

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 10/18/2018 2pm Inspection/Test Completion Date/Time: 10/18/2018 3pm

Supplemental Form(s) Attached: yes (yes/no)

1. PROPERTY INFORMATION

Name of property: 162 Eastern Promenade LLC

Address: 162 Eastern Promenade Portland, Maine

Description of property: Condos

Name of property representative: Crandall Toothaker

Address: _____

Phone: _____ Fax: _____ E-mail: crandalltoothaker@gmail.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Seacoast Security

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Monitoring organization: Seacoast Security - West Rockport, ME 04865

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Account number: 4R-4978 Phone line 1: N/A Phone line 2: N/A

Means of transmission: AES Radio 7788F ULP

Entity to which alarms are retransmitted: Seacoast Security Phone: 207-236-4876

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Box

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Firelite Model number: ES-50X

4.2 Software and Firmware

Firmware revision number: 1.00.029

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 123.6V Amps: _____ Location: In FACP

Overcurrent protection type: Breaker Amps: 15 Disconnecting means location: Mechanical Room
Breaker 10

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: In FACP

Battery type (if applicable): 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

Monitoring organization	Contact: <u>Brian</u>	Time: <u>2 pm</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>yes</u>	Time: <u>2 pm</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
AES Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC - 18.7V Charge - 13.5V

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	New 10/2018
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.7V
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AES Radio - New 10/2018

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Brian</u>	Time: <u>3 pm</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>yes</u>	Time: <u>3 pm</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 10/18/2018 Time: 3 pm

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____ Printed name: Brian Green Date: 10/18/2018
Organization: Seacoast Security Title: Alarm Technician Phone: 800-654-8800
Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____