William

Owners Section (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

B. When was the last 5 year done? 2019

Inspector's Section (All responses reference current inspection)

1. GENERAL

	Yes	N.A.‡	No*
a. Is the building occupied?	Y		
b. Are all systems in service?	Y		
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	Y		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	Y		
e. Does the hand hose on the sprinkler system appear to be satisfactory?	Y		
2. CONTROL VALVES (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	Y		
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	Y		
3. WATER SUPPLIES (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	Y		
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	Y		
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	Y		
5. WET SYSTEMS (See Item 13)			
a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?	Y		
b. Have antifreeze system solutions been tested?			
c. Were the antifreeze test results satisfactory?			
6. DRY SYSTEMS (See Items 10 to 14)			
a. Is the dry valve in service?			
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
c. Has the operation of the air or nitrogen supply been tested? Is it in service?			
d. Were low points drained during this inspection?			
e. Did quick-opening devices operate satisfactorily?			
f. Did the dry valve trip properly during the trip pressure test?			
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?			
7. SPECIAL SYSTEMS (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?			
b. Did the heat-responsive devices operate properly during testing?			
c. Did the supervisory devices operate during testing?			
8. ALARMS			
a. Did water motor and gong test satisfactorily?			
b. Did electric alarm test satisfactorily?			
c. Did supervisory alarm service test satisfactorily?			
9. SPRINKLERS			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	Y		
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	Y		
c. Is stock of spare sprinklers available?	Y		
d. Does the exterior condition of sprinkler system appear to be satisfactory?	Y		
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	Y		

* Explain "No" Answers on Page 2 ‡ Not applicable

Attachment 54

YRTC-Lincoln 2021 PREA Audit

PREA Facility Audit Report: Final

Name of Facility: Youth Rehabilitation and Treatment Center Lincoln

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/12/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Candace L. Snyder	Date of Signature: 03/12/2021

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	Snyder@gwtc.net
Start Date of On-Site Audit:	01/28/2021
End Date of On-Site Audit:	01/29/2021

FACILITY INFORMATION	
Facility name:	Youth Rehabilitation and Treatment Center Lincoln
Facility physical address:	1200 Radcliff Street Suite B, Lincoln, Nebraska - 68512
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Gary Leffler
Email Address:	gary.leffler@nebraska.gov
Telephone Number:	308-627-1060

Superintendent/Director/Administrator	
Name:	Sarah Brownell
Email Address:	sarah.brownell@nebraska.gov
Telephone Number:	402-759-1822

Facility PREA Compliance Manager	
Name:	Gary Leffler
Email Address:	gary.leffler@nebraska.gov
Telephone Number:	O: (402) 471-1030

Facility Health Service Administrator On-Site	
Name:	Janine Fromm
Email Address:	janine.fromm@nebraska.gov
Telephone Number:	402-840-5001

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	4
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	14 to 18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	45
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Nebraska Department of Health and Human Services, Division of Children and Family Services
Governing authority or parent agency (if applicable):	
Physical Address:	301 Centennial Mall S, Lincoln, Nebraska - 68509
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Nicole Berggren	Email Address:	nicole.berggren@nebraska.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

An audit of the Nebraska Office of Juvenile Services Lincoln facility (OJS Lincoln) in Lincoln, Nebraska was conducted on January 28 and 29 by Candy Snyder, a Department of Justice certified PREA auditor. It is important to note that this facility was newly opened in February 2020 and has been operational for eleven months.

An entrance meeting began with staff to include OJS Administrator, Mark LaBouchardiere, PREA Coordinator Nicole Berggren, OJS Lincoln facility administrator, Sarah Brownell, and PREA Compliance Manager, Gary Leffler. Following the entrance meeting the facility administrator and PREA compliance manger conducted the auditor on a facility tour. The auditor then began interviewing specialized staff. Suitable and private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff or youth or inspecting any area of the facility. The auditor was given access to the facility at all hours of the day in order to conduct interviews with staff on all shifts. The Administrator and her staff were extremely polite and accommodating throughout the audit.

The auditor conducted a review of the application and hiring process, employee background checks and sexual abuse registry checks. The auditor also reviewed education files, investigative files and screenings for vulnerability to sexual abuse and perpetration. The auditor conducted specialized interviews to include the administrators, the PREA Coordinator and Compliance Manager, investigator, higher level staff who perform unannounced rounds and incident reviews, medical and mental health staff, staff who perform screenings and staff who monitor for retaliation.

The PREA Compliance Manager provided a copy of the staff schedule. The auditor randomly selected 12 staff for interviews to include staff representing all three shifts, varying degrees of longevity and serving in different job positions. The auditor returned during the evening to interview staff coming in for the overnight shift. The auditor asked specialized questions of staff regarding screenings, searches, first response and the intake process.

The auditor completed interviews of two of the three youth present at the facility. One resident declined to be interviewed but told the auditor when asked that he felt safe at this facility. The auditor used interview guides for youth as indicated by a review of their screening. There were no residents who were who were limited English speaking to be interviewed, there were no residents who were victims of sexual abuse or harassment at this facility and there were no residents who identified as LGBTI.

An exit briefing was held with staff to include the OJS Administrator, Mark LaBouchardiere, PREA Coordinator Nicole Berggren, OJS Lincoln facility administrator, Sarah Brownell, and PREA Compliance Manager, Gary Leffler. The auditor provided a preliminary finding of each standard with the caveat that this was subject to change as the auditor continued to review documents, may have questions to be answered and prepares the interim report. The auditor thanked the staff for their hard work and, their dedication to and caring for the youth under their charge.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The facility is in Lincoln, Nebraska. The Office of Juvenile Services (OJS) contracted with Lancaster County, who operates a detention facility, for use of part of their building. The OJS Lincoln facility is attached to the Lancaster County Youth Services Center, but they are completely independent of each other. The OJS Lincoln facility can house up to 20 youth. There are two living units referenced as pods E and F. Currently E pod houses male residents and F pod houses female residents. Each living area pod has its own dayroom, private restroom with toilet, sink and shower and individual sleeping rooms. Each sleeping room has a door that will be locked when a youth is in the room. Each room has a mattress on a built-in concrete slab, a small desk bolted to the wall with a stool, a high, narrow window, stainless-steel toilet and sink, and a mirror.

The OJS Lincoln facility has its own multi-use room, staff office and exercise room and another space named Pod J that will be used for classroom instruction at a later date. Both the Lancaster County and the state youths use the medical offices, intake area, library, classroom space, gym and outdoor space, but at different times. Great care is taken using door control and procedures to ensure that county youth and state youth do not come into contact. The multi-use room has complete visibility through glass into pods E and F. Staff are posted both in the multi-use room and the living pods when youth are present in the pods.

The camera systems are monitored in the Lancaster County control room by their staff, as well as in the administrator's office and the Program Manager's office. Most doors are operated by the OJS staff via key with the exception of the sally ported exterior doors that are operated by the Lancaster County control room staff via verbal request on the intercom system.

The OJS Lincoln facility is a trauma-focused and trauma-informed programming facility that has high staff to student ratios to meet the individual needs of youth that have specialized needs. Programming includes a full day of school, along with individual, group and family therapies and activities.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

The facility staff have been working on implementation of PREA compliance measures over the past year for the OJS Lincoln facility. Although not all standards were initially met at the time of the on-site portion of the audit, staff and youth were aware of PREA and staff were committed to youth safety. Most importantly when asked the youth stated that they felt safe at this facility.

Following the on-site portion of the audit, the auditor began work on the interim report and continued work with the facility on any questions or issues. There was one corrective action and one recommendation noted during the on-site audit that the facility corrected even before the auditor departed the facility – the pod phone system was not working and the Child Advocacy Center phone number was not posted. The OJS Lincoln staff were very proactive in providing anything the auditor needed or making any corrections either recommended or required by the standard. There were a total of seven corrective actions needed for compliance. One corrective action was completed while on-site and the remaining items were completed during the interim period prior to the auditor completing the audit report. Therefore, a final report was issued within 45 days of the on-site audit report and no interim report was issued.

CORRECTIVE ACTIONS (Standards Not Met)

The following Corrective Actions are required by the auditor in order for the OJS Lincoln facility to achieve compliance with the PREA Juvenile Standards.

Standard 115.317 Hiring and promotion decisions

CORRECTIVE ACTION: The auditor required the OJS Lincoln facility provide the background check for the one employee who transferred in from another division who had the newly hired employee background check but did not have the five-year background check. The auditor required the OJS Lincoln facility to provide the background check for the newly hired employee whose background check was still pending at the time of the on-site portion of the audit. These missing background checks were provided to the auditor on 02-18-21 and 02-22-21 respectively.

Standard 115.322 Policies to ensure referrals of allegations for investigations

CORRECTIVE ACTION: The auditor required the investigative policy be placed on the OJS Lincoln

facility website. The auditor reviewed the website on 03-11-20 and noted that the policy was posted at <https://dhhs.ne.gov/Youth%20Facility%20Documents/Lincoln%20Facility%20Operational%20Memo%20Prevention,%20Detection,%20Reporting,%20Staff%20Response%20&%20Investigations.pdf>

Standard 115.333 Resident education

CORRECTIVE ACTION: The auditor required that the facility split their training with the more comprehensive training being done later, but within ten days of intake. They should also document that training separately from the intake initial training. The facility immediately rectified this by changing their procedures and putting in place verification forms for the initial training on day one and the more comprehensive training on day five.

Standard 115.341 Obtaining Information from residents

CORRECTIVE ACTION: The auditor required the OJS Lincoln facility modify their screening to assign points or use a specific number of questions to assign an outcome to provide for a more objective screening tool. The OJS Lincoln facility staff modified their Screening for Vulnerability, Assaultive or Sexually Aggressive Behavior form using assigned points to questions. The form can now be scored using 0-4 points as Low, 5-8 points as Moderate and 9-16 points as High in those three categories.

Standard 115.351 Resident reporting

CORRECTIVE ACTION: The auditor required that the youth phone within the pods be able to call the Child Abuse & Neglect Hotline. The facility immediately remedied this by contacting their phone service provider while the auditor was still on-site. The auditor conducted another test call to the Child Abuse & Neglect Hotline and successfully reached the hotline from the pod phone.

Standard 115.388 Data review for corrective action

CORRECTIVE ACTION: The auditor required the facility to prepare an annual report assessing the facility's progress in addressing sexual abuse and post this annual report on the agency's website. The auditor accessed the website on 03-11-20 and reviewed the annual report. The annual report contained all components required by the standard. The website link to their annual report is <https://dhhs.ne.gov/Youth%20Facility%20Documents/2020%20Annual%20Prevention%20Rape%20Elimination%20Act%20Report.pdf>

Standard 115.389 Data storage, publication and destruction

CORRECTIVE ACTION: The auditor required that the facility post PREA aggregate data on their website. The auditor accessed the DHHS website on 03-11-20 and reviewed the aggregate data contained within their annual report. The website link to their annual report is <https://dhhs.ne.gov/Youth%20Facility%20Documents/2020%20Annual%20Prevention%20Rape%20Elimination%20Act%20Report.pdf>

AUDITOR RECOMMENDATIONS

While the auditor determined that the following items are compliant with the standards, the auditor recommends the following improvements.

Standard 115.315 Limits to cross gender viewing and searches

The staff are so strongly educated as to the prohibition of conducting a cross gender search that they are hesitant to even state the proper methods of conducting one. The auditor recommended that the trainer strengthen the use of the back of the hand when searching around the breasts or the groin while conducting a cross-gender search. The facility conducted a refresher training to staff on 2-9-21 and provided the auditor with a signed training form on 2-18-21.

Standard 115.316 Residents with disabilities and residents who are limited English proficient.

The auditor recommends that the trainer strengthen when staff would use the Language Line and when they would use the contracted in-person interpreters. In addition, the Language Line instructions should be posted in the red PREA binder at the duty desk.

Standard 115.317 Hiring and promotion decisions

The auditor recommends they put in place a method to ensure transferred employees are not missed in the five-year re-checks. The auditor recommends that the continuing duty to report be placed on the form with the questions regarding sexual misconduct.

Standard 115.318 Upgrades to facilities and technology

The auditor recommends cameras in the classroom spaces prior to youth occupying these areas.

Standard 115.333 Resident education

The auditor recommended that the telephone number for the Child Advocacy Center (CAC) be placed on the bulletin board next to the phone in the pods. Staff immediately remedied this by posting the CAC contact information on the bulletin board while the auditor was still on-site.

Standard 115.354 Third-party reporting

The auditor recommended that third-party reporting information is also posted in its own link on their website with a title like “How to report abuse”. There could be third parties other than parents or guardians who may need this information and would not look in the parent handbook online. The auditor reviewed the website on 03-11-2020 and noted that the hotline number was very prominently positioned on the website at <https://dhhs.ne.gov/Pages/YRTC-Facilities.aspx>.

Standard 115.371 Criminal and administrative agency investigations

The auditor commends the staff for investigating all types of incidents to include a single defamatory remark, contact incidental to a physical altercation, viewing that was incidental to routine cell checks, and youth misbehavior such as flashing. However, the auditor recommends that following the investigation those incidents that did meet the standards definitions of sexual abuse and sexual harassment are recorded in the exigent circumstance log and not recorded as an incident of sexual abuse or sexual harassment. A section of the investigation files for “Investigations that Do Not Meet PREA Definitions” would be useful for the annual review process as well as future audits. The facility updated how they record their investigations to include a section for those that were investigated but do not meet the PREA definition for sexual abuse or sexual harassment.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility has a well-written PREA policy. The policy is titled 115.17.7 <i>Prevention, Detection, Reporting, Staff Response, & Investigation of Abuse, Neglect, Sexual Harassment, Sexual Abuse/Assault</i>. This policy will be referred throughout this report as the PREA policy. The PREA policy mandates zero-tolerance and outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor observed that the procedures for following the standards were being met through directive and standard operating procedure.</p> <p>The OJS Lincoln facility has a dedicated compliance team that consists of three levels versus the normal two. The compliance team includes the agency level PREA Coordinator, a Program Manager I and the facility PREA Compliance Manager. The PREA Coordinator reports outside of the agency chain of command directly to the Chief Operating Officer for the Department of Health and Human Services (DHHS). This team as well as facility staff have been working diligently to address every standard in both policy and procedure. The team has the authority to develop, implement and oversee the efforts and has the complete support of both the agency administrator and the facility administrator.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not contract for the confinement of its residents with other private agencies/entities.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility has a documented staffing plan within their policy. In addition, they provided many start-up documents to demonstrate to the auditor how they planned the facility for opening with consideration for youth sexual safety. They added additional cameras to the areas prior to taking over occupancy of their leased spaces from the county. They discussed plans for additional camera placement in the classroom area of J-Pod and the shared classroom space with the county. The staffing ratios are higher than the standard requirement of 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours. Currently the resident numbers are low and they are not fully staffed, yet the auditor still witnessed five to ten staff in the living area with three students present. The administrators state that this program was planned to be heavily staffed to meet the specialized needs of this population and will always remain greater than the PREA standard required ratio. During programming times it will be 1 to 2 staff per youth. There have been no documented incidents of falling below the standards ratio. Procedure for the facility is that even when the numbers are low, there is always one male and one female staff member on duty. The PREA policy requires upper-level staff to conduct and document unannounced rounds by intermediate- and higher-level staff. A review of checks confirm that the administrator and the two Behavior Tech Supervisors complete these rounds. Rounds are documented in the logbook, the Behavior Tech Supervisors daily report and in the unannounced rounds sheet. The auditor verified this by reviewing documentation and through interviews.</p> <p>The facility conducts pat searches upon intake with a single staff member alone with the youth, but the area is on camera. This search is currently done in the corridor connecting the garage and the county intake area. This is due to COVID precautions. In the future the facility will utilize the county intake area when there are no county intakes in progress.</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not conduct cross-gender strip searches, cross-gender pat-down searches or cross-gender visual body cavity searches. This was verified through interviews with both staff and youth. If a cross-gender search would be performed, it will be logged in the exigent circumstance log.</p> <p>The facility has good procedures in place that enable residents to shower, toilet and change clothing without staff of the opposite gender viewing them naked. All youth are housed in individual rooms. The only time a youth would be in a state of undress is while either using the toilet or in the shower. Youth request a magnet that goes over the window light in the door to their room when using the toilet in their room. There is a private restroom with a shower and a toilet in the pod. A youth is keyed in and out by staff when using this restroom. All youth shower individually and privately in this single shower. There have been no instances of transgendered or intersex residents admitted to the facility. However, the OJS Lincoln facility staff were aware of the responsibility of determining sex solely through professional conversation or through medical records or through part of a broader medical examination by a medical practitioner.</p> <p>The facility prohibits cross-gender searches, but still provides cross-gender search training in the event an exigent circumstance occurs. Staff were able to portray to the auditor their policy and procedures regarding cross gender searches and training was evident both through interviews and documentation. The staff are so strongly educated as to the prohibition of conducting a cross gender search that they are hesitant to even state the proper methods of conducting one. The auditor recommends that the trainer strengthen the use of the back of the hand when searching around the breasts or the groin while conducting a cross-gender search.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This OJS Lincoln facility uses both a contracted interpretive service, the Language Line, and a list of state contracted interpreters for youth who may not speak English or speak through Sign Language. The facility does not use residents to interpret for other residents. They have instructed all staff in the use of these procedures and the state contracted interpreters are listed in the PREA book at the duty desk within the housing area so that they are easily accessible by staff. Staff articulated these procedures during the interviews. The auditor recommends that the trainer strengthen when staff would use the Language Line and when they would use the contracted in-person interpreters. In addition, the Language Line instructions should be posted in the red PREA binder at the duty desk. The interpretive services can assist in the intake process, screening process, education on how to report and if need be, translate during the investigative process. Staff work with youth who have either visual impairments or reading and comprehension issues by verbally reviewing the material.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's personnel files are maintained on-line. The Human Resources staff brought a laptop and pulled up employee files for the auditor to review electronically. The facility has performed background checks at the time of employment of new hires. The auditor reviewed personnel files to confirm the background checks were completed as per the standard. One employee who was transferred from another facility did not have the five-year background re-check. The auditor recommends they put in place a method to ensure transferred employees are not missed in the five-year re-checks. OJS Lincoln facility performs Child Abuse and Neglect Registry checks at the time of employment. They have a form asking the questions regarding sexual misconduct that is completed upon hiring and during the annual review process. The continuing duty to report is outlined in policy and all staff are required to sign that they have read and understood the policy. The auditor recommends that the continuing duty to report be placed on the form with the questions regarding sexual misconduct. The facility conducts the required checks with former institutional employees regarding sexual misconduct while employed.</p> <p>CORRECTIVE ACTION: The auditor required the OJS Lincoln facility provide the background check for the one employee who transferred in from another division who had the newly hired employee background check but did not have the five-year background check. The auditor required the OJS Lincoln facility to provide the background check for the newly hired employee whose background check was still pending at the time of the on-site portion of the audit. These missing background checks were provided to the auditor on 02-18-21 and 02-22-21 respectively.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This facility was newly opened in leased spaces from the county. Operation with youth began in February 2020. In the opening of the facility, the administrators considered the ways in which to enhance their efforts and abilities to protect residents from sexual abuse using electronic monitoring and video monitoring. They have camera systems in all key areas except for the classroom areas that currently are not used by youth. Additionally, they have intercom systems in each room in which the youth can signal the staff for assistance. The auditor recommends cameras in the classroom spaces prior to youth occupying these areas.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As soon as the administrator is notified of a sexual abuse the protocol is to call the Child Protective Services hotline and/or the Nebraska State Police. Both agencies use the Child Advocacy Center (CAC) in Lincoln to advocate and assist youth who have been sexually assaulted. The staff take direction from the State Police and the Child Advocacy Center on when and where to transport sexual assault victims for a forensic examination. Typically, staff will transport the resident to Bryan Hospital for this examination. Bryan Health has a team of more than 30 registered nurses who serve as sexual assault nurse examiners. Staff from several departments at Bryan participated in adult and pediatric education and certification. A sexual assault nurse examiner is on-call, 24 hours a day, to respond to the needs of patients. Victims can be seen at both of Bryan's emergency department locations in Lincoln. Annual competency training ensures that Sexual Assault Nurse Examiners (SANE) at Bryan stay up to date on the latest advances and treatments available for patients.</p> <p>The facility has a Memorandum of Understanding (MOU) with the Child Advocacy Center (CAC) which provides counseling to survivors of sexual abuse and provide accompaniments to the hospital, during interviews and throughout the investigative and criminal proceedings process. The CAC has SANEs available and forensic examinations can be conducted at their facility but it is not staffed 24-hours each day and may not always be available. Often the CAC directs that the youth be transported to Bryan Hospital and a CAC advocate will accompany the youth through the forensic examination process at the hospital.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The policy and procedures are in place to always notify the compliance coordinator for every incident of sexual abuse or sexual harassment. PREA policy 115.17.7 then specifically states that the OJS Lincoln facility will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to the Nebraska State Police that involves potentially criminal behavior. Allegations that are not criminal are investigated by trained investigators at the facility. The OJS Lincoln facility did not have the investigative portion of their PREA policy on the facility website.</p> <p>CORRECTIVE ACTION: The auditor required the investigative policy be placed on the OJS Lincoln facility website. The auditor reviewed the website on 03-11-20 and noted that the policy was posted at https://dhhs.ne.gov/Youth%20Facility%20Documents/Lincoln%20Facility%20Operational%20Memo%20Prevention,%20Detection,%20Reporting,%20Staff%20Response%20&%20Investigations.pdf</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility provides PREA training to all staff. The training is based on training resources that the PREA Compliance Manager has compiled from the PREA Resource Center website. The auditor reviewed the training material to include PowerPoint presentations and quizzes and interviewed the PREA Compliance Manager who provides the facility's training and interviewed staff about the training they received. Staff sign a roster when they attend training.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility currently has no volunteers but they are aware of the training requirements should they employ volunteers in the future.</p> <p>The contractors include medical and mental health staff who may work with the youth. The PREA Compliance Manager also provides these contracted staff with training and they sign training acknowledgment forms. This training was verified through a review of training materials, signature sheets and interviews with the contracted workers.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides information to residents upon intake regarding the OJS Lincoln facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was evident through the interviews with youth. The facility verbally goes over written orientation information with the youth and then has the youth sign the form when complete. They also provide additional comprehensive education using a comic and a video, but it is also done during the first day while in intake. The auditor explained that the intent of the two parts to the standard is that the more comprehensive training is not provided during intake. It should be provided later, but within ten days so the resident has an opportunity to acclimate and better absorb the information. There should be a separate signed document for the more comprehensive training.</p> <p>This more comprehensive training includes their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding the OJS Lincoln facility's policies and procedures for responding to such incidents. This information is continuously and readily available through posters throughout the facility as well as in the handbook. The Child Advocacy Center (CAC) is explained during the more comprehensive orientation process but the CAC contact information was not on the bulletin board near the phone. The auditor recommended that the CAC number be placed on the bulletin board next to the phone in the pods. Staff immediately remedied this and posted the CAC contact information on the board while the auditor was still on site. The facility had verification of both the initial training and comprehensive training done on the same day during intake.</p> <p>CORRECTIVE ACTION: The auditor required that the facility split their training with the more comprehensive training being done later, but within ten days of intake. They should also document that training separately from the intake initial training. The facility immediately rectified this by changing their procedures and putting in place verification forms for the initial training on day one and the more comprehensive training on day five.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Nebraska State Patrol conducts sexual abuse investigations. The Compliance Team, to include the PREA Coordinator, Program Manger I, and the PREA Compliance Manager, is trained to conduct internal administrative, non-criminal investigations and provided the auditor the training material and their certificates of completion. In addition, all abuse allegations are turned over to the Department of Health and Human Services Children and Family Services.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility typically uses a contracted nurse through Wellpath. However, this nurse has taken some emergency personal leave. Therefore, the OJS Lincoln facility is currently using a combination of temporary nursing staff from Wellpath and the nurse from a nearby DHHS youth facility. Through interviews with the DHHS youth facility nurse it is apparent she is knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The trainer provided signed training records and the auditor reviewed the training materials used.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility has a screening process. The auditor reviewed the screening tool that the OJS Lincoln facility uses. The screening is very thorough and conducted by the licensed mental health professional who takes her time and gets a clear picture of responses to all standard required questions. She also reviews the resident's file to ensure responses match the history and that all relevant information is used in determining risk. However, the screening appears to be subjective in assigning the outcome of low, moderate or high risk. If more than one screener asked the same questions and received the same responses, they may not assign the same risk level. The facility maintains and uses information about each resident's personal history and behavior to assist in reducing the risk of sexual abuse by or upon a resident.</p> <p>CORRECTIVE ACTION: The auditor required the OJS Lincoln facility modify their screening to assign points or use a specific number of questions to assign an outcome to provide for a more objective screening tool. The OJS Lincoln facility staff modified their Screening for Vulnerability, Assaultive or Sexually Aggressive Behavior form using assigned points to questions. The form can now be scored using 0-4 points as Low, 5-8 points as Moderate and 9-16 points as High in those three categories.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All youth are housed within individual rooms at the OJS Lincoln facility. The facility has had no transgender or intersex residents, but interviews indicate that a transgender or intersex resident's own view with respect to his or her own safety would be given serious consideration on how they are placed and that they would be reevaluated at a minimum of every six months. All residents shower separately. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility has had no occurrence of using isolation to keep residents safe from sexual victimization and all staff stated that typically isolation would not be used for this purpose. The facility's policy requires that residents have access to large muscle exercise, legally required education, special education services, and other programs and work opportunities and daily visits from a medical or mental health care clinician. This was confirmed as the practice through interviews.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to staff including medical and mental health staff or write a grievance. They also can speak with the Administrator or the PREA Compliance Manager by making a request at any time. They have regular contact with their family, probation, attorney or Children and Family Services case worker. They can call externally to the Child Abuse & Neglect Hotline provided by the Nebraska Department of Health and Human Services Children and Family Services. This number is available on posters posted in the dayroom near the telephone. However, when the auditor attempted to place a call within the pod, the call did not go through. Administrators stated that they recently transferred to a new phone service provider and perhaps not all the numbers have been loaded. Youth are always able to request to use the phones in the multi-use room as well. Staff stated to the auditor that they understand that if they request to speak with the hotline, the CAC, the ombudsman, or their attorney that these calls cannot be monitored. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.</p> <p>CORRECTIVE ACTION: The auditor required that the youth phone within the pods be able to call the Child Abuse & Neglect Hotline. The facility immediately remedied this by contacting their phone service provider while the auditor was still on-site. The auditor conducted another test call to the Child Abuse & Neglect Hotline and successfully reached the hotline from the pod phone.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps to submit a grievance for an allegation of sexual abuse. There is no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment, but it does not have to be reported by that method.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility has an MOU with the Child Advocacy Center (CAC) for crisis support services. The CAC contact information was not initially posted on their bulletin board, but the facility immediately remedied this. The OJS Lincoln facility provides youth with reasonable and confidential access to their attorneys and parents. In addition, youth reported that they had contact with their families regularly.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has posted publicly on their website at http://dhhs.ne.gov/Pages/YRTC-Reports.aspx the OJS Lincoln facility parent handbook which includes a paragraph about how to report to the Children and Family Services Child Abuse & Neglect Hotline. The auditor recommends that third-party reporting information is also posted in its own link on their website with a title like "How to report abuse". There could be third parties other than parents or guardians who may need this information and would not look in the parent handbook online. There is also information posted throughout the facility to include the youth areas and the visitation area.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Apart from reporting to designated supervisors or officials and designated State agency, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Medical staff are required to report sexual abuse to designated supervisors and officials as well as to the designated State service agencies. Such practitioners are required to inform the residents at the initiation of services of their duty to report and the limitation of confidentiality. The nurse states that when youth come in during the intake process they sign an informed consent form. This is also done verbally during services. There is also a sign posted in the medical offices that informs youth that if they tell medical staff they were hurt by anyone or themselves they must report it.</p> <p>The staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to designated investigators. Upon receiving any allegation of sexual abuse, the Administrator or designee promptly reports the allegation to the Department of Health and Human Services Children and Family Services Child Abuse and Neglect hotline and to parents or the legal guardian.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Through interviews with the Administrator and random staff there is evidence to support that the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Through interviews with the OJS Administrator, the facility administrator, the PREA Coordinator and the PREA Compliance Manager there are procedures in place to appropriately act upon receiving an allegation of sexual abuse of a resident while at another facility with such action initiated no later than 72 hours and actions documented. They stated that this notification must be from Administrator to Administrator. There have been no instances of these allegations received regarding abuse at other facilities.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The OJS Lincoln facility staff were well versed in first responder duties and were aware of all elements of this standard (separate alleged victim/abuser, preservation, and protection of crime scene, to include collection of physical evidence as soon as possible by law enforcement or the SANE nurse, including the request of the victim not to take any actions which could destroy any physical evidence). A review of policy as well as interviews with random staff confirmed knowledge of these procedures. There have been no incidents at this facility that required the preservation of physical evidence, forensic exam, or protection of a crime scene. All OJS Lincoln facility staff are trained as security staff/first responders.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a coordinated response plan in their PREA policy. The policy outlines the coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, facility leadership and the external responders. Staff always call or assist the youth in calling the Abuse and Neglect Hotline. The Children and Families staff's response are coordinated between the Nebraska State Police and the Child Advocacy Center. Staff interviews and interviews with the Administrator, the PREA Coordinator and the PREA Compliance Manager indicate staff are aware of their responsibilities to coordinate responses within the facility.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The staff are represented by collective bargaining agreements. However, after a review of the agreements and interviewing administrators there are no barriers preventing the Administrator from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a PREA policy that includes measures to protect against retaliation. One of the Behavior Tech Supervisor and the Program Coordinator are charged with monitoring for retaliation. Should any person who cooperates with a sexual misconduct investigation express fear of retaliation appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. The monitoring is documented for up to 90-days or longer if needed on the Protection Against Retaliation form and an electronic copy is kept which includes the date, time and monitoring comments.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility typically does not use segregated housing of residents to keep them safe from sexual misconduct. Youth have individual sleeping rooms and when they are out of their room they are in the direct supervision of many staff. Adequate precautions can be taken such as keeping the youth closer to staff to keep them safe. There has been no use of segregated housing to protect a resident who alleged to have suffered sexual abuse.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 1256">The facility investigated a total of 39 investigations. They investigated 19 incidents of resident-on-resident sexual abuse or sexual harassment. Of these there were 11 substantiated sexual harassment cases; four substantiated sexual abuse cases and four unfounded sexual abuse cases. The facility investigated three incidents of staff-on-resident sexual abuse or sexual harassment. All incidents regarding staff were unfounded. There was one staff case classified as an unfounded exigent circumstance. There were 15 resident-on-resident investigations that the investigator determined did not meet the definition of sexual abuse or sexual harassment. These were incidents of a single defamatory remark or contact incidental to a physical altercation. It is important to note they investigated and recorded incidents that the auditor believes to be a viewing that was incidental to routine cell checks, youth misbehavior (youth intentionally took off their shirt) or contact incidental to physical altercation. These do not meet the definitions of sexual abuse or voyeurism. The auditor commends the staff for investigating all types of incidents to include a single defamatory remark, contact incidental to a physical altercation, viewing that was incidental to routine cell checks, and youth misbehavior such as flashing. However, the auditor recommends that following the investigation those incidents that did meet the standards definitions of sexual abuse and sexual harassment are recorded in the exigent circumstance log and not recorded as an incident of sexual abuse or sexual harassment. A section of the investigation files for "Investigations that Do Not Meet PREA Definitions" would be useful for the annual review process as well as future audits. The facility updated how they record their investigations to include a section for those that were investigated but do not meet the PREA definition for sexual abuse or sexual harassment and provided that to the auditor following the on-site portion of the audit.</p> <p data-bbox="252 1301 1485 1671">Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports that will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Compliance Team to include the PREA Coordinator, the Program Manager I and the PREA Compliance Manager is designated as the facility administrative investigators. The Nebraska State Police conducts all criminal investigations and has provided a letter to the agency acknowledging the PREA standards and that their investigations will be conducted consistent with these standards.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The OJS Lincoln facility uses no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment. The auditor determined this through a review of policy, interviews and a review of investigatory files.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility documented their outcome of the investigation reported to the resident on their investigatory documents. They recently updated their investigation forms and now have a new form that documents their notification to residents as to whether the allegation was substantiated, unsubstantiated or unfounded and also requires that the resident sign the form.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All staff members who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. No staff has violated agency sexual abuse, harassment, or retaliation policies. Interviews conducted with the Administrator and a review of investigative files verified that there have been no substantiated allegations at the facility. Interviews also confirmed that this standard would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Any contractor or volunteer who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The licensed mental health professional confirmed that if the screening tool indicates there was previous sexual abuse victimization or perpetration, they will offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This offer for follow-up care will be documented within the medical record or therapists' records.</p> <p>Residents are notified that if they report prior sexual victimization even incidents that did not occur in an institutional setting and they are under 18 years of age, they must notify Department of Health and Human Services Children and Family Services Child Abuse & Neglect Hotline. The medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting if the resident is 18.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides access to emergency medical and mental health services. In the event services after hours are not available by the facility medical health staff, residents would be taken to Bryan Hospital. The facility health services staff work in coordination with Bryan Hospital to ensure that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Nebraska has a state law (Neb. Rev. Stat. §81-1429.03) which requires that the full out-of-pocket cost or expense that may be charged to a sexual assault victim in connection with a forensic medical examination are to be paid from the Sexual Assault Payment Program Cash Fund. This program is administered by the Nebraska Department of Justice. These services have not been used since the facility opened.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility requires that medical and mental health evaluations and treatment be offered at no cost to sexual abuse victims and abusers. If the youth is taken to hospital, they would follow any recommendations made by hospital staff or provide any services needed that were not provided by the hospital. The nurse stated that in many instances mental health services are provided on-site by their psychiatrist or by the in-house Licensed Mental Health Professional. If a youth is taken to the hospital, tests for sexually transmitted infections and pregnancy will be offered there by the SANE, but they also have standing orders for those if for some reason they were not done at the hospital.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility conducts incident reviews as outlined within their PREA policy. They conduct formal sexual abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. This review includes upper-level staff, supervisors, investigators, and medical staff. The auditor verified this through interviews, a review of policy and a review of investigatory files with a documented incident review when required by the standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. The facility provided data compiled since opening in February 2020. The facility does not contract with any other facility for the confinement of its residents.</p>

115.388	Data review for corrective action
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1473 618">The facility has not been open one year and therefore had not held an annual review of data or prepared an annual report. They understand that this review is to be attended by all upper-level managers and should report findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse. The administrators have stated that this review is scheduled to be conducted in February 2021. During their review they will look at both their previous years activities in addressing sexual abuse, and corrective actions they have taken and a review of any incidents that occurred.</p> <p data-bbox="252 663 1485 943">CORRECTIVE ACTION: The auditor required the facility to prepare an annual report assessing the facility’s progress in addressing sexual abuse and post this annual report on the agency’s website. The auditor accessed the website on 03-11-20 and reviewed the annual report. The annual report contained all components required by the standard. The website link to their annual report is https://dhhs.ne.gov/Youth%20Facility%20Documents/2020%20Annual%20Prison%20Rape%20Elimination%20Act%20Report.pdf</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has not been open one year and therefore had not held an annual review of data or prepared an annual report to include aggregate data for posting to their website Data collected is retained via limited access and through a secure server for at least ten (10) years.</p> <p>CORRECTIVE ACTION: The auditor required that the facility post PREA aggregate data on their website. The auditor accessed the DHHS website on 03-11-20 and reviewed the aggregate data contained within their annual report. The website link to their annual report is https://dhhs.ne.gov/Youth%20Facility%20Documents/2020%20Annual%20Prison%20Rape%20Elimination%20Act%20Report.pdf</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This facility opened in February 2020 and therefore this is their first audit. This agency operates two other juvenile facilities. Both facilities have been audited in each three-year cycle thus meeting the standard for 1/3 of the facilities to be audited. Both of these facilities audits from 2018 are posted on the agency website at http://dhhs.ne.gov/Pages/YRTC-Reports.aspx.</p> <p>The auditor had complete access to the facility and was able to observe all areas of the facility. The auditor was provided numerous documents, viewed camera systems, and interviewed residents and staff from all shifts. The staff were very professional throughout the audit. The auditor did not receive any confidential communication from residents at this facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This facility opened in February 2020 and therefore this is their first audit, and no previous audits are posted on their website. The agency's two other facilities audits from 2018 are posted https://dhhs.ne.gov/Pages/YRTC-Reports.aspx .

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

Attachment 55

YRTC-Lincoln 2022 ACA Audit

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE INITIAL AUDIT

State of Nebraska
Youth Rehabilitation and
Treatment Center- Lincoln
Lincoln, NE

June 27-29, 2022

VISITING COMMITTEE MEMBERS

Ernest Umunna, Chairperson
ACA Auditor

William Gallaher
ACA Auditor

A. Introduction

The initial audit of the Youth Rehabilitation and Treatment Center-Lincoln (YRTC-L) Lincoln, Nebraska was conducted on June 27-29, 2022, and utilizing the American Correctional Association (ACA) Standards for Juvenile Correctional Facilities, 4th Edition, 2016 Standard Supplement. The following team conducted the audit: Ernest Umunna, Chairman and William Gallaher, Member.

B. Facility Demographics

Rated Capacity: 20 (Male: 9 and Female: 11)
Actual Population: 7 (Male: 4 and Female: 3) as of June 28, 2022
Average Daily Population for the last 12 months: 7
Average Length of stay: 4-9 months
Security/Custody Level: Maximum
Age Range of Youth: 14 – Until 19th Birthday
Gender: Male and Female
Full-Time Staff: 54
 ✓ Administration: 2
 ✓ Support: 10
 ✓ Program: 42

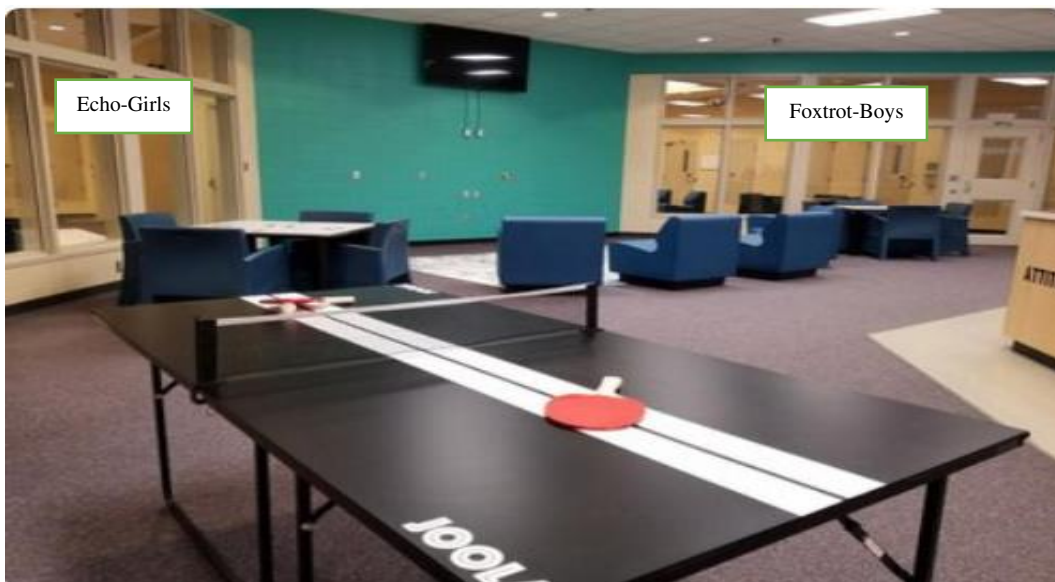
C. Facility Description



The Youth Rehabilitation and Treatment Center (YRTC-Lincoln) is located inside the Lancaster County Youth Services Center. However, youth in the state’s program are in separate programs from those in county detention.

The rated capacity of the facility is 11 girls and 9 boys. The Lincoln Facility serves both male and female youth ranging in age from 14 to 19 years. Youth are separated by gender into different secure housing pods. Youth have typically been transferred from either the Kearney or the Hastings YRTC campuses after it has been determined that their behavioral/mental health needs represent a higher acuity and risk, and they would be better treated with the programming higher level of supervision offered in the Lincoln YRTC facility.

The facility has individual rooms, as opposed to the dormitory style used in Kearney. The facility is located at 1200 Radcliff Street, Lincoln, NE. The Lincoln Facility opened in February 2020 and was quickly impacted by COVID-19. The facility includes a shared day-room for the boys and the girls. There are two pods, the Echo pod (11 single rooms) for the females and the Foxtrot pod (9 single rooms) for males.



The facility plan is “trauma-focused and informed” and differ from the Kearney center in its ability to provide one-on-one care to teens. In addition, the facility provides schooling and group counseling.

The YRTC-Lincoln shares library and gym space with the Lancaster County Youth Services Center. Youth from the two programs does not use the spaces at the same time.

The YRTC-Lincoln Philosophy: “At the Lincoln Facility, we work to ensuring each youth we support is provided specialized and individual treatment by utilizing scientific techniques and applying empirical approaches based upon the principles of Applied Behavioral Analysis. Our focus is to change behavior of social significance and provide stabilization while skills that generalize to the community for a successful transition into community-based services. The Lincoln Facility is committed to a comprehensive treatment process including the valuable participation and input from families and external personal and professional supports for the youth.”

The YRTC-Lincoln mission: “To help youth live better lives through effective services affording them the opportunity to become law-abiding and productive citizens.” This is accomplished through individualized programming that is based on the youth’s functional behavioral assessment. The youth participate in group meetings, huddles, and therapy that help build skill building, self-regulation, and overall physical wellbeing. The YRTC-Lincoln Facility program include substance use disorder, education, individual counseling, family counseling, academic education, psychiatric counseling, chemical dependency treatment, trauma counseling, problem resolution, and transitioning to the community.

The Nebraska Department of Health and Human Services mission, “Helping people live better lives.”

D. Pre-Audit Meeting

The team met on June 27, 2022, in Lincoln, Nebraska, to discuss the information provided by the Association staff and the officials from the Youth Rehabilitation and Treatment Center-Lincoln (YRTC-L) Lincoln, NE.

The chairperson divided standards into the following groups:

Standards #4-JCF-1A-01 through #4-JCF-3E-01, William Gallaher, Member

Standards #4-JCF-4A-01 through #4-JCF-6G-14, Ernest Umunna, Chairperson/Healthcare Member

E. The Audit Process

1. Transportation

Transportation from the airport was provided by Lucas Jones-Compliance Specialist (YRTC-Kearney, YRTC-Hastings), Fred Boon-Compliance Specialist (YRTC-Kearney) and Shaylee Fortner -Statewide Compliance Manager (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF).

The team was escorted to the facility by Lucas Jones-Compliance Specialist (YRTC-Kearney, YRTC-Hastings) and Fred Boon-Compliance Specialist (YRTC-Kearney) who also provided daily transportation.

2. Entrance Interview

The audit team proceeded to the office of Sarah Brownell-Facility Administrator. The team expressed the appreciation of the Association for the opportunity to be involved with the Youth Rehabilitation and Treatment Center-Lincoln (YRTC-L) Lincoln, NE in the accreditation process.

The audit team inquired of any issues or problems that will impact the audit process, such as COVID-19 precautions, Cohort and Quarantine Units, lockdowns, and if

staffs and youth are aware of the audit review, and if any staff or youth have requested a meeting with the audit team.

In addition, the visiting committee team requested that privacy to be provided when a team member interviews a youth to allow the youth the privilege and self-assurance to speak freely.

Sarah Brownell-Facility Administrator. escorted the team to the therapy/school area or J-Pod where the formal entry meeting was held.

The following persons were in attendance:

- Mark LaBouchardiere - Juvenile Services Administrator (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF)
- Sarah Brownell - Facility Administrator (YRTC-Lincoln)
- Shaylee Fortner - Statewide Compliance Manager (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF)
- Sara Thomas - Clinical Program Director (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF)
- Joni Suhr - Registered Nurse Supervisor (YRTC-Lincoln, YRTC-Kearney)
- Seth Lutz - Principle (YRTC-Lincoln, Whitehall PRTF)
- Samantha Mooney - Compliance Specialist (YRTC-Lincoln, Whitehall PRTF)
- Lucas Jones - Compliance Specialist (YRTC-Kearney, YRTC-Hastings)
- Fred Boon - Compliance Specialist (YRTC-Kearney)
- Austin Coyle - Behavioral Technician Supervisor (YRTC-Lincoln)
- Chris Gallegos - Behavioral Technician Supervisor (YRTC-Lincoln)

The auditors introduced themselves and shared their background and experiences. It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

The team emphasized that the facility should expect a thorough, professional, and fair audit.

3. Facility Tour

The team toured the facility from 9:30 a.m. to 12:55 p.m. on Monday, June 27, 2022. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

- Sarah Brownell - Facility Administrator (YRTC-Lincoln)
- Shaylee Fortner - Statewide Compliance Manager (YRTC-Lincoln, YRTC-Hastings, YRTC-Kearney, Whitehall PRTF)
- Austin Coyle - Behavioral Technician Supervisor (YRTC-Lincoln)
- Chris Gallegos - Behavioral Technician Supervisor (YRTC-Lincoln)
- Samantha Mooney - Compliance Specialist (YRTC-Lincoln, Whitehall PRTF)
- Fred Boon - Compliance Specialist (YRTC-Kearney)

Notices of the ACA audit were posted throughout the facility.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarize the findings regarding the quality of life.

Security:

The security (Behavior Technicians) operates 3 8-hour shifts, first shift from 6:00 a.m. to 2:00 p.m., second shift from 2:00 p.m. to 10:00 p.m. and third shift from 10:00 p.m. to 6:00 a.m.

The facility's use of force policy and procedures meet all ACA requirements and limitations including investigations and reporting of all incidents. The facility utilizes the *Handle with Care* approach to physical intervention. This approach utilizes verbal de-escalation skills, release techniques, blocking techniques and primary restraint techniques (PRT). Also used are mechanical restraints, placing youth on the wall, PRT floor takedowns, two-person escort techniques, as well as shield and chair techniques.

Following an incident, staff documents the location of incident, the reason for physical intervention, whether staff was injured and required medical attention. Reporting also addresses the behavior of the youth, staff responses and witness statements. Following a quality review by the Compliance Specialist, the form is forwarded to the Facility Administrator for review. A debriefing occurs after the incident and includes a review of the incident, impact on staff and youth, and corrective actions taken and needed and is concluded by plans for improvement to avoid another incident. Documents reviewed were descriptive and met all reporting requirements of the facility and ACA.

The facility staffing pattern requires a higher concentration of staff during awake hours. At the time of the audit, the facility was fully staffed with unit staff. Three Behavior Technicians are assigned overnight.

During all shifts, there was at least one shift leader. Staff assigned to each unit, central control, and intake-maintained logs of all relevant activity in their assigned area including routine, emergency, and unusual incidents in their assigned area. Historical and current information reviewed was informative, descriptive, and validated with staff initials.

Each post included post orders and documentation observed, and staff interviews confirmed staff review post orders when assigned to the post. The post orders are reviewed at least annually, and all updates are communicated to staff.

Facility staff completes daily inspections of all facility areas which are documented in the *YRTC-L Safety, Sanitation, and Detail Checklist*. The summary report notes the posting of grievance, youth rights, rules and violations and related forms. Safety areas assessed include emergency exit lights, general purpose lights, fire extinguishers, posted emergency evacuation plans, radios, door/magnetic locks and cameras. Also reported is the intercom system and windows. The report also reports deficiencies and corrections. A separate report is prepared by the facility Safety Officer. This checklist is completed monthly and includes sprinklers, exit signs, water temperatures, fire drills, fire extinguishers and pull stations. Results were reviewed by management on an ongoing basis through the audit cycle. Documentation was also provided reporting repairs or other required action was completed in a timely manner. YRTC has 30 days of saved video but can look at county recording if further back.

A Daily Count Sheet documents the status of youth, including admission, release, transfer data and youth away from the facility, at the 0530, 0730, 1230, 1830, and 2200 counts.

The facility's escape procedures and responses are comprehensive and include notification of local law enforcement, agency staff and the courts. Due to the county detention center working agreement, emergency contact numbers are maintained in central control and in facility vehicles. Staff are trained in these procedures at least annually and informed of any updates. The control room is operated by the detention services. The YRTC-L has an electronic access secure key box in the control room and one take home key by the Facility Administrator. The visiting committee recommended YRTC-L to develop a method (Chit system) to identify how many keys in each keyring. External perimeter patrol conducted every shift by the detention services. Back fence secured using curvy welded fence.

Movement of youth throughout the facility is monitored by assigned staff and cameras and coordinated with central control. Central control also monitors and controls movement in and out of the facility's secure areas. Youth assigned to the facility are always under direct sight and sound supervision during awake hours, and at least 10-minute rounds are completed during room placement.

All movement is documented. The facility is co-ed and documentation provided, and as observed by the audit team, males and females do not share the same individual sleeping quarters. All sleeping rooms and units are uniform in design and function.

The facility's search procedures were found to be thorough and excluded the use of body cavity searches. Youth are informed of search procedures in the youth handbook, and a copy is provided to all youth. The handbook clearly identifies items that are considered contraband, and details how contraband will be disposed. The facility policy regarding preservation, control and disposition of contraband is thorough and provides for procedures related to chain of custody, handling of evidence and how to properly store and inventory contraband. At intake, items not allowed in the facility are inventoried, bagged and a receipt of items retained is given to the youth. Items are stored in a secure room in the intake area and given to the youth upon release.

Staff receives training in these procedures during initial orientation and at least annually thereafter. Documentation indicates annual reviews are completed as required.

The audit team found the facility's procedures and controls regarding tools and sensitive items to be effective. Primary responsibility lies with the county maintenance supervisor, and his items are secured in an area physically separated from the facility. When maintenance staff and outside service providers enter the facility, their tools and equipment are inventoried, and staff provides direct supervision through the course of service delivery. The original inventory is confirmed prior to the service providers leaving the facility.

The facility vehicles are inspected weekly by staff and vehicles needing repairs are taken to a local vendor. The vehicles are equipped with first aid and safety equipment and a listing of emergency contact numbers. Proof of insurance was provided. All transportation staff has current driver licenses, have been trained in transport security and related procedures. All youth are handcuffed when in transit. In addition to the driver, the facility requires another staff member to sit between the youth and driver as the vehicles are not equipped with security cages.

The intake area is located on the county side of the facility. Weapon boxes are in the sally port area. Activities during intake include photographing the youth, storing personal items in a secure room inside the facility and washing youth clothing. Items secured are inventoried, with the youth receiving a copy. A youth handbook is provided for retention, program rules and disciplinary procedures, the daily schedule, and grievance procedures, and PREA information. Susceptibility to sexually aggressive behavior or victimization is also assessed.

Environmental Conditions:

The grounds and flower beds inside the secure perimeter fences are well manicured as was the grounds and flower beds outside the perimeter fences. The county provides all the labor for the upkeep of the grounds. The county is also responsible for all preventive maintenance on all equipment and machinery on the compound.



Temperature ranges in the housing areas were comfortable but within the required temperature requirements. The housing units are equipped with air-conditioned in summer and heating systems during the winter months. The facility provides all the youth living units with access to water for hydration purposes. The YRTC-L functions as a smoke and drug-free facility. Day rooms are equipped with acoustic walls.

Sanitation:

The audit team observed clean and organized living units, bathroom facilities and food service areas. It is clearly obvious that facility manages a routing cleaning schedule and a preventative maintenance plan. Staff offices, classrooms, counseling areas and workstations were neatly organized. The exterior grounds were well cared for with no sign of trash or debris outside of the designated areas. The interior of the facility was found to be above standard for cleanliness, with everything in its place. The team found no signs of pests or rodents at the facility.

Fire Safety:

The audit team conducted an inspection of all visible fire extinguishers and observed that they were properly charged, and each was in its designated location. The extinguishers are inspected monthly. All exit doors and evacuation routes are clearly posted. Exit doors were unobstructed for safe movement in emergency and the emergency lights were functional. Routine Fire and Emergency Evacuations and the official annual inspections from the Fire Marshall and Inspectors were documented. There is a backup generator that is load tested by the County.

The YRTC-L has a Memorandum of Understanding (MOU) with the Lincoln Fire & Rescue Station #4 and the Emergency Medical Service (1.8 miles/5 minutes) in the event of a medical emergency.

Food Service:

The food service at the YRTC-L is provided through the contract with the Summit Food Services and delivered and served through the county detention services employees. There is a small kitchen on the county detention services with serving line where the food is plated for the YRTC-L youth. The youth are satellite fed in their pods.

The YRTC-L provides three balance meals a day. Menus are planned to meet the nutritional standards as recommended by dietary guidelines and are approved by a Registered Dietician. Menu is based on five weeks cycle and consists of three hot meals plus snacks and incentive snacks. With the Healthy, Hunger-Free Kids Act of 2010 the meal pattern requirements and nutrition standards for the National School Lunch and Breakfast Programs have changed requiring schools to increase the availability of fruits, vegetables, whole grains, and fat-free and low-fat fluid milk in school meals; reduce the levels of sodium, saturated fat, and trans-fat in meals; and meet the nutrition needs of school children within their calorie requirements.

Special diets are provided when prescribed by YRTC-L medical staff. Religious diets may be provided with the approval of the Facility Administrator.

The visiting committee team on the second day of the audit consumed a lunch meal consisting of Charbroiled Beef Patty (1ea), Spicy Cheese Sauce (1/2 oz), Whole Grain Buns (1ea), Green Beans (1cup), Cooked Beans (1/2 cup), Canned Fruit (1 cup), Milk 1% or Skim (8 fl. oz) and Apple (1ea). The team found the meal to be tasty, reasonable portion size and temperature appropriate. Cold/hot holding temperatures were appropriate.

Medical Care:

The review of health care at the YRTC-L includes direct observation and review of local policies and written procedures, approved clinical protocols and review of medical records, as well as interviews with medical staffs and youth.

Medical services at the YRTC-L are provided through state employees. Previous contract with the Wellpath ended in January 2022. They employ fulltime health professionals to provide medical services. Dental is contracted out through the Lincoln Lancaster County Health Department.

Upon admittance to the YRTC-L, youth are provided with Orientation Handbooks (English and Spanish) to aid in adjustment to correctional setting. This documentation contains information regarding medical services and to include sick call and grievance procedures. The YRTC-L utilize interpreter and language lines services.

Medical staffs are well trained and caring professionals. Youth are complimentary of the medical services they are receiving at the YRTC-L and was evident during the tour of the facility. There is a good rapport between medical, security, and other departments. There are peer review evaluations, access to care, and Continuous Quality Improvement (CQI) meetings.

The following staff support the YRTC-L medical clinic: one FT RN Supervisor (YRTC-Kearney), one FT RN Supervisor (YRTC-Hastings), two FT RNs. There are two RN vacancy positions. There is an on-call physician. One of the operational challenges identified during the review was the limitation of shared space with the detention services.

Medical at the YRTC-L operate a normal 1 8-hr staggered shift from 8:00 a.m. to 4:30 p.m. (M-F). Due to staffing vacancy, the RN Supervisors (YRTC-Kearney/Hastings) provides coverages. There are nursing on-call schedule for health care. The YRTC-L medical consist of three rooms: one shared examination room, one shared storage room and office for the detention services. The YRTC-L medical has no waiting room. The medical area is well maintained and clean.

The YRTC-L is equipped with two AEDs and two emergency or jump bags. There are two refrigerators (one each for meds and lab specimen). All the equipment is inventoried, inspected, and secured.

The YRTC-L maintains affiliation agreements to provide emergency room and inpatient medical services with the following hospital: 1) Bryan Medical Center, Lincoln, NE (ER).

The YRTC-L has a Memorandum of Understanding (MOU) with the Lincoln Fire & Rescue Station #4 and the Emergency Medical Service (1.8 miles/5 minutes) in the event of a medical emergency. Non-emergent medical transportation is done by the staff to either a hospital facility or community provider for offsite consultations. The nurses have Basic Life Support (BLS) certifications. The medical reviewer recommended an updated master SDS in medical and the need to highlight all the SDS sheets (name of chemicals and the first aid section) for easy reference. Officers are trained on first aid, CPR and AED, and are considered first responders. Eye wash stations are available in medical and various parts of the facility. All first aid boxes are to be inventoried and sealed with contents listed outside.

Sick calls are provided seven days per week for the General Population (GP) and the confinement area. Sick call slips are picked up seven days per week.

Sick calls are submitted through the sick call boxes in the pods. Average monthly sick calls are 6. The medical reviewer observed sick call process and found the process timely and organized. Medical requests are triaged daily; any patient with symptoms is seen within one day. There are no medical copays. The quality and level of care between the youth are the same. No youth is denied health care service. Medical utilizes paper medical records. The average monthly number of chronic care (Asthma) youth during the review period was 2. Specialty clinics or outside consults are approved and referred to the Bryan Medical Center, Lincoln, NE. There was no pregnant youth at the time of the review. OB/GYN services provided through the Lincoln OB/GYN. There is no telemedicine service at the YRTC-L.

Optometry and ophthalmology services are provided offsite through the Eye of Lincoln, Lincoln, NE.

Medical diets are coordinated with the food service. The YRTC-L medical approves medically necessary diets. The medical reviewer examined the manual during the audit and found it current. The manual is examined regularly by the Nurse Supervisor for updates. At the time of the review, there were two youth requiring medical diets.

Medical grievances are reviewed by the Compliant Specialist within 1-3 days. The YRTC-L averages zero substantiated medical grievance per month.

The YRTC-L medical has a draw only lab. Specimens are collected on site. Routine blood analysis is spun and sent out for analysis to the LabCorp 5–days/week and reports received through fax/phone/online within 24-48 hours. STAT labs are also sent to the LabCorp and reports received through fax/phone/online within 2-4 hours. Average monthly youth lab tests are 2. The Medi-Waste is contracted to remove the biohazard and sharps wastes for proper disposal as verified by manifests on hand. The medical reviewer checked the specimen refrigerator temperature log and found the records current. There is an insulation drop off box (Lab Corp) for specimen at the front office.

Routine and emergency x-ray services are provided through the Bryan Medical Center, Lincoln, NE. They also provide ultrasound and other radiological services (CT scans and MRIs).

There is a communicable disease management plan that includes prevention, diagnosis, treatment, and isolation. There is an Infectious Control Nurse. The YRTC-L does not have negative pressure rooms or infirmary unit. Youth needing such services are transferred to the Bryan Medical Center, Lincoln, NE. COVID-19 related patients are temporary quarantined and housed in the facility before transfer to the Bryan Medical Center, Lincoln, NE. At the time of the review there were no youth or pod under medical quarantine. Youth are provided with TB skin tests during intake and annual tests afterwards at the facility.

Total monthly TB tests are 2. Hand sanitizer dispensers were located throughout medical and other areas.

A review of COVID-19 vaccination statistics/data as of June 28, 2022, as provided by the facility showed 2% of the youth, and 85% of staffs have received the 1st and 2nd doses of the COVID-19 vaccinations. The number of the completed COVID-19 vaccination for the youth are low due to short stay. The Coronavirus (COVID-19) precautions in the facility include temperature checks. Facial masking and social distancing are optional.

The YRTC-L has no dispensary. Medications are secured in a locked cabinet and behind double door. Medications are ordered through the Diamond Pharmacy Services and delivered through the FedEx. The backup pharmacy is the local CVS or the Walgreen Pharmacy. There is no keep on person (KOP) medications. There is available stock, patient specific medications and bulk sharps maintained. Youth are not allowed personal rescue inhalers. There are regular internal audits. A random inventory count on sharps is accurate. There is a refrigerator for the storage of medications with temperature log and inventory current. Basic medical supplies and materials are obtained through the McKesson. The disposal and return of expired, unused, discontinued, and recalled, over-stocked medications including prescription (pills and liquids), are arranged through the Diamond Pharmacy and the use of the Rx Destroyer. Records are maintained on disposal process. There were some expired medications found in the facility during the review and scheduled for pick-up or disposal.

Behavior Technician Supervisors, Behavior Technician Leads, and some Behavior Technicians are medication aid certified. These staff are responsible for administering medication. There is a separate diabetic line three times a day (none at the time of the audit). All no shows or medication refusals are documented and/or referred. The medical reviewer observed medication administration and found the process timely and organized. The paper MARS (medication administration records) are checked regularly for missed doses. There are two youth on control and six on prescription medications at the time of the review. Youth are provided with 30-day medications upon release and connected to the community for further assistance through the discharge process.

Visiting committee medical reviewer recommendations:

1. Medical need a backboard and a stretcher with straps and neck supports.
2. Medical need an oxygen tank for emergency response due to type of population at the YRTC-L.

Dental service at the YRTC-L is provided offsite through the Lincoln Lancaster County Health Department-DDS. Request for dental services is through the sick call process. There is a medical protocol in case of emergency. The average number of youths seen monthly is 2.

Mental health service at the YRTC-L is supported by one FT Clinical Program Director, one FT Behavioral Health Practitioner and one FT Vacant Behavioral Health Practitioner position. Mental health hours are from 9:00 a.m. to 5:00 p.m. (M-F). Tele-psychiatric service is not offered at the YRTC-L. There is a psychiatrist on site 2-3 times a week but also as needed. The psychiatrist is always on call for the facility. There are monthly averages of 24 youth on anti-psychotic and 10 on anti-depressant medications, including multiple encounters. All suicide ideations are referred to Mental Health. Suicidal youth are housed separate in their cells, monitored, and observed 1:1. Mental health conducts daily rounds. Security garments are available. Any staff member has concerns about youth's mental stability may refer the youth to the mental health department. In addition, a youth may self-refer for a clinical interview to discuss their mental health needs. Youth requiring more intense treatment are referred and based on available beds to the Bryan Medical Center, Lincoln, NE

Program philosophy- "The Youth Rehabilitation & Treatment Center provides an array of mental health services. It is the intent of the YRTC-Lincoln to provide an emotionally safe environment, and to treat psychiatric, emotional, and behavioral needs in a holistic manner. Collaboration between all treatment areas, families, and aftercare providers is essential to provide a continuation of care upon release. Informed consent forms are reviewed with youth during their Initial Assessment with a Mental Health Department Staff member and signed by youth. Informed consent is considered to have been volunteered by the youth who either verbally agrees or signs mental health treatment plans. Written consent is obtained prior to obtaining prior mental health records."

In the event a youth must be transferred to a higher level of care because of mental illness, consent is obtained by the Facility Administrator and/or Juvenile Services Administrator.

Mental Health Program Components-Upon admission, mental health care trained staff members complete an Intake Screening Form with all youth. The mental health screening includes at a minimum the following: general observations of youth's behavior, functioning, and appearance. Specific areas addressed are as follows:

- ✓ history of self-injury or suicidal behavior
- ✓ history of inpatient and outpatient psychiatric treatment
- ✓ history of alcohol and other drug use
- ✓ current suicidal thoughts
- ✓ current mental health complaint
- ✓ current treatment for mental health problems
- ✓ observation of general appearance and behavior
- ✓ observation of evidence of abuse or trauma

- ✓ observation of current symptoms of psychosis, depression, anxiety and/or aggression
- ✓ immediate disposition of juvenile such as cleared for general population, referral for follow-up with mental health care staff, or referral to mental health care staff for emergency intervention due to mental health

All youth meet with a member of the Mental Health Department within 24 hours to complete and initial screening for vulnerability, assaultive and sexually aggressive behaviors. New youth are also seen again within seven days of admission for an Initial Assessment. A written Initial Assessment may not be completed for youth who have had an Initial Assessment or equivalent mental health evaluation within the previous 30 days, except when mental health staff determines it is appropriate. Initial Assessments include:

- ✓ Review of available records of inpatient and outpatient mental health and alcohol and other drug treatment
- ✓ Inquiry into prior mental health and alcohol and other drug treatment
- ✓ Inquiry into history of emotional, physical, and sexual abuse
- ✓ Inquiry into educational history
- ✓ Assessment of current mental status
- ✓ Assessment of current suicidal and self-injurious potential
- ✓ Assessment of violence potential
- ✓ Assessment of alcohol and other drug abuse and /or addiction
- ✓ Use of additional assessment tools or referral for further mental health evaluation, as indicated based on need as determined by the mental health authority or provider
- ✓ Referral for treatment, as indicated
- ✓ Recommendations concerning housing and program participation.

Psychiatric services are provided as a continuation of prior psychiatric services, which are reviewed by the facility's medical department and contract psychiatrist. The psychiatrist is a member of the clinical team and participates in weekly clinical meetings, as well as receiving daily updates. If additional evaluation or consultation is necessary, the clinical team, including the psychiatrist, make the appropriate referral. All youth are seen by a mental health provider multiple times per week.

Psychological evaluations are completed by licensed psychologists and /or educational psychologists within their scope of practice.

Individual mental health services and family counseling services are provided by qualified mental health professionals. These services may include the following:

- ✓ Detection, diagnosis and treatment of mental disorders, and mental illness
- ✓ Crisis intervention and management of acute psychiatric episodes

- ✓ Stabilization of the mentally ill youth and the prevention of psychiatric deterioration
- ✓ Pharmacotherapy, when necessary
- ✓ Referral to an appropriate, licensed mental health facility when treatment needs exceed the treatment capability of the YRTC-Lincoln

In addition, YRTC-Lincoln has a written Suicide-Prevention Program in the Operational Memorandum 115.23.7. All staff members are annually trained on the Suicide Prevention Program and Reporting of Abuse in the Recognizing Critical Behavior Training conducted by the facility's Mental Health Staff Designee.

YRTC-Lincoln has two Behavioral Health Practitioner positions that provide chemical dependency services, including substance use evaluations, individual therapy, including trauma therapy; family contact; consultation regarding mental health concerns related to a youth's individualized program; staff training related to mental health concerns for specific youth; crisis intervention and 24 hour on-call mental health consultation.

Documents associated with mental health services with each youth are maintained in separate files and are marked Confidential-for Professional Use Only. Youth are provided information in the YRTC-L Youth Manual on the Mental Health Services provided while in orientation to include an enhanced toll-free hotline for reporting abuse, neglect, sexual, assault, sexual abuse, sexual harassment, or any other significant incidents.

Recreation:



The YRTC-L offers a complete recreational and leisure time program. Recreational programs include access to the gymnasium and outdoor recreation areas. There is a backyard recreation area. There is opportunity for both individual and group recreation.

Recreation activities includes basketball, soccer ball, dodge ball, whiffle ball, paddle ball, spike ball, ping pong, stationary bike, horseshoe toss, corn hole, ladder ball, perfect push up, ab rollout, jump ropes, card games, puzzles, volleyball, kickball, mini-Olympic, main obstacle course, gardening, foosball, and the Nintendo Wii fit/Just Dance. The visiting committee team participated in one of the Wii game competitions.

The youth are required to participate in two-three hours of recreation daily unless prohibited for health reasons. One hour of this recreation is large muscle exercise and one hour is designed for leisure time recreation. Activities supervised by Behavior Technicians. There is a “Minute to Win It” jeopardy provided to the youth to earn incentive points and supervised a fulltime Activity Specialist.

Academic and Vocational Education:

The YRTC-L education program is an extension of the West Kearney High School. When youth transition from YRTC-Kearney to the YRTC-L, educators from both facilities correspond to develop a schedule delivery for each youth. The YRTC-L currently has teachers endorsed in English, Mathematics, Physical Education, Special Education, and a Media Specialist. A plan is in place to hire a teacher endorsed in Social Studies. There are two classrooms, the Zen room and intervention room. Youth attend school year-around with classes in session each day from 8:15 a.m. to 3:00 p.m. Monday through Friday except for holidays. Males and females are taught separate.

The delivery of education is a combination of direct instruction by teachers and individualized work on-line with the APEX learning system for core and elective subjects. Teachers are in direct contact monitoring the progress of the students during all education. They help re-entry to their school district upon release.

The YRTC-L recently started collaborating with Vocational Rehabilitation of Nebraska Department of Education to help provide services for the youth.

During the summer weeks, educators offer opportunities for credit recovery. For future, educators plan to offer core academic offerings in combination with selected enrichment courses.

There were four graduations from May 2021 to February 2022 (two-YRTC-Lincoln, Diploma Received, West Kearney High School and two-YRTC-Lincoln, Diploma Received, West Hastings High School.

Social Services:

Social Services at the YRTC-L consists of a collaborative effort between the school, mental health, religious and program services.

Mental Health and Behavioral Programs offered at YRTC:

- **Moral Recognition Therapy—MRT** is an additional treatment component incorporated into the YRTC-Lincoln Facility. MRT was granted “Promising Practice Status” by the SAMHSA Center for Substance Abuse Treatment in 2015. Treatment is delivered in an open group format, meaning youth can be assigned to the group at any time.
MRT is a cognitive behavioral program and seeks to decrease recidivism by increasing moral reasoning
- **Applied Behavioral Analysis (ABA)**, utilized at YRTC-Lincoln. ABA programming includes the evaluation of the youth by a Board Certified Behavioral Analyst who develops an individualized Behavioral Support Plan based on the youth’s strengths and areas of need. The youth is provided hourly feedback and rating on the goals related to their individual target behaviors, receiving hourly incentive points, which the youth can use to “purchase” desired items, snacks, or activities.
- **Trauma Affect Regulation: Guide for Education & Therapy (TARGET)** The TARGET© model is endorsed by the U.S. Office of Juvenile Justice and Delinquency Prevention. TARGET© is a psychosocial intervention that provides education about the impact of complex traumatic stress on the brain’s stress response system, and strengths-based practical skills for re-setting the trauma-related alarms/survival reactions that occur in complex PTSD.
- **Love Notes**, utilized at the YRTC-Lincoln. The main goal of the program is to establish healthy relationship boundaries and to prevent unplanned pregnancy by providing teens with information to make wise relationship choices. This program teaches skills to be used in all relationships. Love Notes programming is delivered through group discussion, PowerPoints, workbooks, exercises, role-play, and creative activities within 13 sessions. Love Notes groups are facilitated by clinical staff members who have received special training in this curriculum.
- **Dialectical Behavioral Therapy (DBT)** is a type of cognitive therapy that is evidence-based and is used to treat many conditions. Staff at all YRTC locations have gone through DBT training and are incorporating these skill sets into their individual, family, and group therapy interventions.

The Lincoln Facility has two Activity Specialists in charge of Life Skills group, at activities, identifying and developing strengths, and recreation. The youth are offered these groups and recreation daily: Cooking and Nutrition, Housing and Cost of Living, Basic Communication and Social Skills, Physical Fitness, Personal Hygiene, Education and Jobs and Gardening and Arts.

Youth are encouraged to address complaints informally by talking directly with staff. The facility also has a formal grievance process available to the youth. Grievance forms are readily available and document the course of the grievance process, beginning with the youth reporting the nature of the complaint.

Youth place the completed form in a designated box, and they are collected Monday through Friday.

The YRTC's work collaboratively with the home area probation officers for each youth. There is also a "probation reentry" team, consisting of 4 reentry officers and 1 reentry supervisor who work specifically with YRTC youth with discharge planning and development of an individualized reentry plan.

The facility grievance officer verifies and records the date of receipt and has 10 working days to respond to the grievance and the form is returned to the youth.

Youth are provided access to telephones, mail services and haircuts. There is one room to conduct video court.

Youth Work Programs:

Youth Rehabilitation and Treatment Center- Lincoln does not operate a youth Work Program.

Religious Programming:

The YRTC-L has an ordained contracted volunteer from the local community to provide religious services for both group and individual needs. Youth are encouraged to participate in religious services and activities. Services provided includes bible study and religious counseling on request. All volunteers must pass background checks before they are allowed to enter the facility. They utilize the life skill area for religious services.

Visitation:

Visitation for approved visitors is always scheduled. Visitation is arranged by YRTC-L staff and the treatment team. All visits are planned on an individual basis to accommodate the schedule. Special visits for family emergencies, funerals, or weddings are permitted with the approval of the Facility Administrator.

There is one room for non-contact visitation and another gender separation visitation room. Visitations are held on Tuesday and Thursday, ½ day visitations on Saturday and Sunday- all visitation separate from County visitation.

Library Services:

Youth have access to the library center shared with the Lancaster County Youth Services Center. The Media Specialist works with other educators to ensure access to the library during the school days.

The library serves patrons by providing high-quality literature selected specifically to meet the interests and reading levels of those accessing the resources. Titles range in readability from emergent readers to young adult selections. This collection is well-maintained and resourced so that the newest and most popular juvenile and young adult literature is represented.



Catalog List: Fiction, Non-Fiction, Young Adult Literature (Individual and Series), Biographies, Self-Help, History, Action-Adventure, Art – Drawing, Auto Biography, Sports and Leisure, Textbooks, Graphic Novels, Mystery, Picture Books, Craft Books (Origami), Anthologies, Classics, Coming of Age Books, Encyclopedia, Dictionary, Romance, Short Story, Suspense, Thriller and Travel. There is also magazines and newspapers. Total volume of books is 1500. Youth are allowed to checkout two books. There is an available inter-library loan system with the public school system.

Laundry:

The laundry service at the YRTC-L is equipped with two commercial washer and two commercial dryers, and chemicals by Ecolab dispensed through injectors. There is an eye wash station available. The Behavior Technicians does the laundry. The youth can earn specific clothing through an incentive program from the facility. There are available security smocks and blankets.

The laundry is collected, washed, folded, and distributed by the third shift staff. Clothing and underwear are exchanged daily along with towels and washcloths. Bed linen and blankets are exchanged. The facility also has an ample supply of youth clothing and bedding for emergency purposes.

Youth are provided with pants, shirts, underclothing, sweatshirts, socks, shoes, a blanket, sheets, towels, and hygiene products such as toothbrush/holder, toothpaste, deodorant, soap, and comb. Female youth are also issued bras and personal hygiene supplies.

Youth personal clothes are inventoried, laundered, and stored. A copy of the clothing and personal property inventory is provided the youth, and items are returned upon release from the facility.

Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

Significant incidents and outcome measures are consistent with the size, type and population of the facility.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited	Person(s) Contacted
Staff break room	Nikki Terrebonne, Behavioral Tech. (OJT)
Echo Pod	3 Female Youth Gabrielle Perez, Behavioral Technician Joshua Russell, Behavioral Technician
Fox Pod	4 Male Youth Samuel Terrabon, Behavioral Technician
Central Control Pod Office	Anthony Riley, County Officer Erica Wolff, Program Manager Activity Specialist William Bates
Multipurpose Area	Ross Escobedo, Behavioral Technician Lead Kendra Lampke, Behavioral Technician Deveron Baxter, Behavioral Technician Lead
Life Skills	Alyssa Kugler, Behavioral

3rd Shift Roster

Technician
Corey Dorenbach, Teacher
Ian Baete, Behavior Technician Lead
Becky Hoffschneider, Behavior
Technician Lead
Becky Kellogg, Behavior Technician
Lekara Idigima, Behavior Technician
Emmanuel Sanchez-Mora, Behavior
Technician

4. Shifts

The security (Behavior Technicians) operates 3 8-hour shifts, first shift from 6:00 a.m. to 2:00 p.m., second shift from 2:00 p.m. to 10:00 p.m. and third shift from 10:00 p.m. to 6:00 a.m.

a. Day and Evening Shifts

The team was present at the facility during the day and evening shifts from 8:17 a.m. to 6:01 p.m. on the first day of the audit, and from 8:20 a.m. to 5:15 p.m. the second day. The briefing was mutual and participatory. The team briefly introduced themselves and discussed the purpose of the audit and matters pertaining to the audit. The team observed shift change, programs, pills passes while the rest of the Behavior Technicians and medical staff was busy taking care of the youth and are pleasant and professional. In addition, the audit team met and spoke with many of the staff, including admin staffs. The facility was calm and orderly, and no signs of tension.

b. Night Shift

The team was present at the facility during the night shift on second day from 9:27 p.m. to 11:02 p.m. This shift's primary responsibility is to conduct security checks on the youth throughout during the sleeping hours, sanitation, and laundry services.

There were no outside security lights out. The staffs observed were alert, appeared well trained for the duties they were assigned, and was professional, and courteous.

5. Status of Previously Non-Compliant Standards/Plans of Action

The team reviewed the status of the standard previously found non-compliant, for which a waiver was not granted and found the following: This is an initial audit.

F. Interviews

During the course of the audit, team members met with both staff and youth to verify observations and/or to clarify questions concerning facility operations.

1. Youth Interviews

The visiting committee spoke with and interviewed 7 youth. All expressed no complaints about food or medical service. They stated they knew how to fill out grievance and medical forms. The youth further stated that staff was very respectful and fair in the daily interaction with them really cared about their welfare. No youth requested a private interview with the visiting committee team.

2. Staff Interviews

The visiting committee spoke with over 25 staff members on all shifts. They felt safe, received annual reviews, and reviewed post orders when stationed on post. They appeared eager to showcase their assigned area.

The team observed structured security shift change briefings. Staff were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between medical, programs and security, and communication flowed freely. In addition, morale was good. Staff indicated that their training was excellent and are applicable to their positions and job needs. No complaints were brought to the team and no staff asked for a private interview. It was clear that staffs took ownership for their specific areas and were proud of the facility.

Staff were complimentary concerning the administration. No staff reported that they do not feel safe at the facility.

G. Exit Discussion

The exit interview was held at 11:00 A.M. in the J-Pod with the Sarah Brownell, Facility Administrator and 8 staff in attendance.

The following persons were also in attendance:

Mark LaBouchardiere, Juvenile Services Administrator
Shaylee Fortner, Statewide Compliance Manager
Samantha Mooney, Compliance Specialist
Lucas Jones, Compliance Specialist
Fred Boon, Compliance Specialist
Sara Thomas, Clinical Program Director

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	<i>Juvenile Correctional Facilities 4th Edition</i>	
Supplement	<i>2016 Standards Supplement</i>	
Facility/Program	DHHS, Youth Rehabilitation & Treatment Center, Lincoln, NE	
Audit Dates	June 27-29, 2022	
Auditor(s)	Ernest Umunna, Audit Chair William Gallaher, Audit Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	38	331
Number Not Applicable	5	25
Number Applicable	33	306
Number Non-Compliance	0	0
Number in Compliance	33	306
Percentage (%) of Compliance	100%	100%
	<ul style="list-style-type: none"> • Number of Standards minus Number of Not Applicable equals Number Applicable • Number Applicable minus Number Non-Compliance equals Number Compliance • Number Compliance divided by Number Applicable equals Percentage of Compliance 	

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska
Youth Rehabilitation and
Treatment Center- Lincoln
Lincoln, NE

June 27-29, 2022

Visiting Committee Findings

Non-Mandatory Standards
Non-Compliance

None

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska
Youth Rehabilitation and
Treatment Center- Lincoln
Lincoln, NE

June 27-29, 2022

Visiting Committee Findings
Mandatory Standards
Not Applicable

4-JCF-2A-18 Revised January 2015 (MANDATORY)

FOUR-/FIVE-POINT RESTRAINTS ARE USED ONLY IN EXTREME INSTANCES AND ONLY WHEN OTHER TYPES OF RESTRAINTS HAVE PROVEN INEFFECTIVE OR THE SAFETY OF THE JUVENILE IS IN JEOPARDY. ADVANCE APPROVAL IS SECURED FROM THE FACILITY ADMINISTRATOR/DESIGNEE BEFORE A JUVENILE IS PLACED IN A FOUR-/FIVE-POINT RESTRAINT. SUBSEQUENTLY, THE HEALTH AUTHORITY OR DESIGNEE MUST BE NOTIFIED TO ASSESS THE JUVENILE'S MEDICAL AND MENTAL HEALTH CONDITION, AND TO ADVISE WHETHER, ON THE BASIS OF SERIOUS DANGER TO SELF OR OTHERS, THE JUVENILE SHOULD BE IN A MEDICAL/MENTAL HEALTH UNIT FOR EMERGENCY INVOLUNTARY TREATMENT WITH SEDATION AND/OR OTHER MEDICAL MANAGEMENT, AS APPROPRIATE. IF THE JUVENILE IS NOT TRANSFERRED TO A MEDICAL/MENTAL HEALTH UNIT AND IS RESTRAINED IN A FOUR-/FIVE-POINT POSITION, THE FOLLOWING MINIMUM PROCEDURES ARE FOLLOWED:

- DIRECT VISUAL OBSERVATION BY STAFF IS CONTINUOUS PRIOR TO OBTAINING APPROVAL FROM THE HEALTH AUTHORITY OR DESIGNEE.
- SUBSEQUENT VISUAL OBSERVATION IS MADE AT LEAST 15 MINUTES.
- RESTRAINT PROCEDURES ARE IN ACCORDANCE WITH GUIDELINES APPROVED BY THE DESIGNATED HEALTH AUTHORITY.
- ALL DECISIONS AND ACTIONS ARE DOCUMENTED.

FINDINGS:

The YRTC-L does not utilize four-/five points restraints

4-JCF-2A-27 (MANDATORY)

THE LEVEL OF AUTHORITY, ACCESS, AND CONDITIONS REQUIRED FOR THE AVAILABILITY, CONTROL, AND USE OF CHEMICAL AGENTS AND EQUIPMENT

RELATED TO ITS USE MUST BE SPECIFIED. CHEMICAL AGENTS ARE USED ONLY WITH THE AUTHORIZATION OF THE FACILITY ADMINISTRATOR, MEDICAL DIRECTOR, OR DESIGNEE.

1. CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE ARE INVENTORIED AT LEAST MONTHLY TO DETERMINE THEIR CONDITION AND EXPIRATION DATES.
2. PERSONNEL USING CHEMICAL AGENTS TO CONTROL JUVENILES SUBMIT WRITTEN REPORTS TO THE FACILITY ADMINISTRATOR OR DESIGNEE NO LATER THAN THE CONCLUSION OF THE TOUR OF DUTY.
3. ALL PERSONS CONTAMINATED IN AN INCIDENT INVOLVING THE USE OF A CHEMICAL AGENT MUST RECEIVE AN IMMEDIATE MEDICAL EXAMINATION AND TREATMENT.

FINDINGS:

The use of chemical agents to control juveniles is prohibited at YRTC-L.

4-JCF-4C-01 (MANDATORY)

INTAKE HEALTH SCREENING COMMENCES UPON THE JUVENILE'S ARRIVAL AT THE FACILITY, EXCLUDING INTRA-SYSTEM TRANSFERS, AND IS PERFORMED BY A QUALIFIED HEALTH CARE PROFESSIONAL OR HEALTH-TRAINED PERSONNEL. WHEN HEALTH-TRAINED PERSONNEL CONDUCT THE HEALTH SCREENING, PROCEDURES SHALL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY A QUALIFIED HEALTH CARE PROFESSIONAL. THE RESPONSIBLE HEALTH CARE PRACTITIONER IN COOPERATION WITH THE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR ESTABLISHES WRITTEN PROCEDURES AND HEALTH SCREENING PROTOCOLS. ALL FINDINGS ARE RECORDED ON A HEALTH SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE HEALTH SCREENING SHALL INCLUDE AT LEAST THE FOLLOWING:

INQUIRY INTO:

1. HISTORY OF CHRONIC ILLNESSES AND SERIOUS INFECTIOUS OR COMMUNICABLE DISEASES, INCLUDING SYMPTOMS AND TREATMENT
2. OBSTETRICAL/GYNECOLOGICAL HISTORY AND CURRENT PREGNANCY STATUS
3. USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
4. CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING INFECTIOUS OR COMMUNICABLE DISEASES

5. CURRENT MEDICATIONS
6. CURRENT DENTAL PROBLEMS
7. RECORDING OF HEIGHT AND WEIGHT
8. OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN

OBSERVATIONS OF THE FOLLOWING:

9. BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING
10. BODY DEFORMITIES AND EASE OF MOVEMENT
11. CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE JUVENILE:

12. CLEARED FOR GENERAL POPULATION
13. CLEARED FOR GENERAL POPULATION WITH A REFERRAL TO APPROPRIATE HEALTH CARE SERVICE
14. REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT. WHEN JUVENILES ARE REFERRED FOR EMERGENCY TREATMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE.

FINDINGS:

The YRTC-L is not an Intake facility.

4-JCF-4C-03 (MANDATORY)

ALL JUVENILES, EXCLUDING INTRA-SYSTEM TRANSFERS, SHALL RECEIVE AN INTAKE HEALTH APPRAISAL AND EXAMINATION WITHIN 14 DAYS OF THE JUVENILE'S ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH EXAMINATION WITHIN THE PREVIOUS 90 DAYS, A NEW HEALTH EXAMINATION IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE RESPONSIBLE HEALTH CARE PRACTITIONER. THE HEALTH CARE PRACTITIONER IN COOPERATION WITH THE HEALTH AUTHORITY APPROVES HEALTH APPRAISAL AND EXAMINATION DATA COLLECTION AND DOCUMENTATION FORMAT. THE HEALTH APPRAISAL, COMPLETED BY A QUALIFIED HEALTH CARE PROFESSIONAL, SHALL INCLUDE AT LEAST THE FOLLOWING:

1. REVIEW OF THE EARLIER ADMISSION SCREENINGS
2. REVIEW OF THE RESULTS OF THE PREVIOUS MEDICAL EXAMINATIONS, TESTS, AND IDENTIFICATION OF PROBLEMS

3. RECORDING OF HEIGHT, WEIGHT, AND VITAL SIGNS (PULSE, BLOOD PRESSURE, RESPIRATION, AND TEMPERATURE)
4. COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
5. CONSULTATION WITH A HEALTH CARE PRACTITIONER, AS APPROPRIATE

THE HEALTH EXAMINATION, COMPLETED BY A HEALTH CARE PRACTITIONER, SHALL INCLUDE AT LEAST THE FOLLOWING:

6. REVIEW OF THE EARLIER ADMISSION SCREENING RESULTS, APPRAISAL DATA, PREVIOUS MEDICAL EXAMINATIONS, TESTING, AND HEALTH PROBLEMS
7. PHYSICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS
8. REQUEST FOR ANY ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
9. ORDERS FOR LABORATORY AND/OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS
10. OTHER TESTS AND EXAMINATIONS, AS APPROPRIATE
11. INITIATION OF THERAPY, WHEN APPROPRIATE
12. DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING AND PROGRAM PARTICIPATION

FINDINGS:

The YRTC-L is not an intake facility.

4-JCF-4C-47 (MANDATORY)

GUIDELINES REGARDING THE USE OF RESTRAINTS ON JUVENILES FOR MEDICAL AND MENTAL HEALTH PURPOSES AT A MINIMUM SHALL INCLUDE:

1. CONDITIONS UNDER WHICH RESTRAINTS MAY BE APPLIED
2. TYPES OF RESTRAINTS TO BE APPLIED
3. IDENTIFICATION OF A QUALIFIED MEDICAL OR MENTAL HEALTH PROFESSIONAL AND HEALTH CARE PRACTITIONER WHO MAY AUTHORIZE THE USE OF RESTRAINTS AFTER REACHING THE CONCLUSION THAT LESS INTRUSIVE MEASURES ARE NOT SUCCESSFUL
4. MONITORING PROCEDURES
5. LENGTH OF TIME RESTRAINTS ARE TO BE APPLIED

6. LESS-RESTRICTIVE-TREATMENT-PLAN ALTERNATIVES ARE DEVELOPED AND IMPLEMENTED AS SOON AS POSSIBLE
7. AFTER-INCIDENT REVIEW

FINDINGS:

The YRTC-L does not use restraints on juvenile for medical or mental purposes.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

State of Nebraska
Youth Rehabilitation and
Treatment Center- Lincoln
Lincoln, NE

June 27-29, 2022

Visiting Committee Findings

Non-Mandatory Standards
Not Applicable

4-JCF-1C-02

MULTIPLE-OCCUPANCY ROOMS TO INCLUDE OPEN-BAY DORMITORIES PROVIDE:

1. SOME DEGREE OF PRIVACY WITH AT LEAST 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT
2. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY THERE ARE AT LEAST 80 SQUARE FEET PER OCCUPANT
3. A BED FOR EACH JUVENILE.
4. ADEQUATE STORAGE SPACE FOR CLOTHING AND PERSONAL BELONGINGS FOR EACH JUVENILE
5. A WRITING SURFACE
6. ACCESS TO TOILETS AND A WASHBASIN WITH HOT AND COLD RUNNING WATER 24 HOURS PER DAY

FINDINGS:

The YRTC-L does not have any multiple occupancy rooms.

4-JCF-1C-09

FOOD SERVICE FACILITIES INCLUDING KITCHEN AND DINING AREAS MEET THE FOLLOWING DESIGN REQUIREMENTS:

1. TOILET AND SINK FACILITIES ARE AVAILABLE TO FOOD SERVICE PERSONNEL AND JUVENILES IN THE VICINITY OF THE FOOD PREPARATION AREA.
2. SPACE IS PROVIDED FOR GROUP DINING EXCEPT WHERE SECURITY OR SAFETY CONSIDERATIONS JUSTIFY OTHERWISE.

3. ADEQUATE SPACE IS PROVIDED FOR FOOD PREPARATION BASED ON THE POPULATION SIZE, TYPE OF FOOD PREPARATION, AND METHODS OF MEAL SERVICE.
4. THERE ARE PROVISIONS FOR ADEQUATE STORAGE AND LOADING AREAS AND GARBAGE DISPOSAL FACILITIES.

FINDINGS:

The YRTC-L does not have a kitchen or food service department.

4-JCF-3A-27

THE AGENCY RESPONSIBLE FOR THE COMMUNITY SUPERVISION OF THE JUVENILE IS AUTHORIZED TO PETITION THE PLACING/RELEASING AUTHORITY IF IT APPEARS THAT THE JUVENILE HAS WILLFULLY FAILED TO COMPLY WITH ANY PART OF THE DISPOSITION OR RELEASE ORDER. A COPY OF THIS PETITION IS PROVIDED TO THE JUVENILE, HIS/HER ATTORNEY, PARENT, AND/OR GUARDIAN.

FINDINGS:

The YRTC-L does not provide community supervision.

4-JCF-3C-17

AN ADMINISTRATIVE REVIEW IS PROVIDED FOR JUVENILES TRANSFERRED TO A MORE RESTRICTIVE PROGRAM OR SECURE FACILITY.

FINDINGS:

The YRTC-L is the most restrictive program for all YRTC's.

4-JCF-3E-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE JUVENILES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS AND MAKE RESTITUTION TO THE VICTIMS OF THEIR CRIME(S) AND/OR TO THE COMMUNITY, WHEN REQUIRED. OPPORTUNITIES ARE BASED ON COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS:

The YRTC-L has no information or contact with victims thus no restitution program required for juvenile at the facility.

4-JCF-4A-01

THE FACILITY HAS A DESIGNATED FULL-TIME STAFF MEMBER, EXPERIENCED IN FOOD SERVICE MANAGEMENT, TO MANAGE DIETARY OPERATIONS. THE DESIGNATED STAFF MEMBER'S MANAGEMENT RESPONSIBILITIES ARE OUTLINED IN A JOB DESCRIPTION, WRITTEN AGREEMENT, OR CONTRACT.

FINDINGS:

The YRTC-L does not have a kitchen or food service department.

4-JCF-4A-05

THE FOOD SERVICE PLAN PROVIDES FOR A SINGLE MENU FOR STAFF AND JUVENILES.

FINDINGS:

The YRTC-L does not provide food to staff.

4-JCF-4A-10-1

ALL STAFF, CONTRACTORS AND JUVENILES THAT WORK IN THE FOOD SERVICE DEPARTMENT ARE TRAINED IN THE USE OF FOOD SERVICE EQUIPMENT AND IN THE SAFETY PROCEDURES TO BE FOLLOWED IN THE FOOD SERVICE DEPARTMENT.

FINDINGS:

The YRTC-L does not have a kitchen or food service department.

4-JCF-4A-11

THE FOOD SERVICE MANAGER, OR OTHER QUALIFIED PERSONNEL, CONDUCTS WEEKLY SANITATION INSPECTIONS OF ALL FOOD SERVICE EQUIPMENT AND AREAS, INCLUDING DINING AND FOOD-PREPARATION AREAS. WATER TEMPERATURES ARE CHECKED AND RECORDED DAILY. WATER TEMPERATURE ON THE FINAL DISHWASHER RINSE SHOULD BE 180 DEGREES FAHRENHEIT; OR BETWEEN 140 DEGREES FAHRENHEIT AND 160 DEGREES FAHRENHEIT IF A SANITIZER IS USED ON THE FINAL RINSE.

FINDINGS:

The YRTC-L does not have a kitchen or food service department.

4-JCF-4A-12

THE FOOD SERVICE MANAGER, OR OTHER QUALIFIED PERSONNEL, CONDUCTS DAILY INSPECTIONS OF ALL TEMPERATURE-CONTROLLED STORAGE AREAS AND APPLIANCES, INCLUDING REFRIGERATORS, FREEZERS, AND DRY STORAGE AREAS.

TEMPERATURES ARE RECORDED WITH EACH INSPECTION.

1. STORED SHELF GOODS SHALL BE MAINTAINED AT 45 DEGREES TO 80 DEGREES FAHRENHEIT.
2. REFRIGERATED FOODS SHALL BE MAINTAINED AT 35 DEGREES TO 40 DEGREES FAHRENHEIT.
3. FROZEN FOODS SHALL BE MAINTAINED AT 0 DEGREES FAHRENHEIT OR BELOW, UNLESS NATIONAL OR STATE HEALTH CODES SPECIFY OTHERWISE.

FINDINGS:

The YRTC-L does not have a kitchen or food service manager.

4-JCF-4B-05

PROTECTIVE CLOTHING AND EQUIPMENT ARE ISSUED TO JUVENILES ASSIGNED TO WORK IN FOOD SERVICE, THE GARAGE, THE FACILITY PHYSICAL PLANT, THE MAINTENANCE SHOPS, VOCATIONAL EDUCATION, AND OTHER SPECIAL WORK AREAS.

FINDINGS:

Youth are not assigned to work during their stay.

4-JCF-4C-52

WHEN QUALIFIED HEALTH CARE PROFESSIONALS ARE NOT ON DUTY, A HEALTH-TRAINED STAFF PERSON COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR.

FINDINGS:

The YRTC-L has a qualified health care professional on duty and on call to coordinate health delivery services 24/7.

4-JCF-4C-55

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTING, TRAINING, STAFF SUPERVISING, PROVIDING FACILITY ORIENTATION, AND DEFINING OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The YRTC-L does not use volunteers in health care services.

4-JCF-4C-56

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The YRTC-L does not use students, interns, or residents in the delivering of health care services.

4-JCF-4C-57

JUVENILES ARE PROHIBITED FROM PERFORMING HEALTH CARE DUTIES IN THE FACILITY.

FINDINGS:

Youth are prohibited from performing health care duties in the facility.

4-JCF-4D-03

ALL JUVENILES, EXCLUDING INTRA-SYSTEM TRANSFERS, WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH CARE PROFESSIONAL WITHIN 14 DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS 90 DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. REVIEW OF AVAILABLE RECORDS OF INPATIENT AND OUTPATIENT MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT
2. INQUIRY INTO PRIOR MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT
3. INQUIRY INTO HISTORY OF EMOTIONAL, PHYSICAL, AND SEXUAL ABUSE
4. INQUIRY INTO EDUCATIONAL HISTORY
5. ASSESSMENT OF CURRENT MENTAL STATUS
6. ASSESSMENT OF CURRENT SUICIDAL AND SELF-INJURY POTENTIAL
7. ASSESSMENT OF VIOLENCE POTENTIAL
8. ASSESSMENT OF ALCOHOL AND OTHER DRUG ABUSE AND/OR ADDICTION
9. USE OF ADDITIONAL ASSESSMENT TOOLS OR REFERRAL FOR A MENTAL HEALTH EVALUATION, AS INDICATED BASED ON NEED AS DETERMINED BY MENTAL HEALTH AUTHORITY OR PROVIDER
10. REFERRAL FOR TREATMENT, AS INDICATED
11. RECOMMENDATIONS CONCERNING HOUSING AND PROGRAM PARTICIPATION

FINDINGS:

The YRTC-L does not participate in intersystem transfers.

4-JCF-5B-04

WHEN JUVENILES ARE TRANSFERRED TO A MORE SECURE FACILITY, THEY MUST BE PROVIDED A PLAN THAT SPECIFIES THE OBJECTIVES OF THE PLAN, DETAILS THE METHODS FOR ACHIEVING THE OBJECTIVES, PROVIDES PROCEDURAL SAFEGUARDS, AND PROVIDES A MONITORING AND EVALUATION MECHANISM. THE PLAN IS REVIEWED AT LEAST ANNUALLY AND UPDATED, IF NECESSARY.

FINDINGS:

The YRTC-L is the most restrictive program for all YRTC's.

4-JCF-5H-02

THE JUVENILE WORK PLAN PROVIDES FOR EMPLOYMENT FOR JUVENILES WITH DISABILITIES.

FINDINGS:

The YRTC-L has no workplan that provide for employment for youth with disabilities.

4-JCF-5H-03

JUVENILES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING RATE.

FINDINGS:

There is no youth employed in the community by public or private organizations.

4-JCF-5I-03

TEMPORARY RELEASE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

1. WRITTEN OPERATIONAL PROCEDURES
2. SCREENING AND SELECTION CRITERIA
3. GOALS AND OBJECTIVES FOR PLANNED ACTIVITIES
4. WRITTEN RULES OF JUVENILE CONDUCT AND SANCTIONS FOR MISBEHAVIOR
5. SUPERVISION TO ENCOURAGE POSITIVE BEHAVIOR

FINDINGS:

The YRTC-L does not provide for temporary release programs.

4-JCF-5I-04

WHERE STATUTES PERMIT, JUVENILES SHOULD BE AFFORDED OPPORTUNITIES FOR GRADUATED RELEASE AND PARTICIPATION IN EMPLOYMENT AND EDUCATION PROGRAMS.

FINDINGS:

The YRTC-L does not permit graduated release and participation in employment and education programs.

4-JCF-5I-05

WHERE STATUTES PERMIT, JUVENILES ARE AFFORDED OPPORTUNITIES FOR ESCORTED AND UNESCORTED DAY LEAVES INTO THE COMMUNITY.

FINDINGS:

The YRTC-L youth are not afforded unescorted day leave into the community.

4-JCF-6A-03

IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH, GIVE DIRECTION, AND GUIDE PROGRAMS FOR JUVENILES.

FINDINGS:

The YRTC-L does not provide adult services.

4-JCF-6B-11

IF A CANTEEN IS AVAILABLE WHERE JUVENILES CAN PURCHASE APPROVED ITEMS THAT ARE NOT FURNISHED BY THE FACILITY, THE CANTEEN OPERATIONS ARE STRICTLY CONTROLLED USING STANDARD ACCOUNTING PROCEDURES.

FINDINGS:

The YRTC-L does not provide a canteen where youth can purchase approved items that are not furnished by the facility.

4-JCF-6G-07

CONSISTENT WITH JURISDICTIONAL LAWS, REGISTERED CRIME VICTIM(S) ARE NOTIFIED OF A JUVENILE OFFENDER'S RELEASE PRIOR TO ANY PLANNED RELEASE FROM CONFINEMENT AND/OR ESCAPE FROM CUSTODY. FOLLOW-UP NOTIFICATION TO VICTIMS OCCURS WHEN ESCAPEES ARE RETURNED TO CUSTODY.

FINDINGS:

Jurisdictional laws relating to this standard do not apply to juvenile offenders in the state of Nebraska.

Significant Incident Summary

This report is required for all residential accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Community Residential Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: YRTC - LINCOLN Reporting Period: 05/01/2021 - 04/30/2022

Incident Type	Months	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Youth Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Youth/Youth	0	0	1	0	0	0	0	0	0	0	0	1	2
	Youth/Staff	4	0	3	3	1	1	0	0	0	1	1	2	14
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

**May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.*



		Safety & Security Outcomes		2022
Performance Standard	Outcome Measure	YRTC-Lincoln	Value	Calculated Outcome Measure
A		YOUTH ON YOUTH INCIDENTS		
		Outcome Measures		
	(1)	Number of youth on youth assaults with a weapon (object of any description used to cause harm to another) in the past twelve months divided by the total number of youth on youth assaults in the past twelve months		0%
	(2)	Number of confirmed youth on youth sexual assaults in the past twelve months divided by the total number of youth on youth assaults in the past twelve months.		0%
	(3)	Number of confirmed youth on youth assaults prosecuted resulting in a guilty verdict/conviction in the past twelve months divided by the total number of youth on youth assaults prosecuted in the past twelve months.		0%
	(4)	Number of youth on youth fights resulting in injury requiring medical treatment (band-aid, ice, stitches, x-ray, emergency room, etc.) in the past twelve months divided by the total number of youth fights in the past twelve months.		0%
		Data Collection		
		Number of youth on youth assaults in the past twelve months	2	
		Number of youth on youth assaults with a weapon (object of any description used to cause harm to another) in the past twelve months	0	

		Number of confirmed youth on youth sexual assaults in the past twelve months	0	
		Number of youth on youth cases prosecuted in the past twelve months	0	
		Number of guilty verdicts/convictions in cases prosecuted in the past twelve months	0	
		Number of reported incidents of youth on youth fights in the past twelve months	0	
		Number of youth on youth fights resulting in injury requiring medical treatment (band-aid, ice, stitches, x-ray, emergency room, etc.) in the past twelve months	0	
B		YOUTH ON STAFF INCIDENTS		
		Outcome Measures		
	(1)	Number of youth on staff assaults with a weapon in the past twelve months divided by the total number of youth on staff assaults in the past twelve months.		6%
	(2)	Number of confirmed youth on staff sexual assaults in the past twelve months divided by the total number of youth on staff assaults in the past twelve months.		0%
	(3)	Number of confirmed youth on staff assaults prosecuted resulting in a guilty verdict/conviction in the past twelve months divided by the total number of youth on staff assaults prosecuted in the past twelve months.		0%
		Data Collection		
		Number of youth on staff assaults in the past twelve months	16	
		Number of youth on staff assaults with a weapon in the past twelve months	1	

		Number of confirmed youth on staff sexual assaults	0	
		Number of staff assaults prosecuted in the past twelve months	2	
		Number of youth on staff assault cases resulting in guilty verdicts/convictions in the past twelve months	0	
C		STAFF ON YOUTH INCIDENTS		
		Outcome Measures		
	(1)	Number of staff on youth assaults with a weapon in the past twelve months divided by the total number of staff on youth assaults in the past twelve months.		0%
	(2)	Number of confirmed staff on youth sexual assaults in the past twelve months divided by the total number of staff on youth assaults in the past twelve months.		0%
	(3)	Number of confirmed staff on youth assaults prosecuted resulting in a guilty verdict/conviction in the past twelve months divided by the total number of staff on youth assaults prosecuted in the past twelve months.		0%
		Data Collection		
		Number of staff on youth assaults in the past twelve months	0	
		Number of staff on youth assaults with a weapon in the past twelve months	0	
		Number of confirmed staff on youth sexual assaults	0	
		Number of staff on youth assaults prosecuted in the past twelve months	0	

		Number of staff on youth assaults cases resulting in guilty verdicts/convictions in the past twelve months	0	
D		USES OF FORCE		
		Outcome Measures		
	(1)	Number of uses of force incidents requiring hands on intervention without mechanical restraints (non-escort, non-transport) in the past twelve months.		100%
	(2)	Number of use of force incidents requiring the use of mechanical restraints (non-transport) in the past twelve months divided by the total number of use of force incidents in the past twelve months		100%
	(3)	Number of use of force incidents requiring the use of four – five point restraints in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(4)	Number of use of force incidents requiring the use of chemical agents in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(5)	Number of use of force incidents requiring the use of some other non-lethal security device (baton, shield, tazer, etc.) in the past twelve months divided by the total number of use of force incidents in the past twelve months.		5%
	(6)	Number of use of force incidents resulting in injury to youth in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
	(7)	Number of use of force incidents resulting in injury to staff in the past twelve months divided by the total number of use of force incidents in the past twelve months.		16%

	(8)	Number of use of force incidents determined to be excessive in the past twelve months divided by the total number of use of force incidents in the past twelve months.		0%
		Data Collection		
		Number of use of force incidents in the past twelve months	43	
		Number of use of force incidents requiring hands-on intervention in the past twelve months	43	
		Number of use of force incidents requiring restraints in the past twelve months	43	
		Number of use of force incidents requiring four or five point restraints in the past twelve months	0	
		Number of use of force incidents requiring the use of chemical agents in the past twelve months	0	
		Number of use of force incidents requiring the use of some other non-lethal security device (baton, shield, tazer, etc.) in the past twelve months	1	
		Number of use of force incidents resulting in injury to youth in the past twelve months	0	
		Number of use of force incidents resulting in injury to staff in the past twelve months	7	
		Number of use of force incidents determined to be excessive in the past twelve months	0	
E		CRITICAL INCIDENTS		
		<i>Outcome Measure: Events of this type as defined in this section are unique and their analysis needs to be individualized.</i>		

	(1)	Description of each incident of youth disturbance to include response, analysis and resulting plans of action.		0%
	(2)	Description of each incident of employee work stoppage to include response, analysis and resulting plans of action.		0%
	(3)	Description of each incident involving a hostage to include response, analysis and resulting plans of action.		0%
	(4)	Description of each incident of man-made or natural disaster to include response, analysis and resulting plans of action.		0%
	(5)	Description of each incident of escape from a secure facility or during secure transport to include response, analysis and resulting plans of action.		2 Incidents
	(6)	Description of any employee deaths related to occupational injury, illness, homicide, suicide or natural causes within the past twelve months to include response, analysis and resulting plans of action.		0%
	(7)	Description of any juvenile deaths related to accidental injury, illness, homicide, suicide or natural causes for the past twelve months to include response, analysis and resulting plans of action.		0%
		Data Collection		
		The dates and number of incidents of youth disturbance, i.e. 4 or more youth in an organized group engaging in violence toward other youth or staff, vandalism, and/or destruction property in the past twelve months	0	
		The dates and number of incidents of employee work stoppage	0	
		The dates and number of incidents involving a hostage situation	0	

		The dates and number of incidents of manmade or natural disaster, i.e. significant weather emergency, loss of power exceeding 8 hours, environmental accident, excessive illness or infection of youth or staff impacting operations, terrorist action, etc.	0	
		Average daily population for the past twelve months	7	
		Number of attempted escapes from a secure facility in the past twelve months	0	
		Number of attempted escapes during a secure transport in the past twelve months	1	
		Number of actual escapes from a secure facility in the past twelve months	0	
		Number of actual escapes during a secure transport in the past twelve months	048	
		Number of walkaways from a nonsecure facility in the past twelve months	0	
		Number of absences from furlough during the past twelve months	0	
		Number of absences from other planned events in nonsecure settings or during nonsecure transport in the past twelve months	0	
		Total number of employees allotted to the table of organization for this site	47	
		Average daily juvenile population for the past twelve months	7	
		Number and cause of employee deaths for the past twelve months	0	
		Number and cause of juvenile deaths for the past twelve months	0	
F		YOUTH GRIEVANCES		
		Outcome Measures		

	(1)	Total number of youth grievances found in favor of the youth related to access to legal counsel or courts in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(2)	Total number of youth grievances found in favor of the youth related to communications (mail, telephone, and visitation) in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(3)	Total number of youth grievances found in favor of the youth related to discipline received in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(4)	Total number of youth grievances found in favor of the youth related to food service in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(5)	Total number of youth grievances found in favor of the youth related to personal hygiene, personal grooming or clothing divided by the total number of youth grievances filed in the past twelve months.		0%
	(6)	Total number of youth grievances found in favor of the youth related to physical or verbal abuse by other juveniles in the past twelve months divided by the total number of youth grievances filed I the past twelve months.		0%
	(7)	Total number of youth grievances found in favor of the youth related to physical or verbal abuse by staff in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%

	(8)	Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(9)	Total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past twelve months.		1%
	(10)	Total number of youth grievances found in favor of the youth related to access to religious services or programs in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		0%
	(11)	Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		1%
	(12)	Total number of all youth grievances found in favor of the youth in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		3%
	(13)	Total number of individual youth grievance in the past twelve months divided by the total number of youth grievances filed in the past twelve months.		60%
	(14)	Total number of individual youth grievance in the past twelve months divided by the average daily population for the past twelve months		152%
		Data Collection		
		Total number of youth grievances filed in the past twelve months	80	

		Total number of youth grievances found in favor of the youth related to access to counsel and courts in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to communications (mail, telephone, visiting) in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to discipline received in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to food service in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to personal hygiene, personal grooming or clothing in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from other juveniles in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to physical or verbal abuse from staff in the past twelve months	0	
		Total number of youth grievances found in favor of the youth related to professional care (medical, dental, mental health) in the past twelve months	1	
		Total number of youth grievances found in favor of the youth related to programming (social services, education, library, recreation) in the past twelve months	1	
		Total number of youth grievances found in favor of the youth related to access to religious services or programs in the past twelve months	0	

		Total number of youth grievances found in favor of the youth related to sexual harassment or discrimination in the past twelve months	1	
		Total number of all grievances found in favor of the youth	2	
		Average daily population for the past twelve months	7	
		Number of individual youth filing grievances in the past twelve months (counted once per youth per twelve month period not per grievance and not per month)	480	
G		STAFF GRIEVANCES		
		Outcome Measures		
	(1)	Total number of staff grievances found in favor of staff related to working conditions, physical environment and safety in the past twelve months divided by the total number of staff grievances filed.		0%
	(2)	Total number of staff grievances found in favor of staff related to work schedules, overtime, job duties and pay in the past twelve months divided by the total number of staff grievances filed.		0%
	(3)	Total number of all staff grievances found in favor of staff divided by the total number of staff grievances filed.		0%
		Data Collection		
		Total number of staff grievances in the past twelve months	0	
		Total number of staff grievances related to working conditions, physical environment and safety found in favor of staff in the past twelve months	0	
		Total number of staff grievances related to work schedules, overtime, job duties and pay	0	

		found in favor of staff in the past twelve months		
		Total number of all grievances found in favor of staff in the past twelve months	0	
H		EMPLOYEE OCCUPATIONAL HEALTH & SAFETY		
		Outcome Measures		
	(1)	Total number of employee injuries due to youth assault at this site resulting in lost workdays in the past twelve months divided by total number of employees assigned to this site.		28.57%
	(2)	Total number of lost workdays as a result of an employee injury due to youth assault in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		202.99%
	(3)	Total number of employee injuries due to accidents at this site resulting in lost workdays in the past twelve months divided by total number of employees assigned to this site.		6.49%
	(4)	Total number of lost workdays as a result of an employee injury due to accidents in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		54.81%
	(5)	Total number of employee illnesses at this site resulting in lost workdays in the past twelve months divided by the total number of employees assigned to this site.		87.01%
	(6)	Total number of lost workdays as a result of employee illness in the past twelve months divided by the total number of work days for the past twelve months assigned to this site.		555.71%

		Data Collection		
		Total number of employee injuries resulting in lost workdays in the past twelve months	27	
		Total number of lost workdays as a result of employee injury in the past twelve months	198	
		Total number of employee illnesses resulting in lost workdays in the past twelve months	67	
		Total number of lost workdays as a result of employee illness in the past twelve months	428	
		Total number of employees assigned to this site per the approved table of organization minus approved/mandated vacancies required for budgetary attrition rate	0	
		Total number of workdays assigned to this site	365	
I		JUVENILE ACCIDENTAL INJURY		
		Outcome Measures		
	(1)	Total number of juvenile injuries related to insect or animal bite in the past twelve months divided by the average daily population for the past twelve months.		0%
	(2)	Total number of juvenile injuries related to chemical exposure in the past twelve months divided by the average daily population for the past twelve months.		0%
	(3)	Total number of juvenile injuries related to planned recreational activity in the past twelve months divided by the average daily population for the past twelve months.		0%
	(4)	Total number of juvenile injuries related to routine physical activity, slips, trips or falls in the past twelve months divided by the average daily population for the past twelve months.		0%
	(5)	Total number of juvenile injuries related to machinery or equipment in the past twelve		0%

		months divided by the average daily population.		
		Data Collection		
		Average daily population for the past twelve months	7	
		Total number of juvenile injuries related to insect or animal bites in the past twelve months	0	
		Total number of juvenile injuries related to chemical exposure in the past twelve months	0	
		Total number of juvenile injuries related to planned recreational activity in the past twelve months	0	
		Total number of juvenile injuries related to routine physical activity slips trips or falls	0	
		Total number of juvenile injuries related to machinery or equipment in the past twelve months	0	
J		JUVENILE DISCIPLINARY HEARINGS		
		Outcome Measures		
	(1)	Total number of disciplinary hearing decisions appealed by the juvenile in the past twelve months divided by the total number of disciplinary hearings for the past twelve months.		.4%
	(2)	Total number of disciplinary hearing appeals decided in favor of the juvenile in the past twelve months divided by the total number of disciplinary hearings appealed in the past twelve months.		.3%
	(3)	Total number of disciplinary hearing decisions that resulted in transfer of the juvenile in the past twelve months divided by the total number of disciplinary hearings for the past twelve months.		0%

		Data Collection		
		Total number of disciplinary hearings for the past twelve months	123	
		Total number of disciplinary hearings appealed by the juvenile for the past twelve months	0	
		Total number of disciplinary hearing appeals found in favor of the juvenile in the past twelve months	0	
		Total number of disciplinary hearings that resulted in transfer of the juvenile in the past twelve months	0	
K		SECLUSION & ROOM CONFINEMENT		
		Outcome Measures		
	(1)	Total number of hours of seclusion of a juvenile for purposes of investigation for the past twelve months divided by the total number of juveniles confined for purposes of investigation in the past twelve months.		0
	(2)	Total number of hours of room confinement of a juvenile for purposes of investigation for the past twelve months divided by the total number of juveniles confined for purposes of investigation in the past twelve months.		0
	(3)	Total number of hours of seclusion disciplinary reasons for the past twelve months divided by the total number of juveniles confined for disciplinary reasons in the past twelve months.		0
	(4)	Total number of hours of room confinement for disciplinary reasons for the past twelve months divided by the total number of juveniles confined for disciplinary reasons in the past twelve months.		0

	(5)	Total number of hours of seclusion as part of a juvenile’s special management plan for the past twelve months divided by the total number juveniles confined as part of a special management plan.		0
	(6)	Total number of hours of room confinement as part of a juvenile’s special management plan for the past twelve months divided by the total number of juveniles confined as part of a special management plan.		0
	(7)	Total number of hours for unit or facility lockdown for the past twelve months divided by the number of incidents requiring unit or facility lockdown in the past twelve months.		0
		Data Collection		
		Total number of hours of seclusion of a juvenile for purpose of investigation for the past twelve months	0	
		Total number of hours of room confinement of a juvenile for purposes of investigation for the past twelve months	0	
		Total number of hours of seclusion for disciplinary reasons for the past twelve months	0	
		Total number of hours of room confinement for disciplinary reasons for the past twelve months	0	
		Total number of hours of seclusion as part of a juvenile’s special management plan	0	
		Total number of hours of room confinement as part of a juvenile’s special management plan	0	
		Total number of hours for unit or facility lockdown for the past twelve months	0	
		Total number of juveniles confined for purposes of investigation in the past twelve months	0	

		Total number of juveniles confined for disciplinary reasons	0	
J		EDUCATION AND WORK		
		Outcome Measures		
	(1)	Number of juveniles who receive high school diplomas or equivalent in the past twelve months divided by the average daily juvenile population in the past twelve months.		.6%
	(2)	Average change in grade level of juvenile served as measured by a standardized pre and posttest achievement instrument during the past twelve months.		N A
	(3)	Number of juveniles who successfully complete a vocational certification program divided by the number of juvenile enrolled in the program in the past twelve months.		0
	(4)	Number of juveniles who, in the past twelve months, obtained and maintained work program employment divided by the number of juveniles who, in the past twelve months were eligible for work programs.		0%
		Data Collection		
		Number of high school graduates in the past twelve months	4	
		Average daily population in the past twelve months	7	
		Average education pretest scores for the past twelve months	222	
		Average education post test scores for the past twelve months	223	
		Number of vocational program certificates awarded in the past twelve months	0	
		Average number of students enrolled in school	6	

		Average number of juveniles employed in a work program in the past twelve months	0	
		Average number of juveniles eligible for work in the past twelve months	0	

Attachment 56

YRTC-Kearney Fire Marshal Inspection Certificates

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center –
Bryant/Creighton Living Unit

Type of Facility: Existing Hotel/Dormitory

Location: 2802 30th Avenue, Kearney, NE 68847

Maximum Occupancy: 170

Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – Chapel
Type of Facility: Existing Assembly
Location: 2802 30th Avenue, Kearney, NE 68847
Maximum Occupancy: 170
Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – Dickson
Living Unit/Security Unit

Type of Facility: Existing Detention/Correction

Location: 2802 30th Avenue, Kearney, NE 68847

Maximum Occupancy: 170

Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – Dining Hall
Type of Facility: Existing Assembly
Location: 2802 30th Avenue, Kearney, NE 68847
Maximum Occupancy: 170
Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center –
Lincoln/Washington Living Unit

Type of Facility: Existing Hotel/Dormitory

Location: 2802 30th Avenue, Kearney, NE 68847

Maximum Occupancy: 170

Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – Morton
Living Unit

Type of Facility: Existing Hotel/Dormitory

Location: 2802 30th Avenue, Kearney, NE 68847

Maximum Occupancy: 170

Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center –
Administration Building

Type of Facility: Existing Business

Location: 2802 30th Avenue, Kearney, NE 68847

Maximum Occupancy: 170

Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – School Building
Type of Facility: Existing Education
Location: 2802 30th Avenue, Kearney, NE 68847
Maximum Occupancy: 170
Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Name of Facility: Youth Rehabilitation and Treatment Center – Vocational Classrooms
Type of Facility: Existing Education
Location: 2802 30th Avenue, Kearney, NE 68847
Maximum Occupancy: 170
Date Issued: 10-6-2022

Inspected By: Kyle Woodgate, #8720,
Deputy State Fire Marshal

Approved By: Christopher B. Cantrell,
State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
Shall invalidate this occupancy permit.

Attachment 57

YRTC-Kearney Generator Testing



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC BOILER MAKE ONAN TYPE ANNUAL
 CONTACT: RICH HANDCOCK SERIAL A07001056 DATE 6/20/22
 PHONE: 402-560-8910 MODEL GGHH-5785562 HRS 487
 ADDRESS _____ TECH ERIC H
 CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL L06000113 MODEL _____
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAYTANK LEVEL NA
 * (D) DAYTANK OPERATION NA
 * (E) TRANSFER PUMP NA
 * (F) MAIN TANK LEVEL PASS
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL NA
 * (I) INJECTION PUMP NA
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER NA
 * CHANGE (L) WATER SEPARATOR NA
 * TEST (M) FUEL SAMPLE NA

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 * (1) OVERCRANK PASS
 * (2) HIGH WATER TEMP PASS
 * (3) LOW OIL PRESSURE PASS
 * (4) OVERSPEED N/A
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL NA
 * (E) CRANKCASE BREATHER DIRTY
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL PASS
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS NA
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE 82
 * (H) WATER TEMPERATURE NA
 * (I) DC ALTERNATOR PASS
 * (1) VOLTS 13
 * (2) AMPS 4
 * CHANGE (J) AIR CLEANER PASS
 * TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT -33
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS NA
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) FULLEYS PASS
 * (L) RADIATOR PSI 13
 * (M) RADIATOR CAP PSI 13
 * CHANGE (N) WATER FILTER NA
 * CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 * (1) STATOR PASS
 * (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE 208
 * (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.6
 * (1) FLOAT 12.7
 * (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL PASS
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY _____
 * (1) HIGH _____
 * (2) LOW _____
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG NA
 * (B) VOLTAGE/LEG NA
 * (C) HERTZ NA
 * (D) CB CONNECTIONS NA
 * (E) UNIT LOADED NA

(12) EPSS

CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified

Comments:

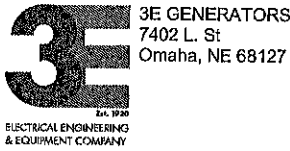
919478 ANNUAL PM. UNIT TESTED GOOD, USED 1372 OIL FILTER

9QT 5W30, 101 MILES, 2 HRS TR 20S

Customer Signature _____

3E Signature _____

Date 6/20/22



INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919478-00
PO. NO.	PAGE #
YRTC - BOILER HOUSE	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
http://3e-co.billtrust.com	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
Consolidated Electrical Distributor
PO BOX 850365
MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
YRTC
BOILER HOUSE
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATORS				09/23/22		10/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 6/20/22 ANNUAL SERVICE & INSPECTION: NO ISSUES NOTED	1.00	0.00	1.00	E	435.00	435.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7301misc Misc mat acct 1143 6/29/22 ANNUAL SERVICE & INSPECTION	1.00	0.00	1.00	each	0.00	0.00	
4	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
5	70001372 NAPA 1372 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
6	7080 GM103159 KOHLER 5W30 OIL	9.00	0.00	9.00	EA	0.00	0.00	
6	Lines Total	Qty Shipped Total		114	Total	435.00		435.00
						Invoice Total	435.00	

Last Page

Cash Discount 0.00 If Paid By 10/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM TIME TO TIME WITH PRIOR NOTICE.



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC BRYANT/CRIE MAKE ONAN TYPE ANNUAL
 CONTACT: RICH HANDCOCK SERIAL A070010062 DATE 6/21/22
 PHONE: 402-560-8910 MODEL GGHH-578553 HRS 415
 ADDRESS _____ TECH ERIC H
 CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL L060001485 MODEL OTECC-5784991
 MAKE _____ SERIAL _____ MODEL _____
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAY TANK LEVEL NA
 * (D) DAY TANK OPERATION NA
 * (E) TRANSFER PUMP NA
 * (F) MAIN TANK LEVEL PASS
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL NA
 * (I) INJECTION PUMP NA
 * (J) SOLENOID VALVE PASS
 * CHANGE (K) FUEL FILTER NA
 * CHANGE (L) WATER SEPARATOR NA
 * TEST (M) FUEL SAMPLE NA

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 * (1) OVERCRANK PASS
 * (2) HIGH WATER TEMP PASS
 * (3) LOW OIL PRESSURE PASS
 * (4) OVERSPEED N/A
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 * CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL NA
 * (E) CRANKCASE BREATHER DIRTY
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL PASS
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS NA
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE 81
 * (H) WATER TEMPERATURE NA
 * (I) DC ALTERNATOR PASS
 * (1) VOLTS 13
 * (2) AMPS 4
 * CHANGE (J) AIR CLEANER PASS
 * TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT -33
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS NA
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI 13
 * (M) RADIATOR CAP PSI 13
 * CHANGE (N) WATER FILTER NA
 * CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 * (1) STATOR PASS
 * (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * (H) FEED BREAKER N/A
 * (I) VOLTAGE 208
 * (J) HERTZ 60
 * TEST RECORD

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINCAP PASS
 * CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.8
 * (1) FLOAT 12.7
 * (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL PASS
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY
 * (1) HIGH _____
 * (2) LOW _____
 * (F) LOAD TEST PASS
 * CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG NA
 * (B) VOLTAGE/LEG NA
 * (C) HERTZ NA
 * (D) CB CONNECTIONS NA
 * (E) UNIT LOADED NA

(12) EPSS

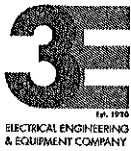
CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified.

Comments:

919481 ANNUAL PM. UNIT TESTED GOOD USED 1372 OIL FILTER
 7QT 5W30, 101 MILES, 2 HRS TR 30S

Customer Signature _____ 3E Signature _____ Date 6/21/22



3E GENERATORS
7402 L. St
Omaha, NE 68127

INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919481-00
PO. NO.	PAGE #
YRTC BYRANT/CREIGHTON	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
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BILL TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
Consolidated Electrical Distributor
PO BOX 850365
MINNEAPOLIS, MN 55485-0365

SHIP TO:
STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
YRTC
BRYANT/CREIGHTON
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATORS				09/23/22		10/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 6/21/22 ANNUAL SERVICE & INSPECTION: UNIT TESTED GOOD	1.00	0.00	1.00	E	435.00	435.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7301misc Misc mat acct 1143 HOTEL & MEAL	1.00	0.00	1.00	each	0.00	0.00	
4	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
5	70001372 NAPA 1372 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
6	7080 GM103159 KOHLER 5W30 OIL	7.00	0.00	7.00	EA	0.00	0.00	
6	Lines Total	Qty Shipped Total		112	Total	Invoice Total		435.00 435.00

Last Page

Cash Discount 0.00 If Paid By 10/10/22

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7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC DICKSON MAKE ONAN TYPE ANNUAL
CONTACT: RICH HANDCOCK SERIAL A070010485 DATE 6/20/22
PHONE: 402-560-8910 MODEL GGHE-5785641 HRS 467
ADDRESS _____ TECH ERIC H
CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL L060000763 MODEL OTECB-5785011
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
* (B) LINES/CONNECTIONS PASS
* (C) DAYTANK LEVEL NA
* (D) DAYTANK OPERATION NA
* (E) TRANSFER PUMP NA
* (F) MAIN TANK LEVEL PASS
* (G) VENT/OVERFLOW PASS
* (H) WATER IN FUEL NA
* (I) INJECTION PUMP NA
* (J) SOLENOID VALVE PASS
* CHANGE (K) FUEL FILTER NA
* CHANGE (L) WATER SEPARATOR NA
* TEST (M) FUEL SAMPLE NA

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
* (B) INSTRUMENTATION PASS
* (C) SAFETIES SHUTDOWNS PASS
* (1) OVERCRANK PASS
* (2) HIGH WATER TEMP PASS
* (3) LOW OIL PRESSURE PASS
* (4) OVERSPEED N/A
* (D) ALARMS PASS
* (E) PREALARMS PASS
* (F) CIRCUIT BREAKERS PASS
* (G) FUSES PASS
* (H) INSULATION DAMAGE PASS
* CHECK (I) CABINETRY PASS
CLEAN

(2) LUBRICATION

CHECK (A) LEAKS PASS
* (B) ENGINE OIL LEVEL PASS
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL NA
* (E) CRANKCASE BREATHER PASS
* CHANGE (F) OIL FILTER PASS
* CHANGE (G) ENGINE OIL PASS
* CHANGE (H) GOVERNOR OIL PASS
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
* (B) VIBRATION PASS
* (C) TIMING PASS
* (D) INJECTORS NA
* (E) MOUNTING HARDWARE PASS
* (F) AIR INTAKE PASS
* (G) OIL PRESSURE 55
* (H) WATER TEMPERATURE NA
* (I) DC ALTERNATOR PASS
* (1) VOLTS 14
* (2) AMPS 4
* CHANGE (J) AIR CLEANER PASS
* TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
* (B) COOLANT LEVEL PASS
* (C) FREEZE POINT -32
* (D) RADIATOR AIR FLOW PASS
* (E) LOUVER SYSTEMS NA
* (F) BLOCK HEATER PASS
* (G) WATER PUMP PASS
* (H) HOSES PASS
* (I) BELTS PASS
* (J) FAN HUB PASS
* (K) PULLEYS PASS
* (L) RADIATOR PSI 13
* (M) RADIATOR CAP PSI 13
* CHANGE (N) WATER FILTER NA
* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
* (B) STATOR PASS
* (C) EXCITOR PASS
* (1) STATOR PASS
* (2) ROTOR PASS
* (D) BEARINGS (IR) PASS
* (E) DIODES PASS
* (F) AIR FLOW PASS
* (G) VOLTAGE REGULATOR PASS
* TEST (H) FEED BREAKER N/A
RECORD (I) VOLTAGE 208
* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
* (B) CONDENSATION TRAP PASS
* (C) INSULATION PASS
* (D) RESTRICTION PASS
* (E) RAINGAP PASS
CHECK (F) HANGERS/SUPPORT PASS
* (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
* LINEAR MOTORS ACTUATION PASS
* MOVING PARTS PASS
* (B) SIMULATE POWER FAILURE N/A
* (C) TIME DELAYS PASS
* (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.7
* (1) FLOAT 12.7
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL PASS
* (C) TERMINALS/CABLES PASS
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY _____
* (1) HIGH _____
* (2) LOW _____
* (F) LOAD TEST PASS
CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
* (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG NA
* (B) VOLTAGE/LEG NA
* (C) HERTZ NA
* (D) CB CONNECTIONS NA
* (E) UNIT LOADED NA

(12) EPSS

CHECK (A) EPS IN AUTO? YES
* (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
** Additional cost if needed or specified.

Comments:
919479 ANNUAL PM., TESTED GOOD. USED 1372 OIL FILTER
9QT 5W30, 101 MILES, 2 HRS TR 40S

Customer Signature _____ 3E Signature _____ Date 6/20/22



3E GENERATORS
7402 L. St
Omaha, NE 68127

INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919479-00
PO. NO.	PAGE #
YRTC - DICKSON HALL	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
http://3e-co.billtrust.com	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
LINCOLN, NE 68508-2734

CORRESPONDENCE TO:
Consolidated Electrical Distributor
PO BOX 850365
MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
YRTC
DICKSON HALL
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
CUST #		SHIP POINT		ANNUAL			0.00	
200310		3E GENERATORS		SHIP VIA		SHIPPED	IF PAID BY	
						09/23/22	10/10/22	
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 6/20/22 ANNUAL SERVICE & INSPECTION: UNIT TESTED GOOD	1.00	0.00	1.00	E	360.00	360.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7301misc Misc mat acct 1143 6/29/22 ANNUAL SERVICE & INSPECTION	1.00	0.00	1.00	each	0.00	0.00	
4	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
5	70001372 NAPA 1372 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
6	7080 GM103159 KOHLER 5W30 OIL	9.00	0.00	9.00	EA	0.00	0.00	
6	Lines Total	Qty Shipped Total		114	Total	Invoice Total		360.00 360.00

Last Page

Cash Discount 0.00 If Paid By 10/10/22

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SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM
TIME TO TIME WITH PRIOR NOTICE.



LEAVE NO FIELD BLANK
NEEDS N/A IF NOT USED

7402 L Street
Omaha, NE 68127
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE
CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC GOMEZ MAKE ONAN TYPE ANNUAL
CONTACT: RICH HANDCOCK SERIAL A070010059 DATE 7/27/22
PHONE: 402-560-8910 MODEL GGLB-5785565 HRS 483
ADDRESS _____ TECH ERIC H
CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL L06000767 MODEL OTECD-5784742
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
* (B) LINES/CONNECTIONS PASS
* (C) DAY TANK LEVEL NA
* (D) DAY TANK OPERATION NA
* (E) TRANSFER PUMP NA
* (F) MAIN TANK LEVEL NA NG
* (G) VENT/OVERFLOW NA
* (H) WATER IN FUEL NA
* (I) INJECTION PUMP NA
* (J) SOLENOID VALVE PASS
* CHANGE (K) FUEL FILTER NA
* CHANGE (L) WATER SEPARATOR NA
* TEST (M) FUEL SAMPLE NA

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
* (B) INSTRUMENTATION PASS
* (C) SAFETIES SHUTDOWNS PASS
* (1) OVERCRANK PASS
* (2) HIGH WATER TEMP PASS
* (3) LOW OIL PRESSURE PASS
* (4) OVERSPEED N/A
* (D) ALARMS PASS
* (E) PREALARMS PASS
* (F) CIRCUIT BREAKERS PASS
* (G) FUSES PASS
* (H) INSULATION DAMAGE PASS
* CHECK (I) CABINETRY PASS
* CLEAN

(2) LUBRICATION

CHECK (A) LEAKS PASS
* (B) ENGINE OIL LEVEL PASS
* (C) OIL HEATER N/A
* (D) GOVERNOR OIL LEVEL NA
* (E) CRANKCASE BREATHER PASS
* CHANGE (F) OIL FILTER PASS
* CHANGE (G) ENGINE OIL PASS
* CHANGE (H) GOVERNOR OIL PASS
* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
* (B) VIBRATION PASS
* (C) TIMING PASS
* (D) INJECTORS NA
* (E) MOUNTING HARDWARE PASS
* (F) AIR INTAKE PASS
* (G) OIL PRESSURE 89
* (H) WATER TEMPERATURE NA
* (I) DC ALTERNATOR PASS
* (1) VOLTS 13
* (2) AMPS 4
* CHANGE (J) AIR CLEANER PASS
* TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
* (B) COOLANT LEVEL PASS
* (C) FREEZE POINT -33
* (D) RADIATOR AIR FLOW PASS
* (E) LOUVER SYSTEMS NA
* (F) BLOCK HEATER PASS
* (G) WATER PUMP PASS
* (H) HOSES PASS
* (I) BELTS PASS
* (J) FAN HUB PASS
* (K) PULLEYS PASS
* (L) RADIATOR PSI 13
* (M) RADIATOR CAP PSI 13
* CHANGE (N) WATER FILTER NA
* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
* (B) STATOR PASS
* (C) EXCITOR PASS
* (1) STATOR PASS
* (2) ROTOR PASS
* (D) BEARINGS (IR) PASS
* (E) DIODES PASS
* (F) AIR FLOW PASS
* (G) VOLTAGE REGULATOR PASS
* TEST (H) FEED BREAKER N/A
* RECORD (I) VOLTAGE 208
* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
* (B) CONDENSATION TRAP PASS
* (C) INSULATION PASS
* (D) RESTRICTION PASS
* (E) RAINCAP PASS
* CHECK (F) HANGERS/SUPPORT PASS
* (G) FLEX SECTIONS PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
* LINEAR MOTORS ACTUATION PASS
* MOVING PARTS PASS
* (B) SIMULATE POWER FAILURE N/A
* (C) TIME DELAYS PASS
* (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE PASS
* (1) FLOAT 12.7
* (2) EQUALIZE N/A
* (B) ELECTROLYTE LEVEL PASS
* (C) TERMINALS/CABLES PASS
* (D) BLANKET HEATER N/A
* (E) SPECIFIC GRAVITY _____
* (1) HIGH _____
* (2) LOW _____
* (F) LOAD TEST PASS
* CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
* (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG NA
* (B) VOLTAGE/LEG NA
* (C) HERTZ NA
* (D) CB CONNECTIONS NA
* (E) UNIT LOADED NA

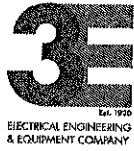
(12) EPSS

CHECK (A) EPS IN AUTO? YES
* (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
** Additional cost if needed or specified.

Comments:
#919483 ANNUAL PM, UNIT TESTED GOOD. USED OIL FILTER 85060.
9QTS 5W30, 101 MILES, 2 HRS TR 40S

Customer Signature _____ 3E Signature _____ Date 7/27/22



3E GENERATORS
7402 L. St
Omaha, NE 68127

INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919483-00
PO. NO.	PAGE #
YRTC GOMEZ	1

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SHIP TO:
STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
YRTC
GOMEZ
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATORS				09/23/22		10/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 6/21/22 ANNUAL SERVICE & INSPECTION	1.00	0.00	1.00	E	560.00	560.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
4	7000CFI85060 CFI 85060 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
5	7080 GM103159 KOHLER 5W30 OIL	9.00	0.00	9.00	EA	0.00	0.00	
5	Lines Total	Qty Shipped Total		113	Total	Invoice Total		560.00
							560.00	

Last Page

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7402 L Street
Omaha, NE 68127
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CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC LINC/WASH MAKE ONAN TYPE ANNUAL
CONTACT: RICH HANDCOCK SERIAL A070010063 DATE 6/21/22
PHONE: 402-560-8910 MODEL GGHH-578553 HRS 411
ADDRESS _____ TECH ERIC H
CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL L060001486 MODEL OTECC-5784991
MAKE _____ SERIAL _____ MODEL _____
MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK	(A) FUEL LEAKS	PASS
*	(B) LINES/CONNECTIONS	PASS
*	(C) DAY TANK LEVEL	NA
*	(D) DAY TANK OPERATION	NA
*	(E) TRANSFER PUMP	NA
*	(F) MAIN TANK LEVEL	PASS
*	(G) VENT/OVERFLOW	PASS
*	(H) WATER IN FUEL	NA
*	(I) INJECTION PUMP	NA
*	(J) SOLENOID VALVE	PASS
* CHANGE	(K) FUEL FILTER	NA
* CHANGE	(L) WATER SEPARATOR	NA
* TEST	(M) FUEL SAMPLE	NA

(8) ELECTRICAL SYSTEM

CHECK	(A) WIRING CONNECTIONS	PASS
*	(B) INSTRUMENTATION	PASS
*	(C) SAFETIES SHUTDOWNS	PASS
*	(1) OVERCRANK	PASS
*	(2) HIGH WATER TEMP	PASS
*	(3) LOW OIL PRESSURE	PASS
*	(4) OVERSPEED	N/A
*	(D) ALARMS	PASS
*	(E) PREALARMS	PASS
*	(F) CIRCUIT BREAKERS	PASS
*	(G) FUSES	PASS
* CHECK	(H) INSULATION DAMAGE	PASS
CLEAN	(I) CABINETS	PASS

(2) LUBRICATION

CHECK	(A) LEAKS	PASS
*	(B) ENGINE OIL LEVEL	PASS
*	(C) OIL HEATER	N/A
*	(D) GOVERNOR OIL LEVEL	NA
*	(E) CRANKCASE BREATHER	DIRTY
* CHANGE	(F) OIL FILTER	PASS
* CHANGE	(G) ENGINE OIL	PASS
* CHANGE	(H) GOVERNOR OIL	PASS
* TEST	(I) OIL SAMPLE	N/A

(7) PRIME MOVER

CHECK	(A) GOVERNOR OPERATION	PASS
*	(B) VIBRATION	PASS
*	(C) TIMING	PASS
*	(D) INJECTORS	NA
*	(E) MOUNTING HARDWARE	PASS
*	(F) AIR INTAKE	PASS
*	(G) OIL PRESSURE	79
*	(H) WATER TEMPERATURE	NA
*	(I) DC ALTERNATOR	PASS
*	(1) VOLTS	12
*	(2) AMPS	4
** CHANGE	(J) AIR CLEANER	PASS
** TORQUE	(K) BOLTS	PASS

(3) COOLING SYSTEM

CHECK	(A) LEAKS	PASS
*	(B) COOLANT LEVEL	PASS
*	(C) FREEZE POINT	-33
*	(D) RADIATOR AIR FLOW	PASS
*	(E) LOUVER SYSTEMS	NA
*	(F) BLOCK HEATER	PASS
*	(G) WATER PUMP	making noise
*	(H) HOSES	PASS
*	(I) BELTS	PASS
*	(J) FAN HUB	PASS
*	(K) PULLEYS	PASS
*	(L) RADIATOR PSI	13
*	(M) RADIATOR CAP PSI	13
* CHANGE	(N) WATER FILTER	NA
** CHANGE	(O) ANTIFREEZE	PASS

(8) GENERATOR

CHECK	(A) ROTOR	PASS
*	(B) STATOR	PASS
*	(C) EXCITOR	PASS
*	(1) STATOR	PASS
*	(2) ROTOR	PASS
*	(D) BEARINGS (IR)	PASS
*	(E) DIODES	PASS
*	(F) AIR FLOW	PASS
* TEST	(G) VOLTAGE REGULATOR	PASS
RECORD	(H) FEED BREAKER	N/A
*	(I) VOLTAGE	208
*	(J) HERTZ	60

(4) EXHAUST SYSTEM

CHECK	(A) LEAKS	PASS
*	(B) CONDENSATION TRAP	PASS
*	(C) INSULATION	PASS
*	(D) RESTRICTION	PASS
*	(E) RAINCAP	PASS
CHECK	(F) HANGERS/SUPPORT	PASS
*	(G) FLEX SECTIONS	PASS

(9) AUTOMATIC TRANSFER SWITCHES

CHECK	(A) ATS, CONTACTS	PASS
*	LINEAR MOTORS ACTUATION	PASS
*	MOVING PARTS	PASS
*	(B) SIMULATE POWER FAILURE	N/A
*	(C) TIME DELAYS	PASS
*	(D) CLOCK EXERCISER	PASS

(5) BATTERY SYSTEMS

CHECK	(A) CHARGER VOLTAGE	13.8
*	(1) FLOAT	12.7
*	(2) EQUALIZE	N/A
*	(B) ELECTROLYTE LEVEL	PASS
*	(C) TERMINALS/CABLES	PASS
*	(D) BLANKET HEATER	N/A
*	(E) SPECIFIC GRAVITY	
*	(1) HIGH	
*	(2) LOW	
* CLEAN	(F) LOAD TEST	PASS
	(G) CORROSION	PASS

(10) GENERAL CONDITION - EPSS

CHECK	(A) UNUSUAL/UNSAFE	PASS
*	(B) HOUSEKEEPING	PASS

(11) LOAD TEST

RECORD	(A) AMPERAGE/LEG	NA
*	(B) VOLTAGE/LEG	NA
*	(C) HERTZ	NA
*	(D) CB CONNECTIONS	NA
*	(E) UNIT LOADED	NA

(12) EPSS

CHECK	(A) EPS IN AUTO?	YES
*	(B) BREAKER CLOSED?	YES

* As needed, specified or during annual inspection only
** Additional cost if needed or specified.

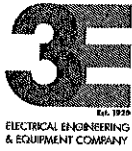
Comments:

919480 ANNUAL PM. UNIT TESTED GOOD. USED 1372 OIL FILTER
7QT 5W30, 101 MILES, 2 HRS TR 30S

Customer Signature _____

3E Signature _____

Date 6/21/22



3E GENERATORS
7402 L. St
Omaha, NE 68127

INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919480-00
PO. NO.	PAGE #
YRTC LINC/WASHINGTON	1

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LINCOLN, NE 68508-2734

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1526 K ST SUITE 200
YRTC
LINCOLN/WASHINGTON
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATORS				09/23/22		10/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 6/21/22 ANNUAL SERVICE & INSPECTION: UNIT TESTED. GOOD	1.00	0.00	1.00	E	435.00	435.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7301misc Misc mat acct 1143 HOTEL & MEAL	1.00	0.00	1.00	each	0.00	0.00	
4	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
5	70001372 NAPA 1372 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
6	7080 GM103159 KOHLER 5W30 OIL	7.00	0.00	7.00	EA	0.00	0.00	
6	Lines Total	Qty Shipped Total		112	Total		435.00	
					Invoice Total		435.00	

Last Page

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CHANGED - FILTER OR PART WAS REPLACED
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: YRTC MORTON MAKE ONAN TYPE ANNUAL
 CONTACT: RICH HANDCOCK SERIAL C110202901 DATE 7/27/22
 PHONE: 402-560-8910 MODEL DSGAB-6918913 HRS 473
 ADDRESS _____ TECH ERIC H
 CITY KEARNEY NE

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL C110197103 MODEL OTPCA-6918915
 MAKE _____ SERIAL C110197099 MODEL OTPCC-6918917
 MAKE _____ SERIAL _____ MODEL _____

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS PASS
 * (B) LINES/CONNECTIONS PASS
 * (C) DAYTANK LEVEL NA
 * (D) DAYTANK OPERATION NA
 * (E) TRANSFER PUMP NA
 * (F) MAIN TANK LEVEL 100
 * (G) VENT/OVERFLOW PASS
 * (H) WATER IN FUEL PASS
 * (I) INJECTION PUMP PASS
 * (J) SOLENOID VALVE PASS
 * (K) FUEL FILTER PASS
 * CHANGE (L) WATER SEPARATOR PASS
 * CHANGE (M) FUEL SAMPLE NA
 * TEST:

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS PASS
 * (B) INSTRUMENTATION PASS
 * (C) SAFETIES SHUTDOWNS PASS
 * (1) OVERCRANK PASS
 * (2) HIGH WATER TEMP PASS
 * (3) LOW OIL PRESSURE PASS
 * (4) OVERSPEED N/A
 * (D) ALARMS PASS
 * (E) PREALARMS PASS
 * (F) CIRCUIT BREAKERS PASS
 * (G) FUSES PASS
 * CHECK (H) INSULATION DAMAGE PASS
 CLEAN (I) CABINETY PASS

(2) LUBRICATION

CHECK (A) LEAKS PASS
 * (B) ENGINE OIL LEVEL PASS
 * (C) OIL HEATER N/A
 * (D) GOVERNOR OIL LEVEL NA
 * (E) CRANKCASE BREATHER PASS
 * CHANGE (F) OIL FILTER PASS
 * CHANGE (G) ENGINE OIL PASS
 * CHANGE (H) GOVERNOR OIL PASS
 * TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION PASS
 * (B) VIBRATION PASS
 * (C) TIMING PASS
 * (D) INJECTORS NA
 * (E) MOUNTING HARDWARE PASS
 * (F) AIR INTAKE PASS
 * (G) OIL PRESSURE 52
 * (H) WATER TEMPERATURE NA
 * (I) DC ALTERNATOR PASS
 * (1) VOLTS 13
 * (2) AMPS 4
 * CHANGE (J) AIR CLEANER PASS
 ** TORQUE (K) BOLTS PASS

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS
 * (B) COOLANT LEVEL PASS
 * (C) FREEZE POINT -33
 * (D) RADIATOR AIR FLOW PASS
 * (E) LOUVER SYSTEMS NA
 * (F) BLOCK HEATER PASS
 * (G) WATER PUMP PASS
 * (H) HOSES PASS
 * (I) BELTS PASS
 * (J) FAN HUB PASS
 * (K) PULLEYS PASS
 * (L) RADIATOR PSI 13
 * (M) RADIATOR CAP PSI 13
 * CHANGE (N) WATER FILTER NA
 ** CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR PASS
 * (B) STATOR PASS
 * (C) EXCITOR PASS
 * (1) STATOR PASS
 * (2) ROTOR PASS
 * (D) BEARINGS (IR) PASS
 * (E) DIODES PASS
 * (F) AIR FLOW PASS
 * (G) VOLTAGE REGULATOR PASS
 * TEST (H) FEED BREAKER N/A
 RECORD (I) VOLTAGE 209
 * (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS
 * (B) CONDENSATION TRAP PASS
 * (C) INSULATION PASS
 * (D) RESTRICTION PASS
 * (E) RAINGAP PASS
 CHECK (F) HANGERS/SUPPORT PASS
 * (G) FLEX SECTIONS PASS

(8) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS PASS
 * LINEAR MOTORS ACTUATION PASS
 * MOVING PARTS PASS
 * (B) SIMULATE POWER FAILURE N/A
 * (C) TIME DELAYS PASS
 * (D) CLOCK EXERCISER PASS

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.6
 * (1) FLOAT 12.7
 * (2) EQUALIZE N/A
 * (B) ELECTROLYTE LEVEL PASS
 * (C) TERMINALS/CABLES PASS
 * (D) BLANKET HEATER N/A
 * (E) SPECIFIC GRAVITY _____
 * (1) HIGH _____
 * (2) LOW _____
 * (F) LOAD TEST PASS
 CLEAN (G) CORROSION PASS

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS
 * (B) HOUSEKEEPING PASS

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG NA
 * (B) VOLTAGE/LEG NA
 * (C) HERTZ NA
 * (D) CB CONNECTIONS NA
 * (E) UNIT LOADED NA

(12) EPSS

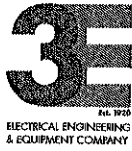
CHECK (A) EPS IN AUTO? YES
 * (B) BREAKER CLOSED? YES

* As needed, specified or during annual inspection only
 ** Additional cost if needed or specified

Comments:

919482 ANNUAL PM. UNIT TESTED GOOD. USED 1182 OIL FILTER 3682 AND 3732 FUEL FILTERS
4GAL 15W40, 101 MILES, 2 HRS TR 30S

Customer Signature _____ 3E Signature _____ Date 7/27/22



3E GENERATORS
7402 L. St
Omaha, NE 68127

INVOICE

INVOICE DATE	INVOICE NO.
09/23/22	919482-00
PO. NO.	PAGE #
YRTC MORTON	1

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LINCOLN, NE 68508-2734

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Consolidated Electrical Distributor
PO BOX 850365
MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION
1526 K ST SUITE 200
YRTC
MORTON
LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATORS				09/23/22		10/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 7/27/22 ANNUAL SERVICE & INSPECTION: UNIT TESTED GOOD	1.00	0.00	1.00	E	485.00	485.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7300MILEAGE MILEAGE	101.00	0.00	101.00	E	0.00	0.00	
5	7000OIL15W40 15W40 OIL	16.00	0.00	16.00	E	0.00	0.00	
6	70003732 NAPA 3732 FUEL FILTER	1.00	0.00	1.00	E	0.00	0.00	
7	70007182 NAPA 7182 OIL FILTER	1.00	0.00	1.00	E	0.00	0.00	
8	70003682 3682 FUEL FILTER	1.00	0.00	1.00	E	0.00	0.00	
7	Lines Total	Qty Shipped Total		122	Total	485.00		485.00
						Invoice Total	485.00	

Last Page

Cash Discount 0.00 If Paid By 10/10/22

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Attachment 58

YRTC-Kearney ACA
Standard 4-JCF-1C-04



August 7, 2020

American Correctional Association
206 North Washington Street, Suite 200
Alexandria, VA 22314

RE: Waiver to standard 4-JCF-1C-04

To Whom It May Concern,

The Youth Rehabilitation and Treatment Center (YRTC) in Kearney, Nebraska participated in a re-accreditation audit on July 8th through July 10th, 2020. The facility was found to be non-compliant with ACA standard 4-JCF-1C-04, which reads,

“Unless otherwise specified by national, state, or local codes, plumbing fixtures, including showers, sinks, and toilets are provided as follows:

1. All housing units with five or more juveniles have at least two toilets.
2. At least one toilet is provided for every 12 male juveniles (1:12). Urinals may be substituted for up to one-half of the toilets in male facilities.
3. At least one toilet is provided for every eight female juveniles (1:8).
4. At least one sink with hot and cold running water is provided for every 12 juveniles (1:12).
5. At least one shower is provided for every eight juveniles (1:8). Showers provided thermostatically controlled hot and cold running water at temperatures ranging from 100 degrees to 120 degrees Fahrenheit. “

The particular issue as it applies to compliance with this standard is that the upstairs of the Morton Living Unit, in which the female youth are housed, does not have enough toilets available to accommodate female youth.

The YRTC-Kearney, since 1892, has only housed male youth. Since that time, any upgrades or modifications to buildings were made to accommodate a male youth population. The female youth who were formally housed at the Youth Rehabilitation and Treatment Center (YRTC) in Geneva, Nebraska, were temporarily re-located to the YRTC-Kearney. This move occurred due to damage sustained by the facility as girls were destroying property and low staffing contributed to an unsafe environment. This move took place on August 19, 2019 and was intended as a temporary move as repairs were made to the YRTC-Geneva facility.

Recently, Nebraska Department of Health and Human Services (DHHS), which oversees the YRTC system, has decided to make plans to re-locate the female youth to an already existing facility in Hastings, Nebraska. This move will occur in March of 2021. Nebraska DHHS will establish the YRTC-Hastings and this facility will be exclusively for female youth.

The YRTC-Kearney campus at that time will exclusively house male youth and will then be in compliance with this standard.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicole Berggren', with a long horizontal flourish extending to the right.

Nicole Berggren
Juvenile Justice Administrator
Nebraska Department of Health and Human Services

Attachment 59

YRTC-Kearney Boiler Inspection



Nebraska State Fire Marshal Agency
Boiler Inspection Division
246 S. 14th Street, Suite 1
Lincoln, NE 68508
Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Chris Cantrell
Chief Boiler Inspector
State Fire Marshal

Youth Development Center
2802 30th Ave
Kearney, NE 68845-4035

06/14/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
Boiler Inspection Division
246 S. 14th Street, Suite 1
Lincoln, NE 68508
Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner: 4545747

Location: 1962775

Youth Development Center
2802 30th Ave
Kearney, NE 68845-4035

Youth Development Center
2802 30th Ave
Kearney, NE 68845-4035

State ID Number: NE02326
Type: FTSM - FTS Marine Dry Back
Last External Inspection: 04/14/2022
Expiration Date: 05/31/2023
Inspected By: Michael Hamer
Inspecting Agency: BVI&I
Last Internal Inspection: 05/18/2022
National Board Number: 28755

Pressure Allowed: 150 PSI
Safety-Relief Valves Setting: 85 PSI
Manufacturer: Burnham
Year Built: 2004
Print Date: 06/14/2022
Next Internal Due Date: 05/18/2023
Serial Number: 72792-2
Owner's Equip ID: Boiler #3

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell



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06/14/2022

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Owner **4545747**

Location **1962775**

Youth Development Center
 2802 30th Ave
 Kearney, NE 68845-4035

Youth Development Center
 2802 30th Ave
 Kearney, NE 68845-4035

State ID Number: **NE02327**
 Type: **FTSM - FTS Marine Dry Back**
 Last External Inspection: **04/14/2022**
 Expiration Date: **05/31/2023**
 Inspected By: **Michael Hamer**
 Inspecting Agency: **BVI&I**
 Last Internal Inspection: **08/16/2021**
 National Board Number: **28747**

Pressure Allowed: **150 PSI**
 Safety-Relief Valves Setting: **85 PSI**
 Manufacturer: **Burnham**
 Year Built: **2004**
 Print Date: **06/14/2022**
 Next Internal Due Date: **08/16/2022**
 Serial Number: **72792-1**
 Owner's Equip ID: **Boiler #2**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell



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 Boiler Inspection Division
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Chris Cantrell
 Chief Boiler Inspector
 State Fire Marshal

Youth Development Center
 2802 30th Ave
 Kearney, NE 68845-4035

06/14/2022

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CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency
 Boiler Inspection Division
 246 S. 14th Street, Suite 1
 Lincoln, NE 68508
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner **4545747**

Location **1962775**

Youth Development Center
 2802 30th Ave
 Kearney, NE 68845-4035

Youth Development Center
 2802 30th Ave
 Kearney, NE 68845-4035

State ID Number: **NE02332**
 Type: **FTSM - FTS Marine Dry Back**
 Last External Inspection: **04/14/2022**
 Expiration Date: **05/31/2023**
 Inspected By: **Michael Hamer**
 Inspecting Agency: **BVI&I**
 Last Internal Inspection: **05/21/2021**
 National Board Number: **28757**

Pressure Allowed: **150 PSI**
 Safety-Relief Valves Setting: **85 PSI**
 Manufacturer: **Burnham**
 Year Built: **2004**
 Print Date: **06/14/2022**
 Next Internal Due Date: **05/21/2022**
 Serial Number: **72793**
 Owner's Equip ID: **Boiler #1**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector/State Fire Marshal

Christopher B. Cantrell

Attachment 60

YRTC-Kearney Fire Alarm Inspection Receipts



ELECTRONIC SYSTEMS, INC
P.O. BOX 1260
HASTINGS, NE 68902-1260 US
402-463-0200
joe@ELECTRONICSYSTEMS-NE.com

INVOICE

BILL TO

KEARNEY YOUTH REHAB &
TREATMENT CENTER
2802 30TH AVENUE
KEARNEY, NE 68847

~~APPROVED FOR PAYMENT~~

Initials DM Date 4-26-22

B/U 65047200 526100

P/O NONE

R.Batch _____

INVOICE # 33297

DATE 04/25/2022

DUE DATE 05/25/2022

TERMS Net 30

SALES REP

SHAWN

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
04/14/2022	inspect	fire alarm inspection- DICKSON	1	60.00	60.00
	inspect	fire alarm inspection- MAINTENANCE BLDG	1	60.00	60.00
	inspect	fire alarm inspection- MORTON	1	60.00	60.00
	inspect	fire alarm inspection- VOCATIONAL BLDG	1	60.00	60.00
	inspect	fire alarm inspection- LINCOLN/WASHINGTON	1	60.00	60.00
	inspect	fire alarm inspection- CREIGHTON/BRYANT	1	60.00	60.00
	inspect	fire alarm inspection- DODGE BLDG	1	60.00	60.00
	inspect	fire alarm inspection- SCHOOL	1	60.00	60.00
	inspect	fire alarm inspection- CHAPEL	1	60.00	60.00
	inspect	fire alarm inspection- GOMEZ HALL	1	60.00	60.00
	12 V 8 AMP BATTERY		4	40.00	160.00
	battery 18 ah	12 volt 18 amp hour battery	2	52.00	104.00

replaced batteries in Chapel and
Creighton/Bryant

SUBTOTAL	864.00
TAX	0.00
TOTAL	864.00
BALANCE DUE	\$864.00

Attachment 61

YRTC-Kearney Fire Extinguisher Maintenance Receipt



Protex Central, Inc.
 Phone: (402) 463-0666
 Fax: (402) 463-6057
 1239 North Minnesota Ave, PO Box 1467
 Hastings, NE 68901
 GST ID:

Invoice

Number: **133884**
 Date: **5/31/2022**
 Source: SO No. 61071

Bill-To

Attn: Ed Szmanski
 Youth Rehabilitation and Treatment Center - Kearney
 2802 30th Ave
 Kearney, NE 68845 USA

Ship-To

Attn: Ed Szmanski
 Youth Rehabilitation and Treatment Center - Kearney
 2802 30th Ave
 Kearney, NE 68845 USA
 Phone: (308) 293-0049

Acct. No.	A/R Dist. No.	Acct. ID	Customer PO	Reference	Sales Rep	Ship Via	Terms
11136	Youth Rehab & Treatment Center Kearney	130052			Ed Jarmer		NET15

Qty.	Item ID	Description	UOM	Ea. Price	Total
		Deliver serviced FE - ticket 16903			
24.00	80FE3010	Recharge or 6 Yr Maint. Fire Extinguisher ABC 10#	EA	\$26.0000	\$624.00 *
		<i>Recharge or 6 Yr Maint. Fire Extinguisher ABC 10#</i>			
1.00	80FE3009	Recharge or 6 Yr. Maint. Fire Extinguisher ABC 5#	EA	\$18.0000	\$18.00 *
		<i>Recharge or 6 Yr. Maint. Fire Extinguisher ABC 5#</i>			
24.00	80FE3048	Fire Extinguisher-Hydrostatic Testing-Stored Pressure	EA	\$15.0000	\$360.00 *
		<i>Fire Extinguisher-Hydrostatic Testing-Stored Pressure</i>			
2	5092A	Valve Stem	EA	\$10.0000	\$20.00 *
23	103215W	Valve Stem	EA	\$11.0000	\$253.00 *
50.00	80FE3090	Fire Extinguisher: O-Rings -or- Verification Collars	EA	\$0.2500	\$12.50 *
		<i>Fire Extinguisher: O-Rings -or- Verification Collars</i>			
1.00	80FE3002	Pickup/Return Fire Extinguishers	EA	\$25.0000	\$25.00
		<i>Tag-Inspect Fire Extinguisher, Portables</i>			
				Item Total:	\$1,312.50
				Total Amount Due:	\$1,312.50

05/23/2022 08:30 AM - 05/23/2022 10:30 AM by Jim Mooney : Returned serviced fire extinguishers. Brought 4 more in for service. 1 hour drive time.

-----APPROVED FOR PAYMENT-----
 - Initials RM Date 6-13-2022
 - B/U 650 47200-548800
 - P/O _____ NONE
 - R.Batch _____

Attachment 62

YRTC-Kearney Elevator Inspection



E-DOCKET

Maintenance

NO. e-docket :US203148

page 1

US serial number	USV1014287	Customer Name	KEARNEY YOUTH REHABILITATION
Lift Number	10	Supervisor Name	JAMES L GEER
Unit Type	Hydraulic	Branch Name	OMAHA
Building Address	2802 30TH AVE		
	BUFFALO		
	68845 KEARNEY		
IVR WO Number			

MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : 

Elevator

Unit Type	Hydraulic	
Unit Nickname	10	
Unit	USV1014287	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	10 USV1014287-Hydraulic:	

Technician's comments and recommendations :

Routine maintenance

Material Used :

CLIENT COMMENTS

N/A



E-DOCKET

Maintenance

NO. e-docket :US203148

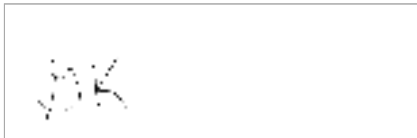
page 2

Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				27-Apr-2022	01:00 PM	01:30 PM	

TECHNICIAN SIGNATURE

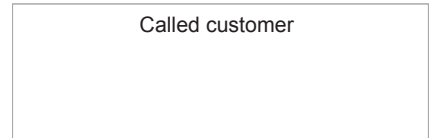
Technician GARY J KNOBLE



CLIENT SIGNATURE

For the client

Date 27-04-2022



Attachment 63

YRTC-Kearney Sprinkler Inspection Reports

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM
YRTC Byant/Creighton Cottage
2802 South 30th Avenue
Kearney, NE 68845

6/30/2022
 INSPECTION DATE
Living Unit
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input type="checkbox"/>	REPORT OF INSPECTION	<input checked="" type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input checked="" type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

DEFICIENCIES

- | | |
|-------------------|----------------------|
| 1-WET RISER | 5-BACKFLOW PREVENTER |
| 2-DRY RISER | 6-STANDPIPE |
| 3-PREACTION RISER | 7-OTHER |
| 4-FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG#	ITEM#	STATUS			MAJOR DEFICIENCIES/COMMENTS
09564	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Main Riser
09565	5	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
30270	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Basement
30272	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1st Floor
30271	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2nd Floor
		In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STATUS OF SYSTEM-CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION

BAMFORD, INC.

PO BOX 1868 PHONE 308-237-2157
 KEARNEY, NE FAX 308-237-4607
 68848-1868

Davey Reed

INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # 7630

Tom Quail

OWNER REPRESENTATIVE SIGNATURE

Property Being Evaluated YRTC Byant/Creighton Cottage Area of Inspection All
 Street 2802 South 30th Avenue Inspector Doug Roeder
 City, State Zip Kearney, NE 68845 Date 6/30/2022

This work is: Monthly Quarterly Annual Third Year Fifth Year

Owner's Section

- A. Is the Bulding Occupied? Yes No
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No
- C. Are all fire protection systems in service? Yes No
- D. Has the system remained in service without modification since the last inspection? Yes No
- E. Was the system free of actuation of devices or alarms since the last inspection? Yes No

- K. Proper number and type of spare sprinklers? Yes No N/A
- L. Visible sprinklers:
 Free of corrosion and physical damage? Yes No N/A
 Free of obstructions to spray pattern including 18" rule)? Yes No N/A
 Free of foreign materials including paint? Yes No N/A
 Liquid in all glass bulb sprinklers? Yes No N/A
- M. Visible pipe:
 In good condition/no external corrosion? Yes No N/A
 No mechanical damage and no leaks? Yes No N/A
 Properly aligned and no external loads? Yes No N/A
- N. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- O. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? Yes No N/A
- P. Adequate heat in areas with wet piping? Yes No N/A

Owner or representative (print name) Jim Daniel Signature and Date

Inspector's Section

- A. Control valves supervised with seals in correct (open or closed) position? Yes No N/A
- B. Backflow Preventers:
 Valves in correct (open or closed) position? Yes No N/A
 Sealed, locked or supervised & accessible? Yes No N/A
 Relief port on RPZ device not discharging? Yes No N/A
- C. Control valves with locks or electrical supervision in correct (open or closed) position? Yes No N/A
- D. Sprinkler wrench with spare sprinklers? Yes No N/A
- E. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
- F. Alarm Valves:
 Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? Yes No N/A
- G. Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? Yes No N/A
- H. Hydraulic nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- I. Fire Department Connections:
 Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper is in place and operating properly and automatic drain valve in place and operating properly?
 (If plugs or caps are not in place, inspect interior for obstructions.) Yes No N/A
- J. Alarm devices free from physical damage? Yes No N/A

- Q. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? If "No," conduct an internal inspection) Yes No N/A

Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

Testing

- A. Mechanical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A
- B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A
- C. Main Drain Test:
 Date of Previous Results 3/31/20
 Static Pressure _____ psi and
 Residual Pressure Page 2 psi
 Current Results:
 Record Static Pressure _____ psi
 Residual Pressure _____ psi
 Was flow observed? Yes No N/A
 Are results comparable to previous test? Yes No N/A
- D. Valve supervisory stiches indicate movement? Yes No N/A
- E. Electrical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A

Testing Continued

- F. Are all sprinklers dated 1920 or later? Yes No N/A
- G. Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- H. Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- I. Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years? Yes No N/A
- J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Yes No N/A
- K. Specific gravity of antifreeze correct? Yes No N/A
- L. All control valves operated through full range and returned to normal position? Yes No N/A
- M. Backflow devices passed backflow test? Yes No N/A
- N. Backflow devices passed full flow test? Yes No N/A
- O. Pressure reducing valves passed partial flow test? Yes No N/A

Test to be done every third year:

- A. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? Yes No N/A

Tested to be done every fifth year:

- A. Sprinklers rated above High temperature tested? Yes No N/A
- B. Gauges checked by calibrated gauge or replaced? Yes No N/A
- C. Pressure reducing valves passed full flow test? Yes No N/A

Maintenance

- A. If sprinklers have been replaced, were they proper replacements? Yes No N/A
- B. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? Yes No N/A
- C. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? Yes No N/A
- D. If any of the following were discovered, was an obstruction investigation conducted? Yes No N/A

Explain reason(s) and obstruction investigation findings in comments

- 1 Defective intake screen on pump with suction from open sources.
 - 2 Obstructive material discharged during waterflow tests.
 - 3 Foreign materials found in dry-pipe valves, check valves or pumps.
 - 4 Foreign material in water during drain test or plugging of inspector's test connection.
 - 5 Plugging of pipe or sprinklers found during activation or alteration.
 - 6 Failure to flush yard piping or surrounding public mains following new installation or repairs.
 - 7 Record of broken mains in the vicinity.
 - 8 Abnormally frequent false-tripping of dry-pipe valves.
 - 9 System is returned to service after an extended period out of service (greater than one year).
 - 10 There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.
- E. If conditions were found that required flushing, was flushing of system conducted? Yes No N/A
 - F. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? Yes No N/A
 - G. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? Yes No N/A

Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here. Also, note here any products noticed on the system that have been the subject of a recall or a replacement program.)

3/31/22	Static	Residual
Main	80	70
Basement	80	70
1st Floor	75	65
2nd Floor	75	65

Current	Static	Residual
Main	80	70
Basement	80	70
1st Floor	75	65
2nd Floor	75	65

5 year done 2016 Due
 QR Heads 2009
 SR Heads 2009
 Dry type heads 2009
 Alarms base 35 main 45 1st 50
 2nd 35 sec

Inspector's Information

Inspector: Doug Roeder

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

Signature of Inspector: Doug Roeder Date: 6-30-2022
 License or Certification Number (if applicable): _____

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC Byant Creighton Cottage

Service Address:

2802 South 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Fire Sprinkler

Device Type DC	Manufacturer AMES	Serial No. 03705	Model No. 2000B	Size 2"
--------------------------	-----------------------------	---------------------	--------------------	------------

Control valves left wide open Yes No Witness: *Peggy Daulton*

Line Pressure at Time of Test (at inlet test clock) <u>85</u> PSI	Date Installed 2009	Director Assemblies
Apparent Pressure Drop Across First Check Valve _____ PSID	Date Rebuilt _____	Meter # _____
Relief Valve Opened at Difference _____ PSID		Reading _____

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss	<i>22</i> <i>2-9</i>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	1. Leaked _____	<input type="checkbox"/> <input type="checkbox"/>
	1. Leaked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
	Cleaned Replaced	<input type="checkbox"/> <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned	<input type="checkbox"/> <input type="checkbox"/>
	Disc	<input type="checkbox"/> <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced	<input type="checkbox"/> <input type="checkbox"/>
	Spring	<input type="checkbox"/> <input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide	<input type="checkbox"/> <input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer	<input type="checkbox"/> <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin	<input type="checkbox"/> <input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat	<input type="checkbox"/> <input type="checkbox"/>		Large		
	Other	<input type="checkbox"/> <input type="checkbox"/>	Other <input type="checkbox"/>	Upper <input type="checkbox"/>	Other	<input type="checkbox"/> <input type="checkbox"/>
				Lower <input type="checkbox"/>		
				Small		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other <input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Remarks: _____

Other (Explain) _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12-31-2023	Date of Testing <i>6-30-2022</i>
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

Property Being Evaluated YRTC Dickinson Cottage Area of Inspection All
 Street 2802 30th Avenue Inspector Doug Roeder
 City, State Zip Kearney, NE 68845 Date 6/30/2022

This work is: Monthly Quarterly Annual Third Year Fifth Year

Owner's Section

- A. Is the Bulding Occupied? Yes No
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No
- C. Are all fire protection systems in service? Yes No
- D. Has the system remained in service without modification since the last inspection? Yes No
- E. Was the system free of actuation of devices or alarms since the last inspection? Yes No

Owner or representative (print name) Frank Roeder Signature and Date

- K. Proper number and type of spare sprinklers? Yes No N/A
- L. Visible sprinklers:
 - Free of corrosion and physical damage? Yes No N/A
 - Free of obstructions to spray pattern including 18" rule)? Yes No N/A
 - Free of foreign materials including paint? Yes No N/A
 - Liquid in all glass bulb sprinklers? Yes No N/A
- M. Visible pipe:
 - In good condition/no external corrosion? Yes No N/A
 - No mechanical damage and no leaks? Yes No N/A
 - Properly aligned and no external loads? Yes No N/A
- N. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- O. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? Yes No N/A
- P. Adequate heat in areas with wet piping? Yes No N/A
- Q. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? Yes No N/A
 If "No," conduct an internal inspection) 2020

Inspector's Section

- A. Control valves supervised with seals in correct (open or closed) position? Yes No N/A
- B. Backflow Preventers:
 - Valves in correct (open or closed) position? Yes No N/A
 - Sealed, locked or supervised & accessible? Yes No N/A
 - Relief port on RPZ device not discharging? Yes No N/A
- C. Control valves with locks or electrical supervision in correct (open or closed) position? Yes No N/A
- D. Sprinkler wrench with spare sprinklers? Yes No N/A
- E. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
- F. Alarm Valves:
 - Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? Yes No N/A
- G. Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? Yes No N/A
- H. Hydraulic nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- I. Fire Department Connections:
 - Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper is in place and operating properly and automatic drain valve in place and operating properly?
 (If plugs or caps are not in place, inspect interior for obstructions.) Yes No N/A
- J. Alarm devices free from physical damage? Yes No N/A

Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

Testing

- A. Mechanical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A
- B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A
- C. Main Drain Test:
 - Date of Previous Results 3/31/22
 - Static Pressure 70 psi and
 - Residual Pressure 60 psi
 - Current Results:
 - Record Static Pressure 70 psi
 - Residual Pressure 60 psi
 - Was flow observed? Yes No N/A
 - Are results comparable to previous test? Yes No N/A
- D. Valve supervisory stiches indicate movement? Yes No N/A
- E. Electrical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A

Testing Continued

- F. Are all sprinklers dated 1920 or later? Yes No N/A
- G. Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- H. Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- I. Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years? Yes No N/A
- J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Yes No N/A
- K. Specific gravity of antifreeze correct? Yes No N/A
- L. All control valves operated through full range and returned to normal position? Yes No N/A
- M. Backflow devices passed backflow test? Yes No N/A
- N. Backflow devices passed full flow test? Yes No N/A
- O. Pressure reducing valves passed partial flow test? Yes No N/A

Test to be done every third year:

- A. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? Yes No N/A

Tested to be done every fifth year:

- A. Sprinklers rated above High temperature tested? Yes No N/A
- B. Gauges checked by calibrated gauge or replaced? Yes No N/A
- C. Pressure reducing valves passed full flow test? Yes No N/A

Maintenance

- A. If sprinklers have been replaced, were they proper replacements? Yes No N/A
- B. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? Yes No N/A
- C. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? Yes No N/A
- D. If any of the following were discovered, was an obstruction investigation conducted? Yes No N/A

Explain reason(s) and obstruction investigation findings in comments

- 1 Defective intake screen on pump with suction from open sources.
- 2 Obstructive material discharged during waterflow tests.
- 3 Foreign materials found in dry-pipe valves, check valves or pumps.
- 4 Foreign material in water during drain test or plugging of inspector's test connection.
- 5 Plugging of pipe or sprinklers found during activation or alteration.
- 6 Failure to flush yard piping or surrounding public mains following new installation or repairs.
- 7 Record of broken mains in the vicinity.
- 8 Abnormally frequent false-tripping of dry-pipe valves.
- 9 System is returned to service after an extended period out of service (greater than one year).
- 10 There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.

- E. If conditions were found that required flushing, was flushing of system conducted? Yes No N/A
- F. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? Yes No N/A
- G. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? Yes No N/A

Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here. Also, note here any products noticed on the system that have been the subject of a recall or a replacement program.)

QR Heads 2009

5 year done 2020

Alarms 30 seconds

Inspector's Information

Inspector: Doug Roeder

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

Signature of Inspector: Doug Roeder Date: 6-30-2022
License or Certification Number (if applicable): _____

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC Dickinson Cottage

Service Address: 2802 South 30th Avenue	City Kearney	State NE	Zip 68845
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Location of Device **Fire Sprinkler**

Device Type DC	Manufacturer AMES	Serial No. IG3315	Model No. 2000COLT	Size 2 1/2"
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Control valves left wide open Yes No Witness: *James Sigurd*

Line Pressure at Time of Test (at inlet test clock) <u>75</u> PSI	Date Installed 2009	Director Assemblies
Apparent Pressure Drop Across First Check Valve _____ PSID	Date Rebuilt _____	Meter # _____
Relief Valve Opened at _____ PSID		Reading _____
Difference _____ PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss 30 18		<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	1. Leaked _____	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight _____	<input type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>		Large <input type="checkbox"/>		
	Other <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Upper <input type="checkbox"/>	Other	<input type="checkbox"/>
				Lower <input type="checkbox"/>		
				Small <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other <input type="checkbox"/>		
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>
						<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12-31-2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM
YRTC Dodge

2802 South 30th Avenue

Kearney, NE 68845

6/30/2022
 INSPECTION DATE
Offices/Hall
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input type="checkbox"/>	REPORT OF INSPECTION	<input checked="" type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input checked="" type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

DEFICIENCIES

- | | |
|-------------------|----------------------|
| 1-WET RISER | 5-BACKFLOW PREVENTER |
| 2-DRY RISER | 6-STANDPIPE |
| 3-PREACTION RISER | 7-OTHER |
| 4-FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG#	ITEM#	MAJOR DEFICIENCIES/COMMENTS
05249	1	In Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
05248	1	In Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
05250	1 & 7	In Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Anti-Freeze. Tested at -30
05245	5	In Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		In Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No
		In Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No

STATUS OF SYSTEM-CHECK ONE
 IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION

BAMFORD, INC.

PO BOX 1868 KEARNEY, NE 68848-1868	PHONE 308-237-2157 FAX 308-237-4607
--	--

 INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # 7630

 OWNER REPRESENTATIVE SIGNATURE

Property Being Evaluated YRTC Dodge Area of Inspection Dodge
 Street 2802 South 30th Avenue Inspector Doug Roeder
 City, State Zip Kearney, NE 68845 Date 6/30/2022

This work is: Monthly Quarterly Annual Third Year Fifth Year

Owner's Section

- A. Is the Bulding Occupied? Yes No
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No
- C. Are all fire protection systems in service? Yes No
- D. Has the system remained in service without modification since the last inspection? Yes No
- E. Was the system free of actuation of devices or alarms since the last inspection? Yes No

Owner or representative (print name) Norm J. Mail Signature and Date

- K. Proper number and type of spare sprinklers? Yes No N/A
- L. Visible sprinklers:
 Free of corrosion and physical damage? Yes No N/A
 Free of obstructions to spray pattern including 18" rule? Yes No N/A
 Free of foreign materials including paint? Yes No N/A
 Liquid in all glass bulb sprinklers? Yes No N/A
- M. Visible pipe:
 In good condition/no external corrosion? Yes No N/A
 No mechanical damage and no leaks? Yes No N/A
 Properly aligned and no external loads? Yes No N/A
- N. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- O. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? Yes No N/A
- P. Adequate heat in areas with wet piping? Yes No N/A
- Q. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? Yes No N/A
 If "No," conduct an internal inspection)

Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

Testing

- A. Mechanical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A
- B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A
- C. Main Drain Test:
 Date of Previous Results 3/31/22
 Static Pressure _____ psi and
 Residual Pressure Page 2 psi
 Current Results:
 Record Static Pressure _____ psi
 Residual Pressure _____ psi
 Was flow observed? Yes No N/A
 Are results comparable to previous test? Yes No N/A
- D. Valve supervisory stiches indicate movement? Yes No N/A
- E. Electrical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A

Inspector's Section

- A. Control valves supervised with seals in correct (open or closed) position? Yes No N/A
- B. Backflow Preventers:
 Valves in correct (open or closed) position? Yes No N/A
 Sealed, locked or supervised & accessible? Yes No N/A
 Relief port on RPZ device not discharging? Yes No N/A
- C. Control valves with locks or electrical supervision in correct (open or closed) position? Yes No N/A
- D. Sprinkler wrench with spare sprinklers? Yes No N/A
- E. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
- F. Alarm Valves:
 Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? Yes No N/A
- G. Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? Yes No N/A
- H. Hydraulic nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- I. Fire Department Connections:
 Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper is in place and operating properly and automatic drain valve in place and operating properly?
 (If plugs or caps are not in place, inspect interior for obstructions.) Yes No N/A
- J. Alarm devices free from physical damage? Yes No N/A

Testing Continued

- F. Are all sprinklers dated 1920 or later? Yes No N/A
- G. Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- H. Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- I. Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years? Yes No N/A
- J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Yes No N/A
- K. Specific gravity of antifreeze correct? Yes No N/A
- L. All control valves operated through full range and returned to normal position? Yes No N/A
- M. Backflow devices passed backflow test? Yes No N/A
- N. Backflow devices passed full flow test? Yes No N/A
- O. Pressure reducing valves passed partial flow test? Yes No N/A

Test to be done every third year:

- A. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? Yes No N/A

Tested to be done every fifth year:

- A. Sprinklers rated above High temperature tested? Yes No N/A
- B. Gauges checked by calibrated gauge or replaced? Yes No N/A
- C. Pressure reducing valves passed full flow test? Yes No N/A

Maintenance

- A. If sprinklers have been replaced, were they proper replacements? Yes No N/A
- B. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? Yes No N/A
- C. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? Yes No N/A
- D. If any of the following were discovered, was an obstruction investigation conducted? Yes No N/A

Explain reason(s) and obstruction investigation findings in comments

- 1 Defective intake screen on pump with suction from open sources.
- 2 Obstructive material discharged during waterflow tests.
- 3 Foreign materials found in dry-pipe valves, check valves or pumps.
- 4 Foreign material in water during drain test or plugging of inspector's test connection.
- 5 Plugging of pipe or sprinklers found during activation or alteration.
- 6 Failure to flush yard piping or surrounding public mains following new installation or repairs.
- 7 Record of broken mains in the vicinity.
- 8 Abnormally frequent false-tripping of dry-pipe valves.
- 9 System is returned to service after an extended period out of service (greater than one year).
- 10 There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.

- E. If conditions were found that required flushing, was flushing of system conducted? Yes No N/A
- F. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? Yes No N/A
- G. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? Yes No N/A

Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here. Also, note here any products noticed on the system that have been the subject of a recall or a replacement program.)

Main Drain Test

3/1/22	Static	Residual
Main	80	70
Basement	80	70
1st Floor	75	65
2nd Floor	70	60

Current:

Main	80	70
Basement	80	70
1st Floor	70	60
2nd Floor	70	60

Antifreeze tested -30

5 year 2017

Q R Heads 2011

Alarms 45 1st 45 main 45 2nd 65 sec

Basement 50 sec

Inspector's Information

Inspector: Doug Roeder

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

Signature of Inspector: Doug Roeder Date 6-30-2012
 License or Certification Number (if applicable): _____

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC Dodge

Service Address:

2802 South 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

KF-2679 Fire Sprinkler

Device Type DC	Manufacturer AMES	Serial No. KF-2679	Model No. COLT 200	Size 3"
--------------------------	-----------------------------	------------------------------	------------------------------	-------------------

Control valves left wide open Yes No Witness: *Doug Roeder*

Line Pressure at Time of Test (at inlet test clock) 80 PSI	Date Installed 2011	Director Assemblies
Apparent Pressure Drop Across First Check Valve _____ PSID	Date Rebuilt _____	Meter # _____
Relief Valve Opened at Difference _____ PSID		Reading _____

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves		
	#1	#2			#1	#2	
INITIAL	Pressure Loss	<i>26</i>	<i>3-2</i>				
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	1. Leaked _____	<input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight _____	<input type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced _____	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc _____	<input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Spring _____	<input type="checkbox"/>
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Guide _____	<input type="checkbox"/>
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>	Pin Retainer _____	<input type="checkbox"/>
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Hinge Pin _____	<input type="checkbox"/>
	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large <input type="checkbox"/>	Seat _____	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>	Other _____	<input type="checkbox"/>
					Lower <input type="checkbox"/>		
					Small <input type="checkbox"/>		
					Seat <input type="checkbox"/>		
					Upper <input type="checkbox"/>		
					Lower <input type="checkbox"/>		
					Spacer <input type="checkbox"/>		
					Other <input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight _____	<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) _____

Remarks: _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12-31-2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM
 YRTC Morton Cottage

 2802 South 30th Avenue

 Kearney, NE 68845

6/30/2022
 INSPECTION DATE
 School/Dorm
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input type="checkbox"/>	REPORT OF INSPECTION	<input checked="" type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input checked="" type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

DEFICIENCIES

- 1-WET RISER
- 2-DRY RISER
- 3-PREACTION RISER
- 4-FIRE PUMP
- 5-BACKFLOW PREVENTER
- 6-STANDPIPE
- 7-OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG#	ITEM#	In Compliance	Yes	No	MAJOR DEFICIENCIES/COMMENTS
9405	1	In Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main Riser
9406	5	In Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30266	1	In Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basement
30264	1	In Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1st Floor
30265	1	In Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2nd Floor
		In Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
					Need to add sprinkler head in riser room

STATUS OF SYSTEM-CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION

BAMFORD, INC.

PO BOX 1868 PHONE 308-237-2157
 KEARNEY, NE FAX 308-237-4607
 68848-1868

Doug Roedel

 INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # _____

Frank Duval

 OWNER REPRESENTATIVE SIGNATURE

Property Being Evaluated YRTC Morton Cottage Area of Inspection All
 Street 2802 South 30th Avenue Inspector Doug Roeder
 City, State Zip Kearney, NE 68845 Date 6/30/2022

This work is: Monthly Quarterly Annual Third Year Fifth Year

Owner's Section

- A. Is the Bulding Occupied? Yes No
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No
- C. Are all fire protection systems in service? Yes No
- D. Has the system remained in service without modification since the last inspection? Yes No
- E. Was the system free of actuation of devices or alarms since the last inspection? Yes No

- K. Proper number and type of spare sprinklers? Yes No N/A
- L. Visible sprinklers:
 Free of corrosion and physical damage? Yes No N/A
 Free of obstructions to spray pattern including 18" rule)? Yes No N/A
 Free of foreign materials including paint? Yes No N/A
 Liquid in all glass bulb sprinklers? Yes No N/A
- M. Visible pipe:
 In good condition/no external corrosion? Yes No N/A
 No mechanical damage and no leaks? Yes No N/A
 Properly aligned and no external loads? Yes No N/A
- N. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A

Owner or representative (print name) Signature and Date
Doug Roeder

Inspector's Section

- A. Control valves supervised with seals in correct (open or closed) position? Yes No N/A
- B. Backflow Preventers:
 Valves in correct (open or closed) position? Yes No N/A
 Sealed, locked or supervised & accessible? Yes No N/A
 Relief port on RPZ device not discharging? Yes No N/A
- C. Control valves with locks or electrical supervision in correct (open or closed) position? Yes No N/A
- D. Sprinkler wrench with spare sprinklers? Yes No N/A
- E. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
- F. Alarm Valves:
 Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? Yes No N/A
- G. Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? Yes No N/A
- H. Hydraulic nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- I. Fire Department Connections:
 Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper is in place and operating properly and automatic drain valve in place and operating properly?
 (If plugs or caps are not in place, inspect interior for obstructions.) Yes No N/A
- J. Alarm devices free from physical damage? Yes No N/A

- O. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? Yes No N/A
- P. Adequate heat in areas with wet piping? Yes No N/A
- Q. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? If "No," conduct an internal inspection) Yes No N/A

Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

Testing

- A. Mechanical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A
- B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A
- C. Main Drain Test:
 Date of Previous Results 3/31/22
 Static Pressure _____ psi and
 Residual Pressure page 2 psi
 Current Results:
 Record Static Pressure _____ psi
 Residual Pressure _____ psi
 Was flow observed? Yes No N/A
 Are results comparable to previous test? Yes No N/A
- D. Valve supervisory stiches indicate movement? Yes No N/A
- E. Electrical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A

PO Box 1868 Phone (308)-237-2157
 Kearney, NE 68848-1868 Fax 308-237-4607

Of Wet Pipe Fire Sprinkler System
 Nebraska License @ 98011 Morton

Testing Continued

- F. Are all sprinklers dated 1920 or later? Yes No N/A
- G. Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- H. Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- I. Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years? Yes No N/A
- J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Yes No N/A
- K. Specific gravity of antifreeze correct? Yes No N/A
- L. All control valves operated through full range and returned to normal position? Yes No N/A
- M. Backflow devices passed backflow test? Yes No N/A
- N. Backflow devices passed full flow test? Yes No N/A
- O. Pressure reducing valves passed partial flow test? Yes No N/A

Test to be done every third year:

- A. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? Yes No N/A

Tested to be done every fifth year:

- A. Sprinklers rated above High temperature tested? Yes No N/A
- B. Gauges checked by calibrated gauge or replaced? Yes No N/A
- C. Pressure reducing valves passed full flow test? Yes No N/A

Maintenance

- A. If sprinklers have been replaced, were they proper replacements? Yes No N/A
- B. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? Yes No N/A
- C. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? Yes No N/A
- D. If any of the following were discovered, was an obstruction investigation conducted? Yes No N/A

Explain reason(s) and obstruction investigation findings in comments

- 1 Defective intake screen on pump with suction from open sources.
 - 2 Obstructive material discharged during waterflow tests.
 - 3 Foreign materials found in dry-pipe valves, check valves or pumps.
 - 4 Foreign material in water during drain test or plugging of inspector's test connection.
 - 5 Plugging of pipe or sprinklers found during activation or alteration.
 - 6 Failure to flush yard piping or surrounding public mains following new installation or repairs.
 - 7 Record of broken mains in the vicinity.
 - 8 Abnormally frequent false-tripping of dry-pipe valves.
 - 9 System is returned to service after an extended period out of service (greater than one year).
 - 10 There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.
- E. If conditions were found that required flushing, was flushing of system conducted? Yes No N/A
 - F. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? Yes No N/A
 - G. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? Yes No N/A

Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here. Also, note here any products noticed on the system that have been the subject of a recall or a replacement program.)

Main Drain Test

3/31/22	Static	Residual
Main	85	75
Basement	85	75
1st Floor	75	65
2nd Floor	70	60

Current	Static	Residual
Main	85	75
Basement	85	75
1st floor	75	65
2nd Floor	70	60

5 year done 2016

Q R Heads 2009

Dry type heads 2009

Alarms main 45 base 40 1st 40

2nd 50sec

Inspector's Information

Inspector: Doug Roeder

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

Signature of Inspector: Doug Roeder Date: 6-30-2022
 License or Certification Number (if applicable): _____

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC Morton Cottage

Service Address:

2802 South 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Fire Sprinkler

Device Type DC	Manufacturer AMES	Serial No. A02851	Model No. 2000B	Size 2"
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Control valves left wide open Yes No Witness: *[Signature]*

Line Pressure at Time of Test (at inlet test clock) 80 PSI	Date Installed 2009	Director Assemblies
Apparent Pressure Drop Across First Check Valve	Date Rebuilt	Meter #
Relief Valve Opened at		Reading
Difference		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss	20 22	<input type="checkbox"/> Opened at PSID	Opened at PSID	1. Leaked	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced	<input type="checkbox"/>
	Spring	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat	<input type="checkbox"/>		Large		
	Other	<input type="checkbox"/>	Other <input type="checkbox"/>	Upper <input type="checkbox"/>	Other	<input type="checkbox"/>
				Lower <input type="checkbox"/>		
				Small		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other <input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/>	Opened at PSID	Opened at PSID	Closed Tight	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) _____

Remarks: _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>[Signature]</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12-31-2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM
 YRTC - Wimberly Gym & School

 2802 South 30th Avenue

 Kearney, NE 68845

6/30/2022

 INSPECTION DATE
 School

 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input type="checkbox"/>	REPORT OF INSPECTION	<input checked="" type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input checked="" type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

DEFICIENCIES

- | | |
|-------------------|----------------------|
| 1-WET RISER | 5-BACKFLOW PREVENTER |
| 2-DRY RISER | 6-STANDPIPE |
| 3-PREACTION RISER | 7-OTHER |
| 4-FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG#	ITEM#	MAJOR DEFICIENCIES/COMMENTS		
5243	5	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5245	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5246	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5247	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Alarms gym 50 1st 60 2nd 55 seconds		
		School basement 60 1st 55 2nd 65 seconds		

STATUS OF SYSTEM-CHECK ONE

- IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION	
BAMFORD, INC.	
PO BOX 1868 KEARNEY, NE 68848-1868	PHONE 308-237-2157 FAX 308-237-4607

 INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # 7630

 OWNER REPRESENTATIVE SIGNATURE

Property Being Evaluated YRTC Wimberly Gym Area of Inspection School/Gym
 Street 2802 South 30th Avenue Inspector Doug Roeder
 City, State Zip Kearney, NE 68845 Date 6/30/2022

This work is: Monthly Quarterly Annual Third Year Fifth Year

Owner's Section

- A. Is the Bulding Occupied? Yes No
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No
- C. Are all fire protection systems in service? Yes No
- D. Has the system remained in service without modification since the last inspection? Yes No
- E. Was the system free of actuation of devices or alarms since the last inspection? Yes No

Owner or representative (print name) Doug Roeder Signature and Date

- K. Proper number and type of spare sprinklers? Yes No N/A
- L. Visible sprinklers:
 Free of corrosion and physical damage? Yes No N/A
 Free of obstructions to spray pattern including 18" rule)? Yes No N/A
 Free of foreign materials including paint? Yes No N/A
 Liquid in all glass bulb sprinklers? Yes No N/A
- M. Visible pipe:
 In good condition/no external corrosion? Yes No N/A
 No mechanical damage and no leaks? Yes No N/A
 Properly aligned and no external loads? Yes No N/A
- N. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- O. Hose, hose couplings and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? Yes No N/A
- P. Adequate heat in areas with wet piping? Yes No N/A
- Q. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? Yes No N/A
 If "No," conduct an internal inspection)

Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

Testing

- A. Mechanical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A
- B. Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A
- C. Main Drain Test:
 Date of Previous Results 3/31/22
 Static Pressure _____ psi and
 Residual Pressure Page 2 psi
 Current Results:
 Record Static Pressure _____ psi
 Residual Pressure _____ psi
 Was flow observed? Yes No N/A
 Are results comparable to previous test? Yes No N/A
- D. Valve supervisory stiches indicate movement? Yes No N/A
- E. Electrical waterflow alarm devices passed tests by opening in the inspector's test connection or bypass connection with alarms actuating and flow observed? Yes No N/A

Inspector's Section

- A. Control valves supervised with seals in correct (open or closed) position? Yes No N/A
- B. Backflow Preventers:
 Valves in correct (open or closed) position? Yes No N/A
 Sealed, locked or supervised & accessible? Yes No N/A
 Relief port on RPZ device not discharging? Yes No N/A
- C. Control valves with locks or electrical supervision in correct (open or closed) position? Yes No N/A
- D. Sprinkler wrench with spare sprinklers? Yes No N/A
- E. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
- F. Alarm Valves:
 Gauges show normal supply water pressure, free from physical damage, valves in correct (open or closed) position and no leakage from retarding chamber or drains? Yes No N/A
- G. Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken? Yes No N/A
- H. Hydraulic nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- I. Fire Department Connections:
 Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper is in place and operating properly and automatic drain valve in place and operating properly?
 (If plugs or caps are not in place, inspect interior for obstructions.) Yes No N/A
- J. Alarm devices free from physical damage? Yes No N/A

2017

2017

Testing Continued

- F. Are all sprinklers dated 1920 or later? Yes No N/A
- G. Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- H. Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years? Yes No N/A
- I. Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years? Yes No N/A
- J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Yes No N/A
- K. Specific gravity of antifreeze correct? Yes No N/A
- L. All control valves operated through full range and returned to normal position? Yes No N/A
- M. Backflow devices passed backflow test? Yes No N/A
- N. Backflow devices passed full flow test? Yes No N/A
- O. Pressure reducing valves passed partial flow test? Yes No N/A

Test to be done every third year:

- A. Hose (more than 5 years old) connected to the system has been service tested in accordance with NFPA 1962. Water discharged and water flow alarms operated? Yes No N/A

Tested to be done every fifth year:

- A. Sprinklers rated above High temperature tested? Yes No N/A
- B. Gauges checked by calibrated gauge or replaced? Yes No N/A
- C. Pressure reducing valves passed full flow test? Yes No N/A

Maintenance

- A. If sprinklers have been replaced, were they proper replacements? Yes No N/A
- B. Used hose was cleaned, drained and dried before being placed back in service? Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? Yes No N/A
- C. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? Yes No N/A
- D. If any of the following were discovered, was an obstruction investigation conducted? Yes No N/A

Explain reason(s) and obstruction investigation findings in comments

- 1 Defective intake screen on pump with suction from open sources.
- 2 Obstructive material discharged during waterflow tests.
- 3 Foreign materials found in dry-pipe valves, check valves or pumps.
- 4 Foreign material in water during drain test or plugging of inspector's test connection.
- 5 Plugging of pipe or sprinklers found during activation or alteration.
- 6 Failure to flush yard piping or surrounding public mains following new installation or repairs.
- 7 Record of broken mains in the vicinity.
- 8 Abnormally frequent false-tripping of dry-pipe valves.
- 9 System is returned to service after an extended period out of service (greater than one year).
- 10 There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.

- E. If conditions were found that required flushing, was flushing of system conducted? Yes No N/A
- F. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? Yes No N/A
- G. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? Yes No N/A

Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here. Also, note here any products noticed on the system that have been the subject of a recall or a replacement program.)

Main Drain Test

3/31/22	Static	Residual
-School-		
Main	80	70
Basement	80	70
1st Floor	75	65
2nd Floor	70	60
-Pool-		
-Gym-		
-Locker/Hall-	80	70
Current	Static	Residual
-School-		
Main	80	70
Basement	80	70
1st Floor	80	70
2nd Floor		
-Pool-	80	70
-Gym-	80	70
-Locker/Hall-	80	70

Inspector's Information

Inspector: Doug Roeder

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

Signature of Inspector: Doug Roeder Date: 6-30-2022
License or Certification Number (if applicable): _____

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC Wimberly

Service Address: 2802 South 30th Avenue	City Kearney	State NE	Zip 68845
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Location of Device **Fire Sprinkler**

Device Type DC	Manufacturer AMES	Serial No. KH1313	Model No. Colt200	Size 3"
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Control valves left wide open Yes No Witness: *Adam Skunk*

Line Pressure at Time of Test (at inlet test clock) <u>75</u> PSI	Date Installed 2011	Director Assemblies
Apparent Pressure Drop Across First Check Valve _____ PSID	Date Rebuilt _____	Meter # _____
Relief Valve Opened at _____ PSID		Reading _____
Difference _____ PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves		
	#1	#2			#1	#2	
INITIAL	Pressure Loss	<i>28</i>	<i>2.2</i>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>		<input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		<input type="checkbox"/>
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		<input type="checkbox"/>
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		<input type="checkbox"/>
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		<input type="checkbox"/>
	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Large	<input type="checkbox"/>		<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Upper <input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Lower <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Small	<input type="checkbox"/>		<input type="checkbox"/>
				Seat <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Upper <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Lower <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Spacer <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Other <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12-31-2023	Date of Testing <i>6-30-2022</i>
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

BAMFORD, INC.PO Box 1868
Kearney, NE 68848Phone (308) 237-2157
Fax (308) 237-4607**FIRE PUMPS****ANNUAL PERFORMANCE TESTS**DATE 6/30/2022INSPECTOR Doug RoederBUILDING NAME YRTCLOCATION Boiler Plant

Test Number	1	2	3	4	5	6	7
Approximate percent of rated pump discharge (gpm)	0	25%	50%	75%	100%	125%	150%
Nozzle size (inches)					2-1.75		2-1.75o
Pilot pressure (psi)					10		
Flow (gpm)					564		
Pump suction (psi)	35				30		
Pump discharge (psi)	95				70		
Net pump head (discharge pressure minus suction pressure)	65				40		
Pump speed (rpm)	3560				3585		

COMMENTS _____

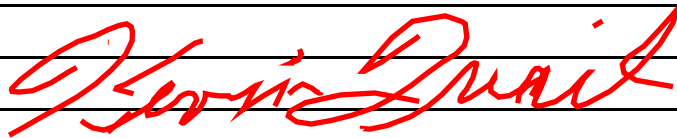
500 gpm pump

One 1.75@10 pioto=282 one 1.75@18=378 total=660

Suction20

Discharge 62

Rpm 3533 did not get out 150 precent



YRTC HYDRANT FLOW TEST REPORTS

TEST DATE:

		STATIC	PITOT	R.10 FLOW
1	NORTH BALL FIELD	94	42	22
2	SOUTH BOILER ROOM	94	46	28
3	SOUTH LAUNDRY	94	52	30
4	LINCOLN – CREIGHTON	94	50	26
5	MORTON	94	48	30
6	DODGE	94	50	28
7	CHAPEL	96	50	28
8	SOUTH OF SCHOOL	95	52	28
9	EAST OF SCHOOL	96	52	26
10	DICKSON	96	50	26
11	NW MAINTENANCE	94	56	26

Austin Duvall

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC

Service Address:

2802 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Washington Building

Device Type RP	Manufacturer Appolo	Serial No. 416316	Model No. RA48	Size 3/4"
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Control valves left wide open Yes No Witness: *Kevin Studd*

Line Pressure at Time of Test (at inlet test clock)	<u>45</u>	PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve	<u>7.0</u>	PSID	2013	Meter #
Relief Valve Opened at	<u>2.4</u>	PSID	Date Rebuilt	Reading
Difference	<u>5.4</u>	PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves		
	#1	#2			#1	#2	
INITIAL	Pressure Loss	7-0	2-4	<input type="checkbox"/> Opened at _____ PSID	Opened at 2-4 PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>		<input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		<input type="checkbox"/>
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		<input type="checkbox"/>
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		<input type="checkbox"/>
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		<input type="checkbox"/>
	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large <input type="checkbox"/>		<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>	Other	<input type="checkbox"/>
					Lower <input type="checkbox"/>		
					Small <input type="checkbox"/>		
					Seat <input type="checkbox"/>		
					Upper <input type="checkbox"/>		
					Lower <input type="checkbox"/>		
					Spacer <input type="checkbox"/>		
					Other <input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>
							<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Remarks: _____

Other (Explain) Chiller Make Up

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC

Service Address:

2802 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Creighton Building

Device Type RP	Manufacturer Appolo	Serial No. 1403286	Model No. RA48	Size 3/4"
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Control valves left wide open Yes No Witness: *Patricia Idol*

Line Pressure at Time of Test (at inlet test clock)	<u>70</u>	PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve	<u>8.8</u>	PSID	2013	Meter #
Relief Valve Opened at	<u>2.8</u>	PSID	Date Rebuilt	Reading
Difference	<u>6.0</u>	PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss 8.8	2.2	<input type="checkbox"/> Opened at _____ PSID	Opened at 2.8 PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input checked="" type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	Cleaned <input type="checkbox"/>	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<input type="checkbox"/>
	Replaced <input type="checkbox"/>	<input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>		<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		<input type="checkbox"/>
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		<input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		<input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		<input type="checkbox"/>
	Seat <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large <input type="checkbox"/>		<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
				Lower <input type="checkbox"/>		<input type="checkbox"/>
				Small <input type="checkbox"/>		<input type="checkbox"/>
				Seat <input type="checkbox"/>		<input type="checkbox"/>
				Upper <input type="checkbox"/>		<input type="checkbox"/>
				Lower <input type="checkbox"/>		<input type="checkbox"/>
				Spacer <input type="checkbox"/>		<input type="checkbox"/>
				Other <input type="checkbox"/>		<input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) Chiller Make Up

Remarks: _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC

Service Address:

2802 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Gomez hall

Device Type RP	Manufacturer Watts	Serial No. 69686	Model No. LF009M3QT	Size 3/4"
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Control valves left wide open Yes No Witness: *Kevin Suttle*

Line Pressure at Time of Test (at inlet test clock)	<u>65</u> PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve	<u>9.0</u> PSID	6/20/17	Meter #
Relief Valve Opened at Difference	<u>2..6</u> PSID	Date Rebuilt	Reading
	<u>6.4</u> PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL			<input type="checkbox"/> Opened at _____ PSID	Opened at <u>2-6</u> PSID	1. Leaked	<input type="checkbox"/>
Pressure Loss	<u>9.0</u>	<u>2.8</u>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input checked="" type="checkbox"/>
1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Cleaned <input type="checkbox"/>		<input type="checkbox"/>
2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Did Not Open	Replaced <input type="checkbox"/>		<input type="checkbox"/>
Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	Disc <input type="checkbox"/>	Cleaned	<input type="checkbox"/>
Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Replaced <input type="checkbox"/>	Upper <input type="checkbox"/>	Replaced	<input type="checkbox"/>
Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Lower <input type="checkbox"/>		<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>		<input type="checkbox"/>
Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		<input type="checkbox"/>
Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Large <input type="checkbox"/>		<input type="checkbox"/>
Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Upper <input type="checkbox"/>		<input type="checkbox"/>
Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Lower <input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		Small <input type="checkbox"/>		<input type="checkbox"/>
				Seat <input type="checkbox"/>		<input type="checkbox"/>
				Upper <input type="checkbox"/>		<input type="checkbox"/>
				Lower <input type="checkbox"/>		<input type="checkbox"/>
				Spacer <input type="checkbox"/>		<input type="checkbox"/>
				Other <input type="checkbox"/>		<input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>		Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Remarks: _____

Other (Explain) Ice Machine

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC

Service Address:

2802 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Reynolds Hall School

Device Type RP	Manufacturer Febco	Serial No. H08578	Model No. 860	Size 3/4
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Control valves left wide open Yes No Witness: *Bamford*

Line Pressure at Time of Test (at inlet test clock)	<u>85</u> PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve	<u>7.8</u> PSID	2005	Meter #
Relief Valve Opened at	<u>2.2</u> PSID	Date Rebuilt	Reading
Difference	<u>5.6</u> PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss 7.8	3.0	<input type="checkbox"/> Opened at _____ PSID	Opened at 2.2 PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input checked="" type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	Cleaned <input type="checkbox"/>	<input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<input type="checkbox"/>
	Replaced <input type="checkbox"/>	<input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>		
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>		Large <input type="checkbox"/>		
	Other <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Upper <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
				Lower <input type="checkbox"/>		
				Small <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other <input type="checkbox"/>		
FINAL TEST	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Remarks: _____

Other (Explain) Chiller Water

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)
YRTC

Service Address: **2802 30th Avenue** City **Kearney** State **NE** Zip **68845**

Location of Device **Boiler Plant**

Device Type DC	Manufacturer Watts	Serial No. 327938	Model No. 709	Size 8"
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Control valves left wide open Yes No Witness: **Ben. Gask**

Line Pressure at Time of Test (at inlet test clock) 85 PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve _____ PSID	Date Rebuilt	Meter #
Relief Valve Opened at _____ PSID		Reading
Difference _____ PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves		
	#1	#2			#1	#2	
INITIAL	Pressure Loss	1-0	1-0	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
	Cleaned Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced	<input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large <input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>	Other	<input type="checkbox"/>
					Lower <input type="checkbox"/>		
					Small <input type="checkbox"/>		
					Seat <input type="checkbox"/>		
					Upper <input type="checkbox"/>		
					Lower <input type="checkbox"/>		
					Spacer <input type="checkbox"/>		
					Other <input type="checkbox"/>		
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>
							<input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Other (Explain) _____

Remarks: _____

Initial Test performed by (Please Print) Doug Roeder (Signature) Doug Roeder	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/2023	Date of Testing 6-30-2022
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN :

Name of Premises (Company, Person, etc.)

YRTC

Service Address:

2802 30th Avenue

City

Kearney

State

NE

Zip

68845

Location of Device

Boiler Plant

Device Type RP	Manufacturer Wilkens	Serial No. 2940466	Model No. 975XL	Size 1-1/2"
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Control valves left wide open Yes No Witness: *John J. ...*

Line Pressure at Time of Test (at inlet test clock)	<u>85</u>	PSI	Date Installed	Director Assemblies
Apparent Pressure Drop Across First Check Valve	<u>8.6</u>	PSID	Date Rebuilt	Meter #
Relief Valve Opened at Difference	<u>2.2</u>	PSID		Reading
	<u>6.4</u>	PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
INITIAL	Pressure Loss	<i>8-b</i>	<i>2-b</i>	<input type="checkbox"/> Opened at _____ PSID	Opened at <u>2.2</u> PSID	1. Leaked <input type="checkbox"/> <input type="checkbox"/>
	1. Leaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/> <input checked="" type="checkbox"/>
	2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Cleaned Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/>	Cleaned Replaced <input type="checkbox"/> <input type="checkbox"/>
	Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/> <input type="checkbox"/>
	Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/> <input type="checkbox"/>
	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Upper <input type="checkbox"/>	Upper <input type="checkbox"/>	Upper <input type="checkbox"/> <input type="checkbox"/>
	Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/> <input type="checkbox"/>
	Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/> <input type="checkbox"/>
	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Float <input type="checkbox"/>	Float <input type="checkbox"/> <input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/> <input type="checkbox"/>
				Large	Large	Large
				Upper <input type="checkbox"/>	Upper <input type="checkbox"/>	Upper <input type="checkbox"/> <input type="checkbox"/>
				Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/> <input type="checkbox"/>
				Small	Small	Small
				Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/> <input type="checkbox"/>
				Upper <input type="checkbox"/>	Upper <input type="checkbox"/>	Upper <input type="checkbox"/> <input type="checkbox"/>
				Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/> <input type="checkbox"/>
				Spacer <input type="checkbox"/>	Spacer <input type="checkbox"/>	Spacer <input type="checkbox"/> <input type="checkbox"/>
				Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/> <input type="checkbox"/>
FINAL TEST	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

Prevents Backflow from: Lawn Irrigation Domestic Usage Fire Protection Heat Pump Boiler

Remarks: _____

Other (Explain) _____

Initial Test performed by (Please Print) Doug Roeder (Signature) <i>Doug Roeder</i>	Company Bamford, Inc.	BFDT Cert. No. 7630 Expiration Date 12/13/202	Date of Testing <i>6-30-2022</i>
Repaired by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing
Final test performed by: (Please Print) (Signature)	Company	BFDT Cert. No. Expiration Date	Date of Testing

Attachment 64

YRTC-Kearney 2020 ACA Audit Report

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Nebraska Department of Health & Human Services
Youth Rehabilitation and Treatment Center - Kearney
Kearney, Nebraska

July 8 - 10, 2020

VISITING COMMITTEE MEMBERS

Gregory T. Knowlin, Chairperson
ACA Auditor

Roger Chute
ACA Auditor

Randy P. Cross
ACA Auditor

A. Introduction

The audit of the Nebraska Department of Health and Human Services Youth Rehabilitation and Treatment Center – Kearney, Kearney, Nebraska was conducted on July 8-10, 2020 by the following team: Gregory T. Knowlin, Chairperson; Roger Chute, Member; and Randy Cross, Member.

B. Facility Demographics

Rated Capacity:	172
Actual Population:	68
Average Daily Population for the last 12 months:	95
Average Length of Stay:	9 ½ Months
Security/Custody Level:	Medium
Age Range of Offenders:	14-18
Gender:	Male and Female
Full-Time Staff:	156
Administrative -5, Support - 18, Program - 161, Security - 19, Part-Time Staff - 16	

C. Facility Description

The Youth Rehabilitation and Treatment Center – Kearney (YRTC – Kearney) is operated by the Nebraska Department of Health and Human Services. The Facility is located at 2802 30th Avenue on the western side of Kearney, Nebraska. Kearney is located in south central Nebraska approximately 130 miles west of Lincoln, Nebraska. YRTC – Kearney opened in 1879, was the only state operated facility for delinquent males. In August 2019 YRTC – Kearney received its first female youths. The Population of youth are classified as medium security, the physical facility is an open campus with 12 foot perimeter fencing being added for additional security in January 2019. Additional extension to the perimeter fence was added in January 2020, with a completion to the addition of the fence being completed in July 2020.

The Dodge Administration Building; Morton, Washington, Lincoln, Bryant, Creighton, and Dickson living units; West Kearney High School; the Dining Hall; Chapel; Boiler Plant; Maintenance Building; and outdoor recreational areas are located on 30 acres on the campus. Most of the buildings are connected with a tunnel system that houses utility services and steam heat pipes. The tunnels also serves as tornado evacuation shelters for the staff and youth.

The Dickson living unit is also called the Behavior Stabilization Unit, which houses male youth that are non-compliant and exhibited assaultive behavior. The youth length of stay in the living unit is a two week process with four phases that must be completed prior to being released. The Bryant living unit is an open unit that houses males that have vulnerable concerns in the general population. During the audit there were nine youth assigned to the living unit. The Creighton, Washington, and Lincoln living units houses male youths in an open unit setting with general population youth.

The Morton living houses the female youths. During the audit there were 15 female youths assigned to the living unit, with a maximum capacity for 42 rooms.

D. Pre-Audit Meeting

On July 7, 2020 at approximately 8:00pm only one team member was able to meet with officials from TRTC – Kearney to discuss information provided by the ACA at Cunningham’s on the Lake for dinner. The other two auditors had travel delays.

The chairperson divided standards into the following groups:

Standards # 5A-01 through 6E-14 to Gregory T. Knowlin (Chairperson)

Standards # 1A-01 through 3E-01 to Roger Chute (Member)

Standards # 4A-01 through 4E-07 & 6F-01 through 6G-14 to Randy Cross (Member)

E. The Audit Process

1. Transportation

The team was escorted to the facility by Nikki Berggren, Juvenile Justice Administrator.

2. Entrance Interview

The audit team proceeded to the proceeded to the Conference Room B where they met with Facility Administrator, Paul Gordon, Facility Director, Mark Labouchardiere, Facility Program Manager, Cindy Krolikowski, and Nikki Berggren, Juvenile Justice Administrator. The team expressed the appreciation of the Association for the opportunity to be involved with the Youth Rehabilitation and Treatment Center – Kearney in the reaccreditation process.

Paul Gordon, Facility Administrator escorted the team to the Canteen where the formal entry meeting was held.

The following persons were in attendance:

Scott English, Director of School
Sara Thomas, Clinical Program Director
Cindy Krolikowski, Facility Program Manager
Laura Bugay, Mental Health Supervisor
JoDeen Swartz, Admin. Assistant Compliance
Gary Leffler, Compliance Specialist
Joni Suhr, Nursing Supervisor
Theresa Childers, Food Service Supervisor
Daniel Cole, Religious Coordinator
Chris Hellerich, Unit Manager

Tyler Mertens, Unit Manager
James Orme, Food Service Director
Holly Trumball, Unit Manager
Chris Nemetz, Unit Manager
Camella Jacobe, YRTC-Geneva Facility Administrator
Nancy Krueger, Admin. Assistant YRTC – Kearney
Fred Boon, Compliance Specialist
Ralph Healey, Compliance Specialist
Paul Gordon, YRTC – K Facility Administrator
Rita Uldrich, Business Manager
Mark LaBouchardiere, Facilities Director
Nicole Berggren, Juvenile Justice Administrator

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 10:00 a.m. to 1:30 p.m. on the first day of the audit. The second day of the audit the audit team completed the tour of the facility from 8:10 a.m. to 10:17 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Paul Gordon, YRTC – K Facility Administrator
Nicole Berggren, Juvenile Justice Administrator
Ralph Healey, Compliance Specialist
Fred Boon, Compliance Specialist
Gary Leffler, Compliance Specialist
Cindy Krolikowski, Facility Program Manager
Mark LaBouchardiere, Facility Director

The audit team observed Audit notices were posted throughout the facility, and Staff and youth were aware of the audit.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

Security of juveniles and of the facility is achieved through a combination of methodologies. All staff members provide direct, “eyeball”, supervision of youth. Primary security duties are assigned to direct care staff. Direct supervision is augmented by 167 motion sensor cameras that have the capability to record and maintain sixty (60) days, minimally, of video. Since the last audit, about 33 acres of the facility have been enclosed by a perimeter fence. Work continues to enhance the fence by adding to the height resulting in a (15) foot “candy cane” type fence. The extensions have not been completed on some gates. The fence is designed to prevent youth from grasping and propelling themselves over the fence. The fence is well maintained with no weak areas observed. The enhanced fence has resulted in a reduction in the number of escapes from the facility.

Exterior doors are locked and are opened electronically. There is control center that is operational and staffed around the clock. Personnel assigned to the control center monitor radio communication, movement of residents, fire alarm system, and cameras. Perimeter fence checks are routinely conducted.

There are two electronic “walk gates” that are opened by swiping the employee badge. There are also two vehicle (truck) gates that are opened remotely or by staff badge. One “man gate” is located on each side of the fence to allow staff to more readily pursue, by foot, youth attempting to escape custody. Finally, there is one additional double truck gate that is padlocked. Knox boxes have been installed as recommended at the previous audit.

Verbal de-escalation is the primary and preferred method of controlling youth behavior. Staff members are well trained in appropriate de-escalation techniques and safe physical management techniques. Use of chemical agents is prohibited.

Tools and culinary equipment were managed at a high level with all areas storing tools doing so in a secure area. Accurate inventories are maintained, and a well-organized system of check-in and check-out is present and is followed. The system includes reconciliation daily or at shift change. Most tools are maintained on shadow boards. Sharps were also securely stored and inventoried. A single staff member is designated to maintain locks and cut new keys when needed.

Custody staff are trained to manage incidents using verbal de-escalation techniques, appropriate physical intervention and self-defense techniques, specifically, Handle with Care. These techniques are reinforced, annually, through planned training.

Environmental Conditions:

The grounds surrounding the facility had no loose papers, clutter or litter of any kind.

The grounds are appropriately landscaped giving the facility a pleasant “curb appeal”. Living units are well maintained, neat and orderly. Adequate space is provided for individual counseling and group meetings.

Temperature controls were adequate, in compliance with local statutory requirements, and maintained at a comfortable level during the audit. Use of natural light and artificial light is ample and adds to the pleasantness of the facility. Living areas, the education department, and all other areas of the facility use artificial and natural light in an effective manner making the facility feel comfortable. Noise levels were at acceptable ranges. Air circulation and lighting levels were maintained in compliance with standards.

Provision for garbage pick-up services is provided by the City of Kearney with daily pick-up. There are sufficient covered receptacles available throughout the facility. Potable water is provided by the Kearney public utility company. YRTC-Kearney is connected to the public sewer system. Toilets and washbasins were found to be insufficient in the female housing unit, Morton, and related standard found in non-compliance since the ratio of toilets and sinks was 1:15. Other areas of the facility had adequate numbers of toilets and sinks for the residents and staff in the facility.

The facility was well maintained showing commitment to preventative maintenance. There was no evidence of water damage or pest infestation.

The audit team inspected the janitor closets, rooms housing electrical equipment and pipe chasses. There were no major problems or potential hazards noted in these areas.

The facility was graffiti free.

Sanitation:

During the tour and subsequent visits, the observed the buildings to be clean. There was little indication of the presence of yesterday’s dirt. Staff members obviously take pride have “buy in” to the appearance of the facility and demonstrate adherence to the facility’s housekeeping plan that involves daily, weekly, and monthly cleanings. Residents are responsible for cleaning their living areas. There were no offensive odors noted in the facility.

Health department inspections of YRTC-Kearney were reviewed and found to be in order. No major deficiencies have been cited.

Fire Safety:

Inspections of fire safety equipment and prevention practices are completed in a thorough and timely manner. The facility's safety officer conducts all inspections and participates in the annual inspections by fire, health and safety officials. Annual inspections of the fire alarm system, sprinkler system, hood suppression system, and fire extinguishers are conducted by Protex Central.

Outside fire protection services are provided by the Kearney Fire Department with response coming from a station located close by, approximately four blocks away with a response time of five minutes or less. Fire extinguishers were located throughout the facility. Fire extinguishers were charged, appeared to be in good working order, and had been inspected monthly with exception of one located in the vocational had not been checked since May 2020; however, there has been no use of the area since that time since the school is on a summer schedule. As noted, the facility utilizes a contract with a licensed vendor who visits the facility and maintains the extinguishers and the hood suppression system in the kitchen. Plans are submitted to the local authority having jurisdiction as required. Fire drills and had been periodically conducted. Youth and staff interviewed knew what they are required to do during these drills. The facility carefully reviews the fire specifications of any furnishing that are being considered for purchase.

The facility, overall, has a good program for the control of flammable, toxic and caustic materials. Control begins with purchase in that the facility purchases chemical that are less hazardous. Bulk chemicals that are hazardous items are stored properly. Proper inventories are maintained, and the documentation clearly indicates the issuance, use and return to storage of these supplies. The team encountered one problem with proper storage of a product, HDQ Neutral, in the barber shop. The team brought to the attention of facility staff who immediately resolved the issue. It was recommended that the Safety Data Sheet books kept in areas when there were hazardous products were maintained be reviewed and that SDS for products kept in the area be removed.

The facility has six back-up generators for use in the event electrical power is disrupted. Five of the generators are natural gas fueled and one is diesel powered. Generators are routinely inspected to assure they are operational when needed.

During the tour, the team noted that the evacuation plans posted in many locations were adequate. The diagrams depicted clear designation of primary and secondary evacuation routes. There was indication of "you are here" making easy to read the plan. It was noted that some of these posted plans bear dates that are several years old, and it was recommended that the dates be updated at the next review.

Food Service:

Food service is located in the renamed Gomez Dining Hall after receiving female youths. The building contains two dining halls, the kitchen, food storage areas, the facility warehouse, and laundry. The food service staff consist of one Food Service Director, one Food Service Supervisor, six Food Service Staff. There are four vacancies during the audit for food service staff. No youth are assigned to work in the Dining Hall.

Three meals are served daily: breakfast from 6:30 a.m. until 7:30 a.m., lunch from 11:30 a.m. until 12:30 p.m., and dinner from 5:30 p.m. until 6:30 p.m. (on weekends, breakfast is one hour later, and lunch is 30 minutes later). Snacks are available at 4:00 p.m. and 8:00 p.m. The menu is developed on a five-week cycle. Menus are approved by a registered dietician. The food service program participates in the USDA Child Nutrition Program. During January 2020 thru June 2020 a total of 64,000 meals were served.

During the audit the dining halls were not being utilized due to COVID-19 and social distancing guidelines that were being adhered to the facility. Each housing unit was escorted to the dining hall, where they received their trays and returned to their housing unit to eat their meals. The kitchen and dining were clean; very clean. All temperatures were checked by the audit team and found to be in compliance with standards. Tool control of the kitchen utensils were accounted for and located on appropriate shadow boards.

Special diets were provided when ordered by medical staff. Religious diets are provided with the approval of the Religious Coordinator.

The audit team ate lunch on Wednesday in the conference room. The lunch meal consisted of meat nachos, salad, mixed berries salad, and a choice of beverage. The meal had adequate portions and the temperature were appropriate. The meal was tasteful and appropriately seasoned. Several youth interviewed about the meals had no complaints about the meals being served at the facility.

Medical Care:

The medical unit is located in a building connected to Creighton cottage. The medical area contains one examination room, two offices, a medication storage area, a general storage area and a dental suite. There is a waiting area for patients that has access to water, a bathroom, educational materials and health pamphlets.

The medical authority is Dr. Rogers and he visits the unit one day a week. Staff includes a full-time nursing supervisor (RN), who oversees the day to day delivery of care. There is also one full-time registered nurse, one full-time licensed practical nurse and a RN who works “on call” as needed. Shifts are normally ten hours a day, five days a week.

The weekend is covered by a five- hour shift on both Saturday and Sunday. During off hours the nursing supervisor and the medical authority are on call.

Although there is a centralized medical unit, medical staff routinely is moving about the campus and interacting with the residents. All new medical personnel receive facility orientation, medical orientation and OJT training. All nurses have basic life support certification through the American Heart Association. Nurse supervisor, Joni Suhr, presented a genuine enthusiasm for the care of the residents, which is shared by the other medical staff. A number of the residents refer to Ms. Suhr as Mama Suhr.

The residents received at YRTC have a history of high-risk behaviors, or there is a likelihood of a lack of previous medical care, have mental health issues and are more susceptible to chronic illnesses. Residents arriving at the facility receive a health screening within one hour of arrival. They receive a full nurse's assessment within two to three days which includes bloodwork. The residents are then seen by the physician within seven days, who also has access to the results of the blood work. This exceeds the standard.

Also, upon admittance the residents receive a manual to aid in the adjustment to the correctional setting. This document contains information regarding medical services, sick call process, grievance procedures and hygiene rules. The residents are also informed about MRSA, AIDS, Hepatitis and the spread of HIV through blood-borne pathogens. Additionally, they are provided with written material designed to help them complete the treatment program.

YRTC has a disability placement program that provides housing accessible to residents with needs. This includes accessible lockers, beds with grab bars, accessible TTY phones, volume control phones and accessible dayroom tables. Residents needing disability services are housed in the Dickson living unit.

YRTC users Kearney Regional Medical Center and CHI Good Samaritan Hospital for inpatient treatment. There is an agreement for emergency transportation with Kearney Fire EMS which has a response time of three to four minutes. Also, Good Samaritan ambulance can be utilized with the response time of five to seven minutes. Non-emergent medical transportation is done by facility staff to either a hospital or a community provider for offsite appointments and consultations.

During the last audit there was a recommendation for a response vehicle for medical staff to use during emergencies due to the vast size of the complex. A vehicle has since been acquired and is utilized as needed. The medical staff maintains an emergency response bag which contains emergency protocol medications.

Sick call is accessed through a written request placed in a designated, lockbox in the housing units. Sick call is provided seven days a week in general population and in the special housing unit, Dickson cottage.

The average number of monthly patient encounters is between 175 and 200. This includes sick call as well as basic health issues and educational encounters with residents of the facility. Sick call requests are triaged daily and the patient is normally seen within two to three days. Any patient with symptoms is seen within 24 hours.

Specialty services such as optometry, orthopedics, physical therapy, ENT, dermatology, ophthalmology and audiology are provided through contracted offsite specialists. The turnaround time to see a specialist normally is one to two weeks. Chronic health issues such as asthma and diabetes are addressed on campus with scheduled clinics and treatment. Patients who require infirmary level care or negative pressure rooms are admitted to one of the two hospitals utilized.

YRTC has a dispensary and acquires its medications through Diamond Pharmacy. Ordered medications are normally delivered next day by FedEx. STAT medications are provided through the local Walgreens pharmacy. There are a number of stock medications maintained at YRTC. The RN supervisor audits the dispensary weekly. Medications are stored in a medication room and secured behind double locks. A random inventory count on sharps, controlled medications and narcotics was conducted during the audit. All inventories were accurate, up-to-date and well documented.

Youth Program Specialists (YPS) are trained to administer medication to the residence during off hours of the medical staff. The training is done by the nursing supervisor and documented in training records. Certifications were reviewed during the audit were found to be current. Medications are administered two times a day seven days a week. Administration times are 7:00 a.m. and 6:00 p.m. The medications are administered from secure medication cabinets within the individual cottages.

A paper Medication Administration Record (MAR) is utilized for documentation. It was the auditors' recommendation that consideration be given to converting the MAR to an electronic file that will integrate with electronic medical records.

Prior to administration of medication, the resident's identification is confirmed with a comparison picture. Mouth cavities are checked after the administration of the medication. Each cottage has a medication refrigerator, though infrequently used. The nurse supervisor or the RN audits and replenishes the cabinets weekly or as new medications are added. No-shows or refusals for medication are documented and referred to the physician. The nurse supervisor reviews the MAR's for missed dosages.

Residents are not allowed to keep medications on their person or allowed over the counter medications. Insulin shots are administered at the point of contact, in the housing unit. These are self-administered under strict supervision. There were no insulin dependent diabetics in the facility at the time of the audit.

At the time of the audit there were 50 residents on prescription medications. There were three residents on controlled medications.

Expired, unused, discontinued and recalled medications are disposed by returning to the pharmacy for credit or disposed through Stericycle. Residents are provided a 30-day supply of medication when released and the medical department schedules any follow up appointments required for the continued treatment of the youth.

There is a drug treatment program offered at the facility. Youths that require detoxification are transferred to an appropriate facility or medical center.

YRTC Medical does only blood draws on site. Once the specimens are drawn, they are spun and sent to a contracted lab. There is no set schedule for sending blood samples, this is done as needed. Results are received by fax within 24 to 48 hours. STAT labs are sent directly to the provider within two to four hours. The medical department runs blood labs two to four times a month plus on incoming residents. Radiology services are provided through a private contractor, which is Kearney Regional Hospital.

All YPS staff members are trained as first responders with CPR, first aid and AED training. There is a master SDS maintained in the medical area. The facility was using paper medical records at the time of the audit but was in the process of converting to electronic records. Medical grievances are handled by the grievance coordinator in conjunction with the nurse supervisor. All issues are handled within 1 to 2 days and there were no substantiated grievances during the audit period.

MRSA precautions are used throughout the facility. Universal precautions are also practiced throughout the facility. There are first aid kits, AED units, blood-borne pathogen kits and eyewash stations throughout the cottages and common areas. There were hand sanitizing bottles located strategically throughout the entire facility. The facility does TB testing on all incoming residents, as well as new employees. Monthly tests average seven to ten a month. All residents are given yearly TB tests.

Protocols for COVID-19 had been implemented throughout the facility. These include limiting public access, education for residents, emphasized hand sanitation, distancing, in-depth screening of all incoming residents and an isolation period for all new residents.

Medical diets are coordinated with the food service program as needed. Food service has predesignated diets for a number of different medical conditions that were developed by a registered dietician.

Critical incidents were reviewed with the nurse supervisor during the audit. There was a youth that was suicidal, twice constricted his neck by ligature and both times became unconscious.

The youth was able to be revived and transported to the hospital both times and both times required no further medical treatment. The youth has since been released from the facility.

A review of the medical service outcomes was conducted and there were three areas of concern. The first was a notable reduction of mental health interventions in the past 12 months for 2019/2020. The second a notable reduction of mental health treatment plans in the past 12 months for 2019/2020. The third was the number of suicide attempts in the year 2019 for the months of February March and April.

The reduction in the interventions and treatment plans for the past year is due to the reduced population of the facility. The population of the facility has been reduced by approximately one half. The suicide attempts for 2019 was attributed to the way the numbers were tabulated for those three months. The tabulations are now made using only overt attempts at suicide.

Dental

The dental unit is housed in the medical area. The suite contains a dental chair, bite wing x-ray machine, cabinets for storage and supplies, a counter area for paperwork and a closet for Instruments not being used for that day. The area was well organized and displayed a high level of sanitation.

Dental staff consists of one dentist, one dental assistant, and a dental hygienist two times a week. Dr. Jason Herman has been with the facility for nearly 20 years and displayed an obvious passion for patient care. Dr. Herman is in the suite one day a week and will normally see everyone who has made request plus any follow-up visits that have been scheduled.

The wait time to be seen is no longer than one week. The dentist is on call for urgent conditions and will come to the facility or have the patient sent to his private office, if needed. The dental clinic normally has 60 to 80 visits per month. Patients access dental care through the sick call process.

Care provided includes basic dentistry, prophylaxis, fillings, extractions, cleaning, cancer screening, patient education, root canals and “flippers.” The root canals are done off site at Dr. Herman’s office. A “flipper” is an interim, partial denture for missing teeth. Dr. Herman emphasized that it was important the patient have the denture for chewing, linguistics and boost self-esteem.

During the audit a review was conducted of credentialing, review of patient records, and a random inventory of sharps, instruments and drugs. License were found to be up-to-date. Patient records were complete and legible. The inventory of sharps, instruments and drugs were found to be complete, timely and well documented. The audit also reviewed spore testing and found it was completed weekly and all testing results were well documented.

Dosimeter readings are not required by the state of Nebraska. Universal precautions are routinely utilized. Dental supplies and equipment are provided by Schien Dental Supply. Broken tools are document and disposed through Stericycle. Stericycle also disposes of any biohazard waste.

Mental Health

Mental health is staffed with a Mental Health Supervisor, a Clinical Program Director, three Mental Health Practitioners I and six Mental Health Practitioners II. Mental health care is normally provided Monday through Friday 8:00 a.m. through 4:30 p.m. One mental health practitioner is on site early to see patients who are housed in the Dickson unit. Residents in the Dickson unit are also seen on weekends.

Patients can access mental health care by verbal request and can also be referred by staff and medical personnel. Residents are seen immediately during normal business hours and in off hours there is always a staff member on call. Approximately 60 youths are seen individually each month and approximately 32 youths are seen for programming. Every resident in the facility is it seen at least once a month.

Mental health care provided includes crisis intervention, individual counseling, group counseling, medication management and drug / alcohol abuse programming. The chemical dependency treatment program is provided for youth who are mild to moderate risk level. Youths that require a high level of dependency treatment are transferred to an appropriate facility. Any youth with a severe development issue or acute mental condition is transferred to the Richard H Young hospital.

Any suicidal indication is referred to mental health and are monitored constantly. All youth are always site and sound supervised. Acute level ideations are monitored one on one. Dickson cottage is used for suicide observation rooms, if needed. There are suicide garments available.

YRTC does not use restraints for health services or psychiatric purposes.

Recreation:

YRTC – Kearney has a full time Recreation Manager, two Recreation Assistants, and one Recreation Aide. All recreation staff are certified in CPR, Lifeguard, and pool operations. Recreation has its own budget to purchase equipment and supplies. All living units have a schedule seven days a week where the youth are offered recreation. The recreation program has a gym, weight room, indoor swimming pool, outdoor play pads, soccer field/football field, volleyball court, and a softball field. Indoor recreational activities include movie viewing, board games, and video games. Some of the weight equipment was donated by the University of Nebraska at Kearney. Staff can utilize the weight room after working hours.

Religious Programming:

Religious services/programs are supervised by the Religious Coordinator. The Religious Coordinator is available for counseling. Prior to the COVID-19 voluntary Protestant services were conducted each Sunday at 9:00 a.m. Religious services in the Chapel have been suspended temporarily due to practicing social distancing. All faith are provided religious services, even though the majority of the youth are Protestant. The Religious Coordinator approves religious diets. The Chapel is also used for facility training for staff.

Offender Work Programs:

Youth assigned to the facility are not assigned jobs. Youth are required to maintain cleanliness and sanitation in their living areas. There is a Work Project where a youth can any job outside of the dorm and earn up to \$ 2.50 per hour. Youths can participate in on-campus work assignments such as landscaping and the kitchen.

Academic and Vocational Education:

The West Kearney High School (WKHS) offers Academic and Vocational programs located on the campus of YRTC – Kearney. WKHS is accredited by the Nebraska State Board of Education as an accredited Special Purpose School. It is also accredited as an optional school through the North Central Association Commission on Accreditation and School Improvement, as well as Advanced ED. The school is an institutional member of the Correctional Education Association.

WKHS is staffed with one acting principal, 16 teachers assigned during audit. There is a vacant principal and three vacant teachers. The school day runs from 8:30 a.m. until 3:45 p.m., with an hour lunch break. Students work from individualized education plans. The following subjects are offered: Math, English, Social Studies, Business Information, Family Life, Physical Education Science, Health, and Life Skills. Vocational programs offered include: Art, Advance Art, Ceramics, Building Trades, and Forklift Simulator License.

Students can earn credits that transfer to their home school district. Students are also afforded the opportunity to earn a GED or their high school diploma. During the audit cycle WKHS graduated approximately five to seven youths. There is a graduation after each semester that's held in the gym. The summer graduation was suspended, due to COVID-19 and social distancing practices. WKHS did have one youth to graduate during the session.

WKHS has purchased two modular buildings that are being converted into classrooms for the female students. During the audit only one classroom was being utilized. The high school was on summer break during the audit. The acting principal was available to be interviewed by the auditors.

During the audit the youth assigned to school rotated to school. The students come twice a week, due to reduce staffing.

Social Services:

YRTC – Kearney utilizes a Biopsychosocial model of treatment. Within this model the facility treatment team is composed of Youth Counselors and case managers, mental health practitioners, clinical program director, and a contract psychiatrist through Boys Town. The treatment team focuses overall health mental health, trauma history and past and present social environments that must be considered when attempting to understand and mitigate a youth’s problematic behaviors.

The facility uses evidence-based Aggression Replacement Training (ART). The philosophy is to help youth handle aggressive tendencies and anger issues. The youth participate in group meetings.

Anger Management, Social Skills and Social Decision-Making meetings are held to help youth change their behaviors and way of thinking. Every youth receives a STEPS to Change Handbook to assist them.

Upon arrival at the facility, all youth are evaluated by mental health professionals for safety issues, trauma, and other mental health concerns. Every youth receives the following assessments: YLS/CMI, How I Think (HIT) Questionnaire, SASSI for substance abuse, Marijuana Use Inventory Callous/Unemotional Traits to assess callousness. If indicated, youth may receive additional assessments for intellectual functioning, a personality assessment inventory, and risk of sex offending.

The social services program is staffed by nine mental health professionals, one mental health supervisor, one clinical program director, and 13 case managers. A contract psychiatrist provides psychiatric evaluations and psychotropic medication management.

Visitation:

Visitation is conducted Sunday through Saturday from 8:00 a.m. until 3:30 p.m. In addition to the weekly visits, visitation is also allowed on major holidays. Youth also get extra visits during the holidays. During graduation ceremonies students can have family members attend graduations. Visitation is only allowed with immediate family to include parents, grandparents, guardian, foster family, mentor, and clergy. There two indoor areas and one outdoor area for visits. Visitation was temporarily suspended during the audit, due to COVID-19 guideline with social distancing.

Library Services:

The library is located in the WKHS, under the supervision of the Librarian. The library has 6,000 books, 25 magazines, and 3 newspapers. Most books are purchase and a few are donated. All donated books are reviewed by the librarian. Youth can check out up to four books at a time. Youth can also checkout videos to view in their living area.

Laundry:

The laundry is located in the basement of the Dining Hall. The laundry is supervised by one Laundry worker. The laundry contains five dryers and four washers. Laundry services are conducted daily. Uniforms are washed five days a week. Each living unit has a day when linen is washed. During the audit it was observed that the lent traps had excess lent buildup. The audit team recommended that the lent traps be cleaned more frequently. Procedures were immediately implemented for cleaning the lent traps more frequently.

F. Examination of Records

Following the facility tour, the team proceeded to the Conference room B to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

Upon reviewing the Significant Incident Report for the audit cycle the audit team observed that the escapes were down from the previous audit report, however the team was concerned with the number of escapes. The Facility Administrator explained that the escapes have dropped during the three year audit cycle. In 2017-2018 (14) escapes, 2018 - 2019 (9) escapes, and 2019 - 2020 (13) escapes. The facility did not have perimeter fencing around the campus. The Facility Administrator tightened security practices, added hourly counts, increase perimeter security, and strategic staff positioning. In January 2019 construction of a 12 foot chain link fence was placed around the perimeter of the facility.

A curved no climb extension was added to the top of the fence for added security. Completion of the fence is scheduled for July 2020. The audit team felt the facility was taking proactive measures to increase security for the facility.

The medical auditor reviewed the Healthcare Outcome Measures with no issues or concerns.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Medical	Joni Suhr, Nurse Supervisor; Jason Herman, Dentist; Jackie Buetter, Dental Assistant; Tammy Sanders, LPN; Cali Nelson, RN
School	Scott English, Director of School; Lisa Irwin, Media Center Specialist
Religious Services	Daniel Cole, Religious Coordinator
Training	Dan Theobald, Training Coordinator
Food Service	James Orme, Food Service Director; Teresa Childers, Food Service Supervisor
Recreation	Tim Smallwood, Recreation Aide; David Scoonhoven, Recreation Specialist
Front Line	Sean McKinney, Youth Program Specialist II, 1 st shift; Steven Marten, Youth Program Specialist II, 3 rd shift; Jamar Love, Youth Security Supervisor, 3 rd shift
Living Units	Levi Hadley, Unit Manager; Barboza Washington, Youth Program Specialist II; Jacob Vega, Youth Case Manager
Administration	Paul Gordon, Facility Administrator; Mark LaBouchardiere, Facilities Director; Cindy Krolkowski, Facility Program Manager; Nicole Berggren, Juvenile Justice Administrator; Ralph Healey, Compliance Specialist; Fred Boon, Compliance Specialist

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 9:30 a.m. to 5:15 p.m. and made most of the observations above regarding conditions of confinement, health services and program offerings.

The Audit Team was able to observe count procedures in the living units, movement of youth being escorted to the dining hall, school, medical, and recreation.

b. Evening Shift

The team was present at the facility during the evening shift from 2:00 p.m. to 6:00 p.m. Members of the audit team were able to observe the change of shifts and the transfer of vital information from the day shift. A member of the audit team walked the perimeter of the fence to observe the newly constructed perimeter fence.

c. Night Shift

The team was present at the facility during the night shift from 9:15 p.m. to 10:30 p.m. The Audit Team was able to interview security staff reporting for duty prior to their shift. The night shift generally has limited contact with the youth since the youth are in bed when they arrive and in bed when shift ends.

5. Status of Previously Non-compliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard # 4-JCF-2A-07

The Standard is now compliant as post orders are customized for each individual position on each shift and living unit.

Standard # 4-JCF-5G-03

The Standard is now compliant as to all living units have a schedule for daily recreation, with documentation to support.

Standard # 4-JCF-5G-06

The Standard is now compliant as to the facility created documentation for each individual youth describing community services and volunteer projects, they participated in during their stay at YRTC – Kearney.

Standard # 4-JCF-6B-14

The Standard is now compliant as to the Facility Administrator now approves permitted financial transactions between juveniles, juveniles and staff, or juveniles and volunteers.

Standard # 4-JCF-6C-10

The Standard is now compliant as to the facility does not exceed ten percent vacancy rate for any 18 month period.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

In the course of the audit the team interviewed approximately 46 youth. The youth appeared relaxed and open to discussing their conditions of confinement and sense of safety. No youth reported feeling unsafe and none reported substantial issues communicating with staff. The youth reported that their basic needs were met.

2. Staff Interviews

The Audit Team interviewed approximately 48 staff members from all departments. Staff appeared very satisfied with facility policies and practices and expressed confidence in the executive staff. The staff showed a dedicated committed ownership in the facility and were proud to be part of the organization.

Most interviewees were pleased the facility was headed in a more positive direction. There were consistent comments that moral is good, and staff work well together.

H. Exit Discussion

The exit interview was held at 12:00 p.m. in the Canteen with the Facility Administrator and 20 staff in attendance.

The following person was also in attendance:

John S. Lowe, Nebraska State Senator District 37

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Juvenile Correctional Facilities, 4 th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	Youth Rehabilitation and Treatment Center – Kearney	
Audit Dates	July 8 – 10, 2020	
Auditor(s)	Gregory T. Knowlin, Chairperson Roger Chute, Member Randy Cross, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	38	331
Number Not Applicable	3	6
Number Applicable	35	325
Number Non-Compliance	0	1
Number in Compliance	35	324
Percentage (%) of Compliance	100%	99.7%
	<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 	

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Health and Human Services
Youth Rehabilitation and Treatment Center – Kearney
Kearney, Nebraska

July 8 – 10, 2020

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-JCF-1C-04

UNLESS OTHERWISE SPECIFIED BY NATIONAL, STATE, OR LOCAL CODES, PLUMBING FIXTURES INCLUDING SHOWERS, SINKS, AND TOILETS ARE PROVIDED AS FOLLOWS:

- ALL HOUSING UNITS WITH FIVE OR MORE JUVENILES HAVE AT LEAST TWO TOILETS.
- AT LEAST ONE TOILET IS PROVIDED FOR EVERY 12 MALE JUVENILES (1:12). URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES.
- AT LEAST ONE TOILET IS PROVIDED FOR EVERY EIGHT FEMALE JUVENILES (1:8).
- AT LEAST ONE SINK WITH HOT AND COLD RUNNING WATER PROVIDED FOR EVERY 12 JUVENILES (1:12).

JUVENILES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY EIGHT INMATES (1:8). WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

At the time of the audit, Morton Housing Unit housed 16 female juveniles. Prior to August 2019, Morton Housing Unit housed 16 male juveniles. The unit is a 2-story building. The first floor is used for Program services. The second floor is where the juvenile sleeping rooms are located. Scheduling and Post Orders stipulate that juveniles are to go to their rooms/beds at 9:30pm. Juveniles are not allowed to return to the first floor. There is one restroom in the sleeping area. The restroom is equipped with one toilet and one sink.

The standard requires one toilet for every eight female juveniles and one sink for every 12 juveniles. The facility does not meet the toilet or sink ratio.

AGENCY RESPONSE:

Waiver Request

The particular issue as it applies to compliance with this standard is that the upstairs of the Morton Living Unit, in which the female youth are housed, does not have enough toilets available to accommodate female youth.

The YRTC-Kearney, since 1892, has only housed male youth. Since that time, any upgrades or modifications to buildings were made to accommodate a male youth population. The female youth who were formally housed at the Youth Rehabilitation and Treatment Center (YRTC) in Geneva, Nebraska, were temporarily re-located to the YRTC-Kearney. This move occurred due to damage sustained by the facility as girls were destroying property and low staffing contributed to an unsafe environment. This move took place on August 19, 2019 and was intended as a temporary move as repairs were made to the YRTC-Geneva facility.

Recently, Nebraska Department of Health and Human Services (DHHS), which oversees the YRTC system, has decided to make plans to re-locate the female youth to an already existing facility in Hastings, Nebraska. This move will occur in March of 2021. Nebraska DHHS will establish the YRTC-Hastings and this facility will be exclusively for female youth.

The YRTC-Kearney campus at that time will exclusively house male youth and will then be in compliance with this standard.

AUDITOR'S RESPONSE:

The audit team supports the facilities request for a waiver. The audit team observed that prior to the female juveniles arriving in August 19, 2019, the facility was in compliance with the standard, with the female juveniles being moved to another facility in March 2021, the audit felt that it would not be cost effective to make any renovations to comply with the standard. There were no complaints from the female juveniles assigned to the housing unit.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Health and Human Services
Youth Rehabilitation and Treatment Center – Kearney
Kearney, Nebraska

July 8 – 10, 2020

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 4-JCF-2A-18 Revised January 2011 (MANDATORY)

FOUR-/FIVE-POINT RESTRAINTS ARE USED ONLY IN EXTREME INSTANCES AND ONLY WHEN OTHER TYPES OF RESTRAINTS HAVE PROVEN INEFFECTIVE OR THE SAFETY OF THE JUVENILE IS IN JEOPARDY. ADVANCE APPROVAL IS SECURED FROM THE FACILITY ADMINISTRATOR/DESIGNEE BEFORE A JUVENILE IS PLACED IN A FOUR-/FIVE-POINT RESTRAINT. SUBSEQUENTLY, THE HEALTH AUTHORITY OR DESIGNEE MUST BE NOTIFIED TO ASSESS THE JUVENILE'S MEDICAL AND MENTAL HEALTH CONDITION, AND TO ADVISE WHETHER, ON THE BASIS OF SERIOUS DANGER TO SELF OR OTHERS, THE JUVENILE SHOULD BE IN A MEDICAL/MENTAL HEALTH UNIT FOR EMERGENCY INVOLUNTARY TREATMENT WITH SEDATION AND/OR OTHER MEDICAL MANAGEMENT, AS APPROPRIATE. IF THE JUVENILE IS NOT TRANSFERRED TO A MEDICAL/MENTAL HEALTH UNIT AND IS RESTRAINED IN A FOUR-/FIVE-POINT POSITION, THE FOLLOWING MINIMUM PROCEDURES ARE FOLLOWED:

- DIRECT VISUAL OBSERVATION BY STAFF IS CONTINUOUS PRIOR TO OBTAINING APPROVAL FROM THE HEALTH AUTHORITY OR DESIGNEE.
- SUBSEQUENT VISUAL OBSERVATION IS MADE AT LEAST 15 MINUTES.
- RESTRAINT PROCEDURES ARE IN ACCORDANCE WITH GUIDELINES APPROVED BY THE DESIGNATED HEALTH AUTHORITY.
- ALL DECISIONS AND ACTIONS ARE DOCUMENTED.

FINDINGS:

Youth Rehabilitation and Treatment Facility – Kearney does not allow the use of four/five Point restraints.

Standard # 4-JCF-2A-27 (Mandatory)

THE LEVEL OF AUTHORITY, ACCESS, AND CONDITIONS REQUIRED FOR THE AVAILABILITY, CONTROL, AND USE OF CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE MUST BE SPECIFIED. CHEMICAL AGENTS ARE USED ONLY WITH THE AUTHORIZATION OF THE FACILITY ADMINISTRATOR, MEDICAL DIRECTOR, OR DESIGNEE.

1. CHEMICAL AGENTS AND EQUIPMENT RELATED TO ITS USE ARE INVENTORIED AT LEAST MONTHLY TO DETERMINE THEIR CONDITION AND EXPIRATION DATES.
2. PERSONNEL USING CHEMICAL AGENTS TO CONTROL JUVENILES SUBMIT WRITTEN REPORTS TO THE FACILITY ADMINISTRATOR OR DESIGNEE NO LATER THAN THE CONCLUSION OF THE TOUR OF DUTY.
3. ALL PERSONS CONTAMINATED IN AN INCIDENT INVOLVING THE USE OF A CHEMICAL AGENT MUST RECEIVE AN IMMEDIATE MEDICAL EXAMINATION AND TREATMENT.

FINDINGS:

Youth Rehabilitation and Treatment Center – Kearney does not utilize any chemical Agents.

Standard # 4-JCF-4C-47 (MANDATORY)

GUIDELINES REGARDING THE USE OF RESTRAINTS ON JUVENILES FOR MEDICAL AND MENTAL HEALTH PURPOSES AT A MINIMUM SHALL INCLUDE:

1. CONDITIONS UNDER WHICH RESTRAINTS MAY BE APPLIED
2. TYPES OF RESTRAINTS TO BE APPLIED
3. IDENTIFICATION OF A QUALIFIED MEDICAL OR MENTAL HEALTH PROFESSIONAL AND HEALTH CARE PRACTITIONER WHO MAY AUTHORIZE THE USE OF RESTRAINTS AFTER REACHING THE CONCLUSION THAT LESS INTRUSIVE MEASURES ARE NOT SUCCESSFUL
4. MONITORING PROCEDURES
5. LENGTH OF TIME RESTRAINTS ARE TO BE APPLIED
6. LESS-RESTRICTIVE-TREATMENT-PLAN ALTERNATIVES ARE DEVELOPED AND IMPLEMENTED AS SOON AS POSSIBLE
7. AFTER-INCIDENT REVIEW

FINDINGS:

Youth Rehabilitation and Treatment Center – Kearney does not use restraints for medical or mental health purposes.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Health and Human Services
Youth Rehabilitation and Treatment Center – Kearney
Kearney, Nebraska

July 8 – 10, 2020

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard # 4-JCF-1A-03

RENOVATION, ADDITION, NEW PLANT. THE JUVENILE CORRECTIONAL FACILITY OPERATES WITH LIVING UNITS OF NO MORE THAN 16 JUVENILES EACH. THE JUVENILE CORRECTIONAL FACILITY DOES NOT EXCEED A BED CAPACITY OF 150 JUVENILES.

FINDINGS:

YTRC – Kearney is not a new plant and has not undergone any renovation or addition during this audit period.

Standard # 4-JFC-1A-04

IF THE JUVENILE FACILITY IS ON THE GROUNDS OF ANY OTHER TYPE OF CORRECTIONAL FACILITY, IT IS A SEPARATED, SELF-CONTAINED UNIT.

FINDINGS:

YTRC – Kearney is not on the grounds of any other type of correctional facility.

Standard # 4-JCF-3E-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE JUVENILES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS AND MAKE RESTITUTION TO THE VICTIMS OF THEIR CRIME(S) AND/OR TO THE COMMUNITY, WHEN REQUIRED. OPPORTUNITIES ARE BASED ON COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS:

YRTC – Kearney has no court orders requiring restitution and does not have contact with victims so there is no restitution program.

Standard # 4-JCF-6A-03

IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH, GIVE DIRECTION, AND GUIDE PROGRAMS FOR JUVENILES.

FINDINGS:

The Nebraska Department of Health and Human Services does not serve adult offenders.

Standard # 4-JCF-5I-04

WHERE STATUTES PERMIT, JUVENILES SHOULD BE AFFORDED OPPORTUNITIES FOR GRADUATED RELEASE AND PARTICIPATION IN EMPLOYMENT AND EDUCATION PROGRAMS.

FINDINGS:

YRTC – Kearney has no opportunities for graduated release or participation in Employment/education programs.

Standard # 4-JCF-6G-07

CONSISTENT WITH JURISDICTIONAL LAWS, REGISTERED CRIME VICTIM(S) ARE NOTIFIED OF A JUVENILE OFFENDER'S RELEASE PRIOR TO ANY PLANNED RELEASE FROM CONFINEMENT AND/OR ESCAPE FROM CUSTODY. FOLLOW-UP NOTIFICATION TO VICTIMS OCCURS WHEN ESCAPEES ARE RETURNED TO CUSTODY.

FINDINGS:

There is no statutory provision for victim notification for juvenile offenders.

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Youth Rehabilitation and Treatment Center - Kearney

Reporting Period: June 2019 through May 2020

Incident Type	Months	Jun 2019	Jul 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Total for Reporting Period
	→													
Escapes		3	0	2	1	0	0	1	2	1	3	0	0	13
Disturbances*		0	0	0	0	0	0	0	0	1	0	0	0	1
Sexual Violence		1	0	0	0	0	0	0	0	0	0	0	0	1
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	1	0	0	0	1	0	0	1	2	0	0	5
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard*	^a	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		1	2	1	0	0	0	1	2	1	1	0	0	9

*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.



		Health Care Outcomes		2019
Performance Standard	Outcome Measure	YRTC-Kearney	Value	Calculated Outcome Measure
A		On-Site Health Care		
		Outcome Measures		
	(1)	Number of juveniles seen by nursing during health call in the past 12 months divided by the number of health call requests in the past 12 months.	(227% with all nursing visits)	100%
	(2)	Number of juveniles seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months divided by the number of juvenile referred to be seen the responsible physician or health care practitioner in the past 12 months.		100%
	(3)	Number of juveniles seen by the dentist in the past 12 months divided by the number of juveniles referred to be seen by the dentist in the past 12 months.	(108% with all dentist visits)	100%
	(4)	Number of juveniles seen by the psychiatrist in the past 12 months divided by the number of juveniles referred to be seen by the psychiatrist in the past 12 months.		100%
	(5)	Number of female juveniles seen by OB/GYN in the past 12 months divided by the number of female juveniles referred to be seen by the OB/GYN in the past 12 months.		0%
	(6)	Number of intake health screenings (intersystem and intrasystem) completed at admission in the past 12 months divided by the number of admissions in the past 12 months.		0%
	(7)	Number of examinations (intersystem) completed by the responsible physician or health care practitioner (N.P., P.A.) within 14 days of admission date within the past 12 months divided by the number of admissions to the facility within the past 12 months.		100%
		Data Collection		

		Number of health call requests in the past 12 months.	1663	
		Number of juveniles seen by nursing during health call in the past 12 months.	3779	
		Number of juveniles referred to be seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months.	481	
		Number of juveniles seen by the responsible physician or health care practitioner (N.P., P.A.) in the past 12 months.	481	
		Number of juveniles referred to be seen by the dentist in the past 12 months.	331	
		Number of juveniles seen by the dentist in the past 12 months.	359	
		Number of juveniles referred to be seen by the psychiatrist in the past 12 months.	74	
		Number of juveniles seen by the psychiatrist in the past 12 months.	74	
		Number of female juveniles referred to be seen by OB/GYN in the past 12 months.	0	
		Number of juveniles seen by OB/GYN in the past 12 months.	0	
		Number of intake health screenings completed (intersystem and intrasystem) at admission in the past 12 months.	0	
		Number of examinations completed by the responsible physician or health care practitioner (N.P., P.A.) within 14 days of admission (intersystem) date within the past 12 months.	108	
		Number of intrasystem transfers within the past 12 months.	0	
		Number of intersystem transfers within the past 12 months.	0	
		Specialty Consultants		
		Outcome Measures		

	(8)	Number of juvenile specialty consults completed (on-site and off-site) in the past 12 months divided by the number of specialty consults (on-site and off-site) ordered by the responsible physician, health care practitioner (N.P., P.A.) or dentist in the past 12 months.		100%
		Data Collection		
		Number of referrals to specialty consults on-site and off-site ordered by the responsible physician health care practitioner (N.P., P.A.) or dentist in the past 12 months.	22	
		Number of completed on-site and off-site specialty consults ordered by the responsible physician health care practitioner (N.P., P.A.) or dentist in the past 12 months.	22	
		Specialty Diets		
		Outcome Measures		
	(9)	Number of juveniles receiving special medical (therapeutic) diets in the past 12 months divided by the number of special medical (therapeutic) diets prescribed in the past 12 months.		100%
	(10)	Number of juveniles receiving a special medical diet in the past 12 months divided by the average daily population in the past 12 months.		9%
		Data Collection		
		Number of juveniles prescribed a special medical (therapeutic) diet in the past 12 months.	8	
		Number of juveniles receiving a special medical (therapeutic) diet in the past 12 months.	8	
		Pregnancy Testing		
		Outcome Measures		
	(11)	Number of females' juveniles with a positive pregnancy test in the past 12 months divided by the number of pregnancy test administered in the past 12 months.		0%

	(12)	Number of female juveniles with a positive pregnancy test in the past 12 months divided by the average daily population (female) in the past 12 months.		0%
		Data Collection		
		Number of female juveniles with a positive pregnancy test in the past 12 months.	0	
		Number of pregnancy test administered in the past 12 months.	0	
		HIV		
		Outcome Measures		
	(13)	Number of HIV positive juveniles who are being treated with antiretroviral treatment of for opportunistic infection in the past 12 months divided by the total number of HIV positive juveniles in the past 12 months.		0%
		Data Collection		
		Number of known HIV positive status juveniles admitted to the facility in the past 12 months.	0	
		Number of youth testing positive for HIV in the past 12 months.	0	
		Number of HIV positive juveniles who are being treated with antiretroviral treatment or for opportunistic infection in the past 12 months.	0	
		Number of AIDS cases upon admission to the facility in the past 12 months.	0	
		Number of AIDS cases diagnosed by the facility in the past 12 months.	0	
		Tuberculosis (TB)		
		Outcome Measures		
	(14)	Number of juveniles with a known positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months divided by the number of admissions (intersystem) in the past 12 months.		0%

	(15)	Number of juveniles with a positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months divided by the number of admissions (intersystem) in the past 12 months.		0%
	(16)	Number of juveniles with a positive tuberculin (TB) skin test conversion in the past 12 months divided by the number of tuberculin skin test given in the past 12 months.		3%
	(17)	Number of juveniles diagnosed with active tuberculin (TB) in the past 12 months divided by the number of juveniles with a positive tuberculin skin test in the past 12 months.		0%
	(18)	Number of juveniles on prophylaxis treatment for tuberculosis (TB) in the past 12 months divided by the number of juveniles with a positive tuberculin skin test in the past 12 months.		30%
		Data Collection		
		Number of juveniles with a known positive tuberculin (TB) skin test upon admission (intersystem) to the facility in the past 12 months	0	
		Number of juveniles with a positive tuberculin (TB) skin test administered upon admission (intersystem) to the facility in the past 12 months.	0	
		Number of admissions (intrasystem) within the past 12 months.	105	
		Number of juveniles with a positive tuberculin (TB) skin test conversion in the past 12 months.	3	
		Number of tuberculin skin tests administered in the past 12 months.	111	
		Number of juveniles diagnosed with active tuberculin (TB) in the past 12 months.	0	
		Number of juveniles on prophylaxis treatment for tuberculosis (TB) in the past 12 months.	33	
		Hepatitis A,B, and C		
		Outcome Measures		

	(19)	Number of juveniles testing positive for Hepatitis A,B, and C in the past 12 months divided by the number of tests administered in the past 12 months.		0%
	(20)	Number of juveniles testing positive for Hepatitis A,B and C in the past 12 months divided by the average daily population in the past 12 months.		0%
		Data Collection		
		Number of Hepatitis A test administered in the past 12 months.	0	
		Number of Hepatitis B test administered in the past 12 months.	13	
		Number of Hepatitis C test administered in the past 12 months.	13	
		Number of juveniles testing positive for Hepatitis A in the past 12 months.	0	
		Number of juveniles testing positive for Hepatitis B in the past 12 months.	0	
		Number of juveniles testing positive for Hepatitis C in the past 12 months.	0	
		Methicillin Resistant Staphylococcus Aureus (MRSA)		
		Outcome Measures		
	(21)	Number of juveniles testing positive for MRSA in the past 12 months divided by the number of tests administered in the past 12 months.		0%
	(22)	Number of juveniles testing positive for MRSA in the past 12 months divided by the average daily population in the past 12 months.		0%
		Data Collection		
		Number of MRSA test administered in the past 12 months.	0	
		Number of juveniles testing positive for MRSA in the past 12 months.	0	
		Health Education		
	(23)	Number of juveniles receiving documented health education on personal hygiene upon admission in the past 12 months divided by the number of admissions in the past 12 months.		100%
		Data Collection		

		Number of juveniles receiving documented health education on personal hygiene upon admission in the past 12 months.	105	
		Number of juvenile admissions (intersystem and/or intrasystem in the past 12 months.	105	
		Pharmaceutical Management		
		Outcome Measures		
	(24)	Number of pharmacy dispensing errors in the past 12 months divided by the number of prescriptions dispensed by the pharmacy in the past 12 months.		0%
	(25)	Number of nursing medication administration errors in the past 12 months divided by the number of medications administered in the past 12 months.		N/A
	(26)	Number of juveniles on psychotropic medications in the past 12 months divided by the average daily population in the past 12 months.		44%
		Data Collection		
		Number of total prescriptions dispensed by pharmacy in the past 12 months.	2220	
		Number of pharmacy dispensing errors in the past 12 months.	1	
		Number of medications administered in the past 12 months.	N/A	
		Number of medication administrations errors in the past 12 months.	651	
		Number of incidents involving pharmaceuticals as contraband in the past 12 months.	43	
		Number of juveniles on psychotropic medication in the past 12 months.	458	
B		Quality Review		
		Outcome Measures		
	(1)	Number of health care issues/problems identified by internal review that were corrected in the past 12 months divided by the number of problems identified by internal review in the past 12 months.		0%
		Data Collection		

		Number of issues/problems identified by internal review in the past 12 months.	0	
		Number of issues/problems identified by the internal review in the past 12 months that were corrected.	0	
		Grievances Related to Health Care		
		Outcome Measures		
	(2)	Number of juvenile health related grievances found in favor of the juvenile in the past 12 months divided by the number of health related grievances filed in the past 12 months.		14%
		Data Collection		
		Number of juvenile health related grievances filed in the past 12 months.	21	
		Number of juvenile health related grievances found in favor of the juvenile in the past 12 months.	3	
		Health Related Lawsuits		
		Outcome Measures		
	(3)	Number of health related lawsuits filed by or on behalf of juveniles found in favor of the juvenile in the past 12 months divided by the number of lawsuits filed in the past 12 months.		0%
		Data Collection		
		Number of juvenile health related lawsuits filed in the past 12 months.	0	
		Number of juvenile health related lawsuits found in favor of the juvenile in the past 12 months.	0	
C		Death in Custody		
		Outcome Measures		
	(1)	Number of juvenile deaths in custody in the past 12 months divided by the average daily population in the past 12 months.		0%
		Data Collection		
		Number of juvenile deaths that were medically expected in the past 12 months.	0	

		Number of juvenile deaths that were medically unexpected other than injury, suicide and /or homicide in the past 12 months.	0	
		Number of juvenile deaths due to injury in the past 12 months.	0	
		Number of juvenile deaths due to suicide in the past 12 months.	0	
		Sexual Assaults		
		Outcome Measures		
	(2)	Number of juvenile(s) alleged sexual assaults in the past 12 months divided by the average daily population in the past 12 months.		25%
		Data Collection		
		Number of juvenile(s) alleging sexual assault in the past 12 months.	22	
D		Health Care Staffing		
		Outcome Measures		
	(1)	Number of vacant positions for full-time equivalents for each health care staff category in the past 12 month period divided by the full-time equivalents of each health care staff category as determined by the designated health authority needed to provide adequate health care in the past 12 months.		0%
		Data Collection		
		Number of physician full-time equivalent position(s).	0	
		Number of physician vacancies in the past 12 months .	0	
		Number of full-time equivalent practitioner position(s).	0	
		Number of practitioner vacancies in the past 12 months.	0	
		Number of full-time equivalent dentist position(s).	0	
		Number of dentist vacancies in the past 12 months.	0	
		Number of full-time equivalent nursing (RN) positions(s).	3	
		Number of nursing (RN) vacancies in the past 12months.	1	

		Number of full-time equivalent nursing (LPN, LVN) position(s).	1	
		Number of nursing (LPN, LVN) vacancies in the past 12 months.	0	
		Number of full-time equivalents of each health care staff category as determined by the designated health authority needed to provide adequate health care in the past 12 months.	14	
		Qualified Staff		
		Outcome Measures		
	(2)	Number of staff with lapsed licensure and/or certification in the past 12 months divided by the number of licensed and/or certified staff in the past 12 months.		0%
	(3)	Number of specified health care positions with a written job description divided by the number of specified health care positions in the past 12 months.		100%
		Data Collection		
		Number of staff requiring a license and/or certification (include physician, psychiatrist, physician assistant, nurse practitioner, R.N., L.P.N., psychologist, et. al. therapists requiring licensure in the past 12 months.	13	
		Number of lapsed licensure and/or certification (include physician, psychiatrist, physician assistant, nurse practitioner, R.N., dentist, psychologist, et al. therapist requiring licensure) in the past 12 months.	0	
		Number of specified health care positions in the past 12 months.	14	
		Number of specified health care position with a written job description in the past month.	14	
		Fair Treatment of Staff		
		Outcome Measures		
	(4)	Number of health care staff grievances decided in favor of staff in the past 12 months divided by the total number of health care staff grievances filed in the past 12 months.		0%

	(5)	Number of health care staff terminations demotion hearings in which administrative decision was upheld in the past 12 months divided by the number of health care staff terminations or demotion hearings held in the past 12 months.		0%
		Data Collection		
		Number of health care staff grievances filed in the past 12 months.	0	
		Number of health care staff grievances decided in favor of the health care staff in the past 12 months.	0	
		Number of health care staff terminations and demotion hearings in which the program decision was upheld in the past 12 months.	0	
		Number of health care staff terminations or demotion hearings held in the past 12 months.	0	
		Employee Health		
		Outcome Measures		
	(6)	Number of new employees who were administered a tuberculin (TB) skin test in the past 12 months divided by the number of employees hired in the past 12 months.		100%
	(7)	Number of employees with a positive tuberculin skin test conversion in the past 12 months.		0%
		Data Collection		
		Number of new employees hired in the past 12 months.	71	
		Number of new employees who were administered a tuberculin (TB) skin test in the past 12 months.	71	
		Number of employees administered tuberculin (TB) skin test in the past 12 months.	7	
		Number of employees with a positive tuberculin (TB) skin test conversion in the past 12 months .	0	
E		Mental Health		
		Outcome Measures		

	(1)	Number of intake mental health screenings (intersystem or intrasystem) completed at admission in the past 12 months divided by the number of admissions in the past 12 months.		98%
	(2)	Number of juveniles receiving a mental health appraisal in the past 12 months divided by the number of admissions in the past 12 months.		98%
	(3)	Number of juveniles with a Mental Health Treatment Plan in the past 12 months divided by the number of youth requiring ongoing mental health intervention in the past 12 months.		100%
	(4)	Number of suicide attempts divided by the average daily population in the past 12 months.		0%
	(5)	Number of completed suicides divided by the average daily population in the past 12 months.		0%
		Data Collection		
		Number of juveniles receiving a mental health screening at admission (intrasystem and intersystem) in the past 12 months.	103	
		Number of juveniles receiving mental health appraisals within the past 12 months.	103	
		Number of intrasystem transfers within the past 12 months.	0	
		Number of intersystem transfers within the past 12 months.	0	
		Number of juveniles requiring ongoing mental health intervention in the past 12 months.	53	
		Number of juveniles with a mental health treatment plan in the past 12 months.	53	
		Number of suicide attempts in the past 12 months.	0	
		Number of completed suicides in the past 12 months.	0	
F		Substance Abuse		
		Outcome Measures		

	(1)	Number of juveniles receiving a substance abuse screening in the past 12 months divided by the number of admissions (intersystem or intrasystem) in the past 12 months.		95%
	(2)	Number of juveniles referred to a chemical dependency program divided by the number of youth identified as requiring a chemical dependency program in the past 12 months.		13%
	(3)	Number of juveniles completing an alcohol and drug abuse education program in the past 12 months divided by the number of admissions in past 12 months.		95%
		Data Collection		
		Number of intersystem transfers in the past 12 months.	0	
		Number of intrasystem transfers in the past 12 months.	0	
		Number of juveniles identified as requiring a chemical dependency program in the past 12 months.	82	
		Number of juvenile placed in a chemical dependency program in the past 12 months.	11	

Attachment 65

YRTC-Kearney 2021 PREA Audit Report

PREA Facility Audit Report: Final

Name of Facility: Youth Rehabilitation and Treatment Center Kearney

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Candace L. Snyder	Date of Signature: 05/24/2022

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	Snyder@gwtc.net
Start Date of On-Site Audit:	10/19/2021
End Date of On-Site Audit:	10/20/2021

FACILITY INFORMATION	
Facility name:	Youth Rehabilitation and Treatment Center Kearney
Facility physical address:	2802 30th Avenue, Kearney, Nebraska - 68845
Facility mailing address:	

Primary Contact	
Name:	Ralph Healey
Email Address:	ralph.healey@nebraska.gov
Telephone Number:	402-630-4117

Superintendent/Director/Administrator	
Name:	Paul Gordon
Email Address:	paul.gordon@nebraska.gov
Telephone Number:	308-293-6385

Facility PREA Compliance Manager	
Name:	Ralph Healey
Email Address:	ralph.healey@nebraska.gov
Telephone Number:	O: (402) 630-4117

Facility Health Service Administrator On-Site	
Name:	Joni Suhr
Email Address:	joni.suhr@nebraska.gov
Telephone Number:	308-991-2070

Facility Characteristics	
Designed facility capacity:	170
Current population of facility:	40
Average daily population for the past 12 months:	48
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14 to 18
Facility security levels/resident custody levels:	Highest level of care for juveniles males in DHHS-OJS
Number of staff currently employed at the facility who may have contact with residents:	130
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Nebraska Department of Health and Human Services
Governing authority or parent agency (if applicable):	
Physical Address:	301 Centennial Mall S, Lincoln, Nebraska - 68509
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Shaylee Fortner	Email Address:	shaylee.fortner@nebraska.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.341 - Obtaining information from residents
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-19
2. End date of the onsite portion of the audit:	2021-10-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Nebraska Abuse and Neglect Hotline and the Family Advocacy Network

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	170
15. Average daily population for the past 12 months:	48
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	40
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	15
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	8

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	131
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I selected youth from all housing areas.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of a random sample of screening documents completed at intake, and staff and youth interviews.</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of a random sample of screening documents completed at intake, a review of investigative files, and staff and youth interviews.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of documents and staff and youth interviews.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor did not inspect one building with two units as these units were under quarantine due to an active outbreak of the COVID-19 virus. The auditor did view these areas via camera and interviewed youth and staff from these units using video conferencing.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	11	0	11	0
Total	24	0	24	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	15	0	15	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	19	0	15	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	0	10
Staff-on-inmate sexual abuse	0	7	4	0
Total	0	10	4	10

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	4	6	5
Staff-on-inmate sexual harassment	0	4	0	0
Total	0	8	6	5

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	5
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>I reviewed one criminal investigative file that was previous to the 12-month look back period.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 450">The YRTC-Kearney has a well-written PREA policy. The policy is titled Operational Memorandum 115.17.6 Prevention, Detection, Reporting, Staff Response, & Investigation of Abuse, Neglect, Sexual Harassment, Sexual Abuse/Assault. This policy will be referred throughout this report as the PREA policy. The PREA policy mandates zero-tolerance and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor observed that the procedures for following the standards were being met through directive and standard operating procedure.</p> <p data-bbox="229 450 1509 804">The auditor determined that YRTC-Kearney substantially exceeds this standard. The OJS has a dedicated compliance team that includes the Compliance Manager who is the agency level PREA Coordinator and two Compliance Specialists who are responsible for PREA compliance at this facility. The compliance team reports outside of the facilities' chains of command and reports directly to the OJS Administrator. This team as well as facility staff work to ensure that compliance with every standard in both policy and procedure is maintained. The team has the authority to develop, implement and oversee the efforts and has the complete support of both the agency administrator and the facility administrator. Their processes are very organized. They research and provide training and resources to the facility staff at Kearney, Hastings, and Lincoln (in coordination with Lincoln and Hastings Compliance Specialists). The auditor believes that the commitment of time and resources to compliance and that the compliance team does not report to anyone within the facility command structure is by far the absolute best approach to achieving and maintaining compliance with the standards.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not contract for the confinement of its residents with other private agencies/entities.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 689">YRTC-Kearney has a documented staffing plan that is updated annually. In addition, they provided documents to demonstrate to the auditor their thought process in compiling their staffing plan. A thorough assessment of camera coverage was completed in 2019. Following that assessment many additional cameras were installed to include cameras in every classroom and throughout the education building. The staffing ratios of 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours is always maintained. They have been no documented incidents of falling below the standards ratio. However, they have been utilizing a lot of overtime to continue to meet this need. They recognize that this way of operating cannot continue and are working diligently to recruit staff to fill vacant positions. Each living unit is assigned a Living Unit Manager responsible for supervising their building. Youth Program Specialists (YPS) and Youth Case Managers (YC) are direct reports of the Living Unit Manager. The Living Unit Manager will occasionally be responsible for the direct supervision and care of the youth. In addition to the Unit Manger, the Youth Program Specialists and the Case Managers, there are 17 youth Security Supervisors (YSS) and 2 Youth Security Supervisor Managers. Depending on the programming occurring there are also therapists, teachers, and recreation staff.</p> <p data-bbox="229 689 1509 904">The PREA policy requires intermediate- and higher-level staff to conduct and document unannounced rounds. This duty is completed by both administrators/department heads and by the Youth Security Supervisors. A review of checks confirm that administrators and the Youth Security Supervisors complete these rounds. Rounds are documented in the unannounced rounds logbook and in the Shift Report section of the Morning Report. The auditor verified this by reviewing documentation and through interviews. Department heads stated during interviews that they have unannounced rounds assigned for a week at a time every eight to ten weeks. They go through every unit and interact with the youth during their walk-through.</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 515">The facility does not conduct cross-gender pat-down searches except in exigent circumstances. The agency trains security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Staff at YRTC-Kearney are instructed to conduct all searches with the back of their hands and in a manner that is respectful of all residents. The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="231 515 1508 840">The YRTC-Kearney has policies and procedures that enable residents to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing them in a state of undress except in exigent circumstances or when such viewing is incidental to routine cell checks. If during a routine cell check a youth is seen in a state of undress, an entry is made in the exigent circumstance log. Showers are supervised by male staff and female staff typically post themselves at the opposite end of the dayroom near the staff office where they administer medication during shower times. The windows between the locker room and the dayroom are obscured by opaque film over the windows. In other areas of the facility there are single-occupant restrooms for privacy. Female staff announce their presence on the intercom before entering a resident housing unit. The auditor noted the announcement was made during the tour of the facility. The youth and staff indicated during interviews that these announcements are made consistently.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 613">The YRTC-Kearney uses a list of state contracted interpreters for youth who may not speak English or speak through Sign Language. The facility does not use residents to interpret for other residents. All staff are instructed in the procedures for assisting youth who may need additional assistance. Staff sign a verification form that they understand these procedures. Staff acknowledged these procedures during the interviews. Staff work with youth who have either visual impairments or reading and comprehension issues by verbally reviewing the material. The agency takes appropriate steps to ensure residents with disabilities (for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy states the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's personnel files are maintained on-line. The Human Resources staff brought up employee files for the auditor to review electronically. The facility has performed background checks at the time of employment of new hires. The auditor reviewed personnel files to confirm the background checks were completed as per the standard. YRTC-Kearney performs Child Abuse and Neglect Registry checks at the time of employment. They have a form asking the questions regarding sexual misconduct that is completed upon hiring and during the annual review process. The continuing duty to report is outlined in policy and all staff are required to sign that they have read and understood the policy. The facility conducts the required checks with former institutional employees regarding sexual misconduct while employed.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is well designed and facility staff continue to review for blind spots or changes to the facility through their incident review and annual review process. There are over 199 cameras throughout the campus with cameras in all key areas. Video retention is up to 90 days which enhances investigation efforts. Mirrors are located in many of the stairwells and staff are continuously modifying and upgrading when the need dictates or when discovered during physical inspections of the campus. Housing was modified and cameras were added when the girls were temporarily housed on this campus.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">As soon as sexual abuse is reported the protocol is to call the Child Protective Services hotline and/or the Nebraska State Police. Both of these agencies use the Family Advocacy Network (FAN) in Kearney to advocate and assist youth who have been sexually assaulted. The staff take direction from the State Police and the FAN on when and where to transport sexual assault victims for a forensic examination. Typically, they will be transported to FAN, the Kearney Regional Medical Center or to Good Samaritan Hospital.</p> <p data-bbox="229 456 1509 573">The facility has a Memorandum of Understanding (MOU) with the FAN who provide counseling to survivors of sexual abuse and provide accompaniments to the hospital, during interviews and throughout the investigative and criminal proceedings process.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The policy and procedures are in place to always notify the Youth Security Supervisor on shift for every incident of sexual abuse or sexual harassment. PREA policy 115.17.6 then specifically states that the YRTC-Kearney will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to the Nebraska State Police that involves potentially criminal behavior. Allegations that are not criminal are investigated by trained investigators at the facility. The PREA policy (which includes Section V. Investigation – Criminal & Administrative) is posted on their website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The YRTC-Kearney provides PREA training to all staff. The training is based on training resources that the compliance team has compiled from the PREA Resource Center website. The auditor reviewed the training material to include PowerPoint presentations, reviewed the training forms with staff signatures and interviewed staff about the training they received.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Due to Covid-19 the YRTC-Kearney contractors and volunteers who would have contact with youth is limited. They are aware of the training requirements should the situation change. The auditor reviewed their volunteer and contractor training materials. Compliance staff would provide the training and the contractors/volunteers will be required to sign training acknowledgment forms.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides information to residents upon intake while the youth is assigned to the Dickson housing unit. This training covers the YRTC-Kearney's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility verbally goes over written orientation information with the youth and then has the youth sign the form when complete. On the 7th day, the day they are classified and moving to their assigned cottage, they receive the video training and the PREA comic book End the Silence from the Washington College of Law. Their training includes their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding the YRTC-Kearney's policies and procedures for responding to such incidents. Youth sign acknowledgment forms that they have received the training. This information is continuously and readily available through posters throughout the facility as well as in the handbook. The Family Advocacy Network (FAN) number is on the bulletin board near the phone. The auditor reviewed documentation for both the initial training done at intake and comprehensive training.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Nebraska State Patrol conducts sexual abuse investigations. The compliance team members are trained to conduct internal administrative, non-criminal investigations and provided the auditor the training material and their certificates of completion. In addition, all abuse allegations are turned over to the Department of Health and Human Services Children and Family Services.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1474 434">Through interviews with medical and mental health staff it is apparent they are knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has documentation of specialized training as well as the PREA training required of all facility staff.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 517">The auditor reviewed policy, the screening tool that the YRTC-Kearney uses and interviewed screening staff. The facility maintains and uses information about each resident's personal history and behavior to assist in reducing the risk of sexual abuse by or upon a resident. The screening is objective and assigns points or use a specific number of questions to assign an outcome to provide an outcome of low, moderate, or high risk in either the potential for victimization and/or perpetration. Only limited staff have access to the risk screening form. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well-being of youth.</p> <p data-bbox="229 517 1509 772">The auditor determined that YRTC-Kearney substantially exceeds this standard. The screening is very thorough and conducted by a licensed mental health professional who takes the time to get a clear picture of responses to all this standard's required questions both through a detailed interview with the youth and a complete review of all records. If a youth identifies a sexual abuse or sexual perpetration history, the screener ensures that appropriate medical and mental health department heads are notified so that a therapist can be assigned and/or medical care provided if needed. This facility's model approach to the special mental health treatment needs of adolescents involved in the juvenile justice system is exceptional and it begins with the appropriate and thorough screening of youth upon intake.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="239 212 454 235">Auditor Discussion</p> <p data-bbox="239 268 1492 660">Youth are typically housed in a dorm setting at the YRTC-Kearney. Interviews indicate that a transgender or intersex resident's own view with respect to his or her own safety would be given serious consideration on how they are placed. The facility does not place gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. YRTC-Kearney makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Transgender youth will shower separately after the group has showered. The facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's housing placement rather than using isolation as a means for protecting the resident's safety. If residents are placed on safekeeping/isolation, it is used as a last resort when least restrictive measures cannot keep a resident safe.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 636">YRTC-Kearney provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to staff including medical and mental health staff or write a grievance. They also can speak with the Administrator or any member of the compliance team by making a request at any time. They have regular contact with their family, probation, attorney or Children and Family Services case worker. They can call externally to the Child Abuse & Neglect Hotline provided by the Nebraska Department of Health and Human Services Children and Family Services. This number is available on posters posted in the dayroom near the telephone and in the handbook. The auditor placed a call within the housing unit to the abuse hotline and spoke with a staff worker who walked through the process if a youth calls to report abuse. The call was free and did not require a PIN. Youth are always able to request staff to place a call to the hotline on their behalf. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1497 434">Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment, but it does not have to be reported by that method.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The YRTC-Kearney has an MOU with the Family Advocacy Network (FAN) for crisis support services. The FAN contact information is posted on their bulletin board near the phones. The YRTC-Kearney provides youth with reasonable and confidential access to their attorneys and parents. In addition, youth reported that they had contact with their families regularly. Youth have therapists at the facility and some youth reported they were more apt to request support services from the therapists at the facility because they have already developed a relationship with them. However, the external advocates are available to them.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has posted publicly on their website at http://dhhs.ne.gov/Pages/YRTC-Reports.aspx the YRTC-Kearney Parent Handbook which includes a paragraph about how to report to the Child Abuse & Neglect Hotline. Also, the opening webpage for Youth Rehabilitation has in bold, large print and outlined in red the Child Abuse and Neglect Hotline Number. This is also on posters posted in the visit area.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 367">The YRTC-Kearney requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="229 367 1508 479">Apart from reporting to designated supervisors or officials and designated State agency, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="229 479 1508 636">Medical staff are required to report sexual abuse to designated supervisors and officials as well as to the designated State service agencies. Such practitioners are required to inform the residents at the initiation of services of their duty to report and the limitation of confidentiality. There is also a sign posted in the medical offices that informs youth that if they tell medical staff they were hurt by anyone or themselves they must report it.</p> <p data-bbox="229 636 1508 822">The staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to designated investigators. Upon receiving any allegation of sexual abuse, the Administrator or designee promptly reports the allegation to the Department of Health and Human Services Children and Family Services Child Abuse and Neglect hotline and to parents or the legal guardian.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through a review of policy, interviews with the Administrator and random staff, the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through interviews with the OJS Administrator, the facility administrator, and the PREA Coordinator there are procedures in place to appropriately act upon receiving an allegation of sexual abuse of a resident while at another facility with such action initiated no later than 72 hours and actions documented. They stated that this notification must be from Administrator to Administrator. There have been no instances of these allegations received regarding abuse at other facilities.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	YRTC-Kearney staff were well versed in first responder duties and were aware of all elements of this standard (separate alleged victim/abuser, preservation, and protection of crime scene, to include collection of physical evidence as soon as possible by law enforcement or the SANE nurse, including the request of the victim not to take any actions which could destroy any physical evidence). A review of policy as well as interviews with random staff confirmed knowledge of these procedures.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1477 465">The facility has a coordinated response plan in their PREA policy. The policy outlines the coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, facility leadership and the external responders. Staff always call or assist the youth in calling the Abuse and Neglect Hotline. The Children and Families staff's response are coordinated between the Nebraska State Police and the Family Advocacy Network. Staff interviews and interviews with the Administrator and the PREA Coordinator indicate staff are aware of their responsibilities to coordinate responses within the facility.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The staff are represented by collective bargaining agreements. However, after a review of the agreement and interviewing administrators there are no barriers preventing the Administrator from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 512">The facility has a PREA policy that includes measures to protect against retaliation. Case Managers are assigned to monitor for retaliation for youth and Unit Managers are assigned to monitor for retaliation against staff. Should any person who cooperates with a sexual misconduct investigation express fear of retaliation appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. The monitoring is documented for up to 90-days or longer if needed on the Protection Against Retaliation form and an electronic copy is kept which includes the date, time and monitoring comments.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1493 461">The facility typically does not use segregated housing of residents as a means to keep them safe from sexual misconduct. Youth have dorm-style sleeping with clear sight lines and adequate distances between beds. Youth are always in the direct supervision of many staff. Adequate precautions can be taken such as keeping the youth in more close proximity of staff or separate the youth by giving them different housing assignments to keep them safe. It would be a very rare circumstance and perhaps only if there was a consensual relationship and they were keeping two youth separate while they investigated the facts.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 501">The auditor reviewed agency investigative files. The facility had multiple incidents of youth violating the no-touch policy and making one-time comments of a sexual nature. There was one criminal investigation of staff-on-resident sexual abuse which was reported appropriately, investigated by the Nebraska State Patrol and referred for prosecution. All incidents were properly investigated as outlined by agency policy and PREA standards and appropriate consequences were issued following the investigations. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports that include physical/testimonial evidence. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The YRTC-Kearney uses no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment. The auditor determined this through a review of policy, interviews and a review of investigatory files.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility documented their outcome of the investigation reported to the resident on their investigatory documents. Their investigation forms have a form that documents their notification to residents as to whether the allegation was substantiated, unsubstantiated or unfounded and also requires that the resident sign the form.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All staff members who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. There has been one staff from this facility that has been reported to law enforcement following their termination for violating sexual abuse or sexual harassment policies. A review of policy, interviews conducted with the Administrator and a review of investigatory files verified compliance with this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Any contractor or volunteer who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The licensed mental health professional confirmed that if the screening tool indicates there was previous sexual abuse victimization or perpetration, the youth will be assigned a therapist to begin counseling. The first meeting with the therapist will occur within 14 days of the intake screening. This offer for follow-up care will be documented within the medical record or therapists' records. Residents are notified that if they report prior sexual victimization even incidents that did not occur in an institutional setting and they are under 18 years of age, they must notify Department of Health and Human Services Children and Family Services Child Abuse & Neglect Hotline. The medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting if the resident is 18.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 548">The facility provides access to emergency medical and mental health services. In the event services after hours are not available by the facility medical health staff, residents would be taken to Kearney Regional Medical Center. The facility health services staff work in coordination with Kearney Regional Medical Center to ensure that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Nebraska has a state law (Neb. Rev. Stat. §81-1429.03) which requires that the full out-of-pocket cost or expense that may be charged to a sexual assault victim in connection with a forensic medical examination are to be paid from the Sexual Assault Payment Program Cash Fund. This program is administered by the Nebraska Department of Justice.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 501">The facility requires that medical and mental health evaluations and treatment be offered at no cost to sexual abuse victims and abusers. If the youth is taken to the hospital, they would follow any recommendations made by hospital staff or provide any services needed that were not provided by the hospital. The nurse and the Director of Clinical programming stated that in many instances mental health services are provided on-site by their mental health professionals. If a youth is taken to the hospital, tests for sexually transmitted infections and pregnancy tests will be offered there by the SANE, but they also have standing orders for those if for some reason they were not done at the hospital. It is important to note that female youth were housed on this campus temporarily until April 2021. The facility currently is an all-male facility.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility conducts incident reviews as outlined within their PREA policy. They conduct formal sexual abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. This review includes upper-level staff, supervisors, investigators, and medical staff. The auditor verified this through interviews, a review of policy and a review of investigatory files with documented incident reviews when required by the standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. Aggregate annual data is available and was provided to the auditor. The facility has provided this information to the Department of Justice through the Survey of Sexual Victimization.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has completed an annual review of data and prepared an annual report. This review reports findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse. The 2020 review is posted on the agency's website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Agency posts PREA related data on the Agency's website https://dhhs.ne.gov/Pages/YRTC-Reports.aspx . Data collected is retained via limited access and through a secure server for at least ten (10) years.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 582">The YRTC-Kearney was initially audited in 2015, completed its second audit cycle in 2018 and this audit in 2021. This agency operates three juvenile facilities. All facilities are audited every three years. Audits are posted on the agency website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx. The auditor had complete access to the facility and was able to observe all areas of the facility. The auditor was provided numerous documents, viewed camera systems, and interviewed residents and staff from all shifts. The YRTC-Kearney staff provided private accommodations to conduct interviews, made adjustments to routines and staff schedules and allowed after-hours access to the auditor. The staff were very professional throughout the audit. The auditor notices were posted throughout the facility and the facility provided a dated photograph to verify that the notice was posted six weeks in advance of the audit. The auditor did not receive any confidential communication from residents at this facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the third audit for the YRTC-Kearney and previous audits are published on their website.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes