

Home Office  
170 Kittyhawk Ave  
P.O. Box 1390  
Auburn, ME 04210-1390  
207-784-1507



# EASTERN FIRE

Fire Protection Contractors and Engineers  
www.easternfiregroup.com

Satellite Office  
408 Harlow St.  
Bangor, ME 04401  
207-942-8014

## FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

TEST AND INSPECT JOB#	CENTRAL STATION ACCOUNT#
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Date(s) of this inspection or test:

Time of inspection or test:

### 1. PROPERTY INFORMATION

Name of property: *BOBS CIAM HUT*  
Address: *111 Cumberland Ave Portland, ME*  
Description of property: *CIAM HUT*  
Occupancy type: *Commercial*  
Name of property representative: *LEE METZ*  
Address:  
Phone: Fax: E-mail:  
Authority having jurisdiction over this property: *Portland Fire Dept.*  
Phone: *(207) 712-9776* Fax: E-mail:

### 2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: *Eastern Fire*  
Address: *170 Kittyhawk Ave. Auburn ME 04210*  
Phone: *207-784-1507* Fax: E-mail:  
Service technician or tester:  
Qualifications of technician or tester:  
A contract for test and inspection in accordance with NFPA standards is in effect as of:  
The contract expires: Contract number: Frequency of tests and inspections:  
Monitoring organization for this equipment: *Central Alarm*  
Address: *994 Candia Rd New Hampshire*  
Phone: *(603) 639-2066* Fax: E-mail:  
Entity to which alarms are retransmitted: Phone:

### 3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: *SIEMENS*

Model number: *901*

Location of control unit: *KITCHEN AREA*

3. TYPE OF SYSTEM OR SERVICE (continued)

3.2 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location: *Document Box Below FACP*

3.3 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: *120 VAC* Control panel amps:

Location of primary power: *House Panel, CKT # 2*

4.1.2 Batteries

Location: *in Control L* Type: *Sealed* Nominal voltage: *2-12 VDC* Amp/hour rating: *12 AH*

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of *Installation* manufacture.

5. DIGITAL ALARM COMMUNICATOR PANEL

A digital alarm communicator test results sheet is attached listing all control units tested and the results of the testing.

6. ANNUNCIATORS

This system does not have annunciators.

6.1 Location and Description of Annunciators

Annunciator 1:

Annunciator 2:

Annunciator 3:

7. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: *Centralarm* Time:

Building management Contact: *Mgmt.* Time:

Building occupants Contact: *Occupants* Time:

Authority having jurisdiction Contact: *Portland Fire Dept.* Time:

Other, if required Contact: Time:

8.

**TESTING RESULTS**

8.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit - FACP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches/buttons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.3 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Chemical Kitchen suppression system
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8. TESTING RESULTS (continued)**

**8.4 Special Hazard Systems**

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**8.5 Monitored Systems**

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.6 Auxiliary Functions**

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.7 Alarm Initiating Device**

A device test results sheet is attached listing all devices tested and the results of the testing.

**8.8 Supervisory Alarm Initiating Device**

A device test results sheet is attached listing all devices tested and the results of the testing.

**8.9 Alarm Notification Appliances**

An appliance test results sheet is attached listing all appliances tested and the results of the testing.

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8. TESTING RESULTS (continued)

8.10 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

9. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization Contact: *Centralarm* Time:  
 Building management Contact: *Mgmt.* Time:  
 Building occupants Contact: *Occupants* Time:  
 Authority having jurisdiction Contact: *Portland Fire Dept.* Time:  
 Other, if required Contact: Time:

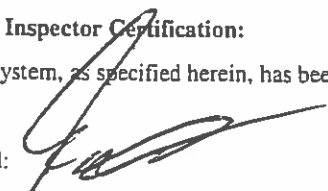
10. SYSTEM RESTORED TO NORMAL OPERATION

Date: *06/21/2018* Time: *0830*

11. CERTIFICATION

11.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:  Printed name: *Dean Ellis* Date: *06/21/2018*  
 Organization: EFSI Title: System Technician Phone: 207-795-6314

11.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: *X* Printed name: Date:  
 Organization: Title: Phone:

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## FIRE ALARM SYSTEM INITIATING DEVICE LIST

TEST AND INSPECT JOB#			CENTRAL STATION ACCOUNT#				
Device Type	Model Number	Address /Zone	Location/Description	Visual	Functional	Test Method	Test Results
Manual Pull	HTRJ-M		Main Entrance	✓	✓		P
Manual Pull	HTRJ-M		Side Employee Entrance	✓	✓		P
Manual Pull	HTRJ-M		Basement Door	✓	✓		P
Photo/Heat	OH-921		@ Panel	✓	✓		P
Photo/Heat	OH-921		Kitchen	✓	✓		P
Photo/Heat	OH-921		Dining	✓	✓		P
Photo/Heat	OH-921		Basement	✓	✓		P
Monitor	HTRJ-M		Noval Suppression System	✓	✓		P

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**FIRE ALARM SYSTEM NOTIFICATION APPLIANCE/LIFE SAFETY DEVICE LIST**

TEST AND INSPECT JOB#		CENTRAL STATION ACCOUNT#					
Device Type	Model Number	Circuit/ Address	Location/Description	Visual	Functional	Device Setting Audible/Visual	Test Results
Horn / Strobe	AS-7S-R-WP	1	Dining	✓	✓		P
Horn / Strobe	AS-7S-R-WP	1	Bank Room	✓	✓		P
Horn / Strobe	AS-7S-R-WP	1	Basement	✓	✓		P
Old Horn / Strobe	WPB3S-R	2	@ Entrance to Basement	✓	✓		P

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**FIRE ALARM SYSTEM EQUIPMENT LIST**

TEST AND INSPECT JOB#			CENTRAL STATION ACCOUNT#	
Manufacturer	Part Type	Model Number	Quantity	Comments
Siemas	Panel	FCM901-03	1	
Siemens	Power Supply	FP2011-01	1	
Siemens	Detector Base	DB-11	4	
Power Sens	Batts	12120	2	
Space Age	Breaker Lock	E10KFA	1	
Space Age	Doc. Bar	SS000572	1	



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**FIRE ALARM SYSTEM INSPECTION COMMENTS/IMPAIRMENTS/DEFICIENCIES**

**DEFINITIONS:**

**DEFICIENCY - A CONDITION THAT INTERFERES WITH THE SERVICE OR RELIABILITY FOR WHICH THE PART, SYSTEM OR EQUIPMENT WAS INTENDED**

**IMPAIRMENT - AN ABNORMAL CONDITION WHERE A SYSTEM, COMPONENT OR FUNCTION IS OUT OF ORDER AND THE CONDITION CAN RESULT IN THE SYSTEM OR UNIT NOT FUNCTIONING WHEN REQUIRED.**

TEST AND INSPECT JOB#	CENTRAL STATION ACCOUNT#
1.	
2.	
3.	
4.	

**OTHER SYSTEM VENDORS**

Vendor	Company Information
Elevator Company:	N/A
Sprinkler Company:	N/A
Suppression Company:	Firesafe Equipment Inc. 154 1st Flight Dr. Auburn, ME