

Task # _____
 SR# _____

Quarterly Annual 3-year 5-Year

Date **8/18/2020**

REPORT OF SPRINKLER INSPECTION FOR		8 / 2020
CUSTOMER	State of New Jersey- Taxation building	
BUILDING / LOCATION	Taxation building	
STREET	50 Barracks St.	
CITY / ST/PROV / ZIP/PC	Trenton N.J. 08065	
ATTN:	Mike Ward	
PHONE #	609-203-5626	
INSPECTOR NAME	John Wengert	
SIMPLEXGRINNELL OFFICE	544	
	283 Gibraltar Road	
	Horsham PA 19044	
PHONE #	215-347-6500	
LICENSE #	On-File	

1. GENERAL (To be answered by Customer.)

- a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?
- b. Have there been any changes or repairs to the fire protection systems since the last inspection?
- c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?

If answered "yes" to a, b or c, list changes in Section 13.

- d. Has the piping in all dry systems been checked for proper pitch within the past five years?
 Date last checked: _____ (check recommended at least every 5 years)

- e. Has the piping in all systems been checked for obstructive materials?
 Date last checked: **2015** (check required at least every 5 years)

- f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months? Date: 10/2019

- g. Are gravity, surface or pressure tanks protected from freezing?

- h. Are sprinklers newer than 50 years old? QR (20 yr) Dry (10 yr) >325F/163C (5 yr) Corrosive env't. (5 yr)
 (Testing or replacement required for sprinklers past these age limits.)

- i. Are extra high temperature solder sprinklers free from regular exposure to temperatures near 300F/149C?

- j. Have gauges been tested, calibrated or replaced in the last 5 years? Date **7/2015**

- k. Alarm valves and associated trim been internally inspected past 5 years? Date **7/2015**

- l. Check valves internally inspected in the last 5 years? Date **7/2015**

- m. Has the private fire main been flow tested in last 5 years? Date **n/a**

- n. Standpipe 5 and 3 year requirements.
 1. Dry standpipe hydrostatic test Date **n/a**

- 2. Flow test Date **7/2015**

- 3. Hose hydrostatic test (5 years from new, every 3 years after) Date **n/a**

- 4. Pressure reducing/control valve test Date **n/a**

- o. Have pressure reducing/control valves been tested at full flow within the past 5 years? Date **n/a**

- p. Have master pressure reducing/control valves been tested at full flow within the past 1 year?

- q. Have the sprinkler systems been extended to all areas of the building?

- r. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?

- s. Are all exterior openings protected against the entrance of cold air?

YES	N/A	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
- b. Are all control valves sealed or supervised in the appropriate position?

YES	N/A	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? IF YES, HOW?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OSY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supv'd/lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TANK			<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"/>
PUMP	3	OSY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supv'd/lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECTIONAL	17	BTF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supv'd/lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SYSTEM	4	OSY/BTF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supv'd/lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALARM LINE	3	ball	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	seal	<input type="checkbox"/>	<input type="checkbox"/>

Location of Control Valves:

North Stair	2nd floor mechanical room preaction
South Stair	1st floor ITV in store room by loading dock
pump room	
basement / garage area ITV in NE corner by switch gear	
garage 2 sectional valves for high voltage areas	(If additional space is needed use supplement 2)

3. WATER SUPPLIES

a. Water supply sources? City:

Gravity Tank:

Pressure Fire Pump & Tank

Pressure Fire Pump & City

Water Flow Test Results Made During This Inspection

Pressure Fire Pump & Pond

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Time to return to Normal	Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Time to return to Normal
main drain	2	150	135	pump					
					Supplement 4	for	additional	space if	needed

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?
- b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
- c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date: _____
- d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?
- e. Are fire dept. connections visible and accessible?

YES	N/A	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 6" starightaway w/ wfd

b. Are cold weather valves in the appropriate open or closed position?

If closed, has piping been drained?

c. Has the Customer been advised that cold weather valves are not recommended?

d. Have all the antifreeze systems been tested in the past year? Date: _____

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

YES	N/A	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6. DRY SYSTEMS

		YES	N/A	NO
a. No. of systems:	<u>1</u>			
Date last trip tested: <u>10/2019</u>				
Make & Model: <u>3" Reliable w/pressure switch</u>				
Date last trip tested: <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Full				
b. Are the air pressure(s) and priming water level(s) normal?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the air compressor(s) operate satisfactorily?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Air compressor(s) oil checked? <input type="checkbox"/>	Belt(s)? <input type="checkbox"/>		<input checked="" type="checkbox"/>	
e. Were Low Point drains drained during this inspection?	No. of Drains: <u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locations 1) <u>loading dock</u>	2) <u>parking ramp</u>			
3) _____	4) <u>(If add'l space is needed use supplement 3)</u>			
f. Did all quick opening devices operate satisfactorily?	Make & Model: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Did all the dry valves operate satisfactorily during this inspection?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is the dry valve house heated?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do the dry valves appear to be protected from freezing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. SPECIAL SYSTEMS

		YES	N/A	NO
a. No. of systems:	<u>2</u>			
Type: <u>single interlock</u>				
Make & Model: <u>2- 2.5 " Reliable Model A</u>				
b. Were valves tested as required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did all heat responsive systems operate satisfactorily?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Did the supervisory features operate during testing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Auxiliary equipment: No. _____	Type: _____			
Location _____				
Test results _____				

8. ALARMS

		YES	N/A	NO
a. Did the water motor(s) and gong(s) operate during testing?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Did the electric alarm(s) operate during testing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the supervisory alarm(s) operate during testing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. SPRINKLERS - PIPING

		YES	N/A	NO
a. Do sprinklers generally appear to be in good external condition?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are extra sprinklers and sprinkler wrench available on the premises?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(#, size, finish, temp, brand, of spare heads) <u>1/2" pendant and upright 155 . 165 deg.</u>				
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES.* (Sections 1d thru 9):

Trim piping on dry system needs to be flushed. Air gauge 3 way valve piping is clogged on system. Trip times on dry system cannot be recorded until trim piping is repaired. 1e. Per NFPA 25, Chapter 13.2.1, an obstruction investigation "...shall be conducted every 5 years..." This is now due for 1 wet, 1 dry, 1 pre-action system. 1j. Gauges are required to be replaced or calibrated every 5 years per NFPA 25, 5.3.2. 2 pump, 8 air, 25 water gauges are due for replacement. 1k. Alarm valves are now due for internal inspections per NFPA 25, Chapter 12.4.1.2 1l. Check valves are now due for internal inspections per NFPA 25, Chapter 12.4.2.1 1n. 5 yr / 3 yr testing of standpipes is due to be done per NFPA 25, 6.3.1.1 (wet standpipes).

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES: Backflow feeding system is positioned above high voltage. This should be repositioned to allow safe, and proper testing.

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTORS NOTES

Double interlock preaction on second floor mech rm system. Single interlock on penthouse level. Waterflows report on preaction to main facp. Release circuit does not come in as an alarm. Low air reports to preaction release panels only. Supervisories report to main facp. To reset panel code 123456 at main gamewell panel. Go into history, and clear history. Also, disable fan controll soft keys. SimplexGrinnell Recommends that Low Points be drained weekly during cold weather to prevent freezing and breaking of pipes. This weekly service is not part of your service agreement, but can be added for an additional fee.

15. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

Table with 2 columns: YES, NO. YES cell contains a checkmark, NO cell is empty.

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT. This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: 8/18/2020 PRINT NAME _____

SIMPLEXGRINNELL INSPECTOR SIGNATURE _____

DUPLICATE TO: STREET: CITY, STATE AND ZIP: ATTN: E-MAIL (FOR ELEC.):

Form with checkboxes for HARD COPY and ELECTRONIC COPY, and fields for Internal Use Only, Date Sent, and Initials.

TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations of Remedy.** It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. **General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebidding in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.