

SERVICE-PRO FIRE PROTECTION, INC.

1730 Westar Drive, Oxnard CA 93033

Tel: 805.487.1477 Fax: 805.487.2975

accounting@serviceprofire.com

Invoice

Date	Invoice #
6/1/2021	S-19873

Bill To:

**Ventura County Community College
District
Attn: Accounts Payable
761 E. Daily Drive, Suite 200
Camarillo, CA 93010**

Ship To:

**Oxnard College Community
4000 S. Rose Ave.
Oxnard, CA 93033**

P.O. No.	Work Order	Terms	Project	Due Date
PO122953	43949210	Net 30	Sprinkler Inspection	7/1/2021

Description	Amount
Quarterly Inspection and test of Wet Fire Sprinklers system performed 4/23/2021 as per proposal #S20-065: 11 Wet Risers	1,155.00
Sales Tax, Oxnard	0.00
Credit Card Accepted-Visa-Mastercard and American Express	
<small>All accounts are due and payable per the invoiced terms. All past due amounts are subject to a service charge of 1.5% per month (18% annual rate) of the outstanding balance, whichever is greater.</small>	

REMIT TO:	Service Pro Fire Protection, Inc P.O. Box 20144 Oxnard, CA 93034	Invoice Total	\$1,155.00
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GRAHAM COMPANY

Emergency Lighting Specialists

Phone: (661) 295-0517

FAX: (661) 295-0514

Date 06/10/21
Page 1 of 1

EMERGENCY LIGHTING/POWER SYSTEM MAINTENANCE REPORT

Job Name Oxnard College Contact _____ Phone _____
Address 11000 S Rose Ave City Oxnard State CA Zip Code 91303
Equip. Mfg. Myers Vendor _____ Model # 1E-5022 Serial # 8421321-1
Unit Location Food Services Building AC Brkr Panel _____ Brkr#/Amps _____

CONDITION ON ARRIVAL: On Line Malfunctioning Shut Down Bypassed Clean Dirty

BATTERIES: Mfg. East Penn Model # 12AVR10057 Qnty 12 Batt. Voltage 12v

Appearance: OK Bulged Dirty Cracked Terminals/Cables: OK Loose Corroded Cleaned/Tightened

Electrolyte: NA OK Low Overfilled Water Added Room Ambient Temp. 77.2°F

Battery Type: Sealed Wet Lead NiCad Other _____ Specific Gravity _____

COMMENTS

Neutral to Ground Voltage: _____ Load Type on System: _____

	INPUT		UTILITY OUTPUT		EMERGENCY OUTPUT		Norm Off	CHARGER		
	Float	Eqlz						Float	High	Low
Voltage	11.8	11.8		114.2		125.2	-	163.2	-	-
Current	8.8	17.2		7.3		6.8	-	0.1	6.7	-

Battery Buss Test		Buss Nominal = <u>14.4 VDC</u>	Battery Discharge Current				Freq Normal	
Minutes	<u>30</u>	-	String 1	<u>6.6</u>	String 4	-	<u>60</u>	
Voltage	<u>151.2</u>	-	String 2	-	String 5	-	<u>60</u>	
Current	<u>6.6</u>	-	String 3	-	String 6	-	System VA <u>5220</u>	
							Measured VA <u>951</u>	

Batt #	Date Code	Float Voltage	15 min Volts	30 min Volts	45 min Volts	60 min Volts	Batt #	Date Code	Float Voltage	15 min Volts	30 min Volts	45 min Volts	60 min Volts
1	<u>10/14</u>	<u>13.2</u>		<u>12.3</u>			16						
2	<u>3/14</u>	<u>13.4</u>		<u>12.2</u>			17						
3	<u>15</u>	<u>13.5</u>		<u>12.3</u>			18						
4		<u>13.4</u>		<u>12.4</u>			19						
5		<u>13.6</u>		<u>12.8</u>			20						
6		<u>13.5</u>		<u>12.4</u>			21						
7		<u>13.5</u>		<u>12.5</u>			22						
8		<u>13.6</u>		<u>12.7</u>			23						
9		<u>13.7</u>		<u>12.7</u>			24						
10		<u>13.8</u>		<u>12.9</u>			25						
11		<u>13.7</u>		<u>12.3</u>			26						
12	<u>15</u>	<u>13.7</u>		<u>12.3</u>			27						
13							28						
14							29						
15							30						

Comments: ① Utility measurements = Normal ② Charger float = Normal
③ Emergency transfer = Normal ④ Inverter = Good
⑤ Transfer to Utility = Normal ⑥ Charger = ON
⑦ Battery test - Pass!
⑧ System overall performance = Acceptably

Customer Signature _____ Date 2/10/21 Service Representative Logan Hill Date _____



State of California
 DOSH, Pressure Vessel Unit
 1515 Clay Street, Suite 1622A
 Oakland, CA 94612-1591

RETURN SERVICE REQUESTED

DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 PRESSURE VESSEL UNIT
 Phone (510) 622-3052 / Fax (510) 622-3063

OWNER/USER:

OXNARD COLLEGE
 4000 S ROSE AVE
 OXNARD CA 93030

LOCATION: LA MECH RM

BILL TO:

DAVID GARDNER-MAINT.SUPER
 OXNARD COLLEGE
 4000 S ROSE AVE
 OXNARD CA 93033-6699

✂

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY & HEALTH
 PRESSURE VESSEL UNIT
 1515 Clay Street, Suite 1622A
 Oakland, CA 94612-1591
 Phone (510) 622-3052 / Fax (510) 622-3063

Permit to Operate Air Pressure Tank

STATE SERIAL NO. A025123-05

N.B.#/SER.# 421680

BILL TO:

DAVID GARDNER-MAINT.SUPER
 OXNARD COLLEGE
 4000 S ROSE AVE
 OXNARD CA 93033-6699



OWNER/USER:

OXNARD COLLEGE
 4000 S ROSE AVE
 OXNARD CA 93030

LOCATION: LA MECH RM

This Permit to Operate shall be kept conspicuously posted under glass on or near the tank or at a convenient location near the tank and shall be made available to any authorized person(s). Labor Code Section 7680

Date of Inspection: 03/18/2019

This Permit Expires: 03/18/2024

This is to certify that the above described tank has been inspected, or caused to be inspected, by the Division of Occupational Safety & Health and may be operated at a pressure not to exceed 200 pounds per square inch.

Inspected By: **RAFAEL GULKAROV**

Employed By: **Hartford Steam Boiler Insurance**

INTEGRATED FIRE & SAFETY

1229 North Ventura Avenue
Ventura, CA 93001
(805) 648-5906 fax (805) 648-5905

CONT. LIC. #C10-C16-502754

FIRE ALARM SYSTEM TESTING FAILURES AND COMMENTS

DATE: 7/22/2021 TECHNICIANS: MARTIN Sabanero / BRAUN SOCKWELL

THE FOLLOWING IS A LIST OF DISCREPANCIES FOUND DURING TESTING AT: Sports Center @ Oxnard College.

WORK ORDER NUMBER: 43756 REPAIR WORK ORDER NUMBER: _____

DEVICE NUMBER	DEVICE TYPE	LOCATION	REASON FOR FAILURE	MFG & PART NUMBER	DATE REPAIRED	DATE REQUESTED
			<u>NO failures found</u>			

COMMENTS:

[Signature] SIGNATURE OF TESTING TECHNICIAN [Signature] CUSTOMER SIGNATURE

7/22/2021 SIGNATURE OF TESTING TECHNICIAN CUSTOMER SIGNATURE

SERVICE-PRO FIRE PROTECTION, INC.

1730 Westar Drive, Oxnard CA 93033

Tel: 805.487.1477 Fax: 805.487.2975

accounting@serviceprofire.com

Invoice

Date	Invoice #
9/2/2021	S-20329

Bill To:

**Ventura County Community College
District
Attn: Accounts Payable
761 E. Daily Drive, Suite 200
Camarillo, CA 93010**

Ship To:

**Oxnard College
4000 S. Rose Ave
Oxnard, CA 93033**

P.O. No.	Work Order	Terms	Project	Due Date
PO125801	45968256	Net 30	Fire Pump	10/2/2021
Description				Amount
Monthly Fire Pump Test & Inspection for August 30, 2021 per Proposal #S21-067				95.00
Sales Tax, Oxnard				0.00
Credit Card Accepted-Visa-Mastercard and American Express				
<small>All accounts are due and payable per the invoiced terms. All past due amounts are subject to a service charge of 1.5% per month (18% annual rate) of the outstanding balance, whichever is greater.</small>				
REMIT TO:			Service Pro Fire Protection, Inc P.O. Box 20144 Oxnard, CA 93034	Invoice Total \$95.00

INTEGRATED FIRE & SAFETY

1229 North Ventura Avenue
 Ventura, CA 93001
 (805) 648-5906 fax (805) 648-5905

CONT. LIC. #C10-C16-502754

FIRE ALARM SYSTEM TESTING FAILURES AND COMMENTS

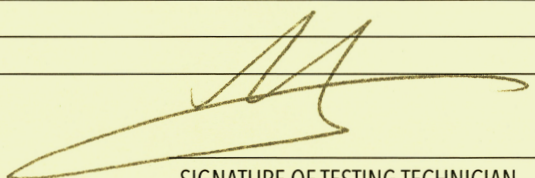
DATE: 7/25/2021 TECHNICIANS: Martin Salsano / Troy Olivetti

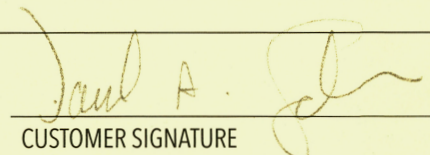
THE FOLLOWING IS A LIST OF DISCREPANCIES FOUND DURING TESTING AT: LRC @ Oxnard college

WORK ORDER NUMBER: 43762A REPAIR WORK ORDER NUMBER: _____

DEVICE NUMBER	DEVICE TYPE	LOCATION	REASON FOR FAILURE	MFG & PART NUMBER	DATE REPAIRED	DATE REQUESTED
	<u>monitoring</u>	<u>FRCP</u>	<u>Phone Lines not working NO COMMS to central ST</u>			

COMMENTS: Corrected (4) Horn/strobes NOT temporary 4-3 (constant) re-tested ok


 SIGNATURE OF TESTING TECHNICIAN


 CUSTOMER SIGNATURE

SIGNATURE OF TESTING TECHNICIAN

CUSTOMER SIGNATURE

Fume Hood Certification Report

Cert.: AE215269553	Facility: Ventura County Community College District	ID: -2	Cust ID: Hood 1
SO: LA-VCD20401G-1	Addr: 4000 S. Rose Ave.	Make: Kewaunee	
Contact: Tyler Haven	Oxnard, CA 93033	Model: NA	
Phone: (626) 716-0297	Bld: Chemistry	SN: Hood 1	
Email: thaven@vcccd.edu	Rm: LA-1	Class: NA	Type: Fume Hood

Test Standard(s): CAL OSHA TITLE 8

Results

Inspected	Min	Max	Measured	Results
Inflow Velocity (FPM)	100	NA	90	Fail
Minimum Point Reading (FPM)	70	NA	88	Pass
Airflow Smoke Pattern	NA	NA	Pass	Pass
Duct Pressure (Pa)	NA	NA	NA	FIO
Airflow Monitor Calibration	NA	NA	Calibrated	

Comments: Failed for low inflow

***** Unit Failed *****

The following NIST-Traceable equipment were used to perform this test:

Equipment ID	Manufacturer	Model	Serial No.	Cal. Due Date
005418	TSI	9535	T95351908003	10/19/2021

Velocity (FPM)

WF Dimensions: Width: 64" Height: 12"

Average Velocity (FPM): 90

Area (ft²): 5.33

Volume (CFM): 480

Readings:

89	92	91	89	88	91
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Alfonso Espinoza 05/26/2021 12:30 PM
 Field Service Technician

I certify that this record is a true and accurate representation of work performed.

Fume Hood Certification Report

Cert.: AE215269553	Facility: Ventura County Community College District	ID: -2	Cust ID: Hood 1
SO: LA-VCD20401G-1	Addr: 4000 S. Rose Ave.	Make: Kewaunee	
Contact: Tyler Haven	Oxnard, CA 93033	Model: NA	
Phone: (626) 716-0297	Bld: Chemistry	SN: Hood 1	
Email: thaven@vcccd.edu	Rm: LA-1	Class: NA	Type: Fume Hood

Airflow Monitor Calibration

Make: kewaunee

Model: 300

Serial No:

As Found Data	Test Points		<input type="checkbox"/> Display Test Data (FPM)				Alarm Calibration Calibrated	
	Sash Height/Velocity		Alarm Activates	Standard	UUT	Tol(+/-)		In Tolerance
	12	90	No	NA	NA	NA		NA
	24	80	Yes	NA	NA	NA		NA
	NA	NA	NA	NA	NA	NA		
As Left Data	Test Points		Display Test Data (FPM)					
	Sash Height/Velocity		Alarm Activates	Standard	UUT	Tol(+/-)	In Tolerance	
	12	90	No	NA	NA	NA	NA	
	24	80	Yes	NA	NA	NA	NA	
	NA	NA	NA	NA	NA	NA		



Alfonso Espinoza