

SYSTEM RECORD OF INSPECTION AND TESTING



Inspection/Test Start Date/Time: 04/09/2019 - 8:30 Inspection/Test Completion Date/Time: 04/09/2019 - 15:30

Supplemental Form(s) Attached: Yes No

1. PROPERTY INFORMATION

Name of property: I 95 Portland Portfolio 1 LLC 229 Congress & 3-9 Montgomery St.
Address: 229 Congress & 3-9 Montgomery St., Portland, ME 04102
Description of property: 4 Story Multi Unit Apartment Building
Name of property representative: Alex Jones
Address: _____
Phone: 207-835-0360 Fax: _____ E-mail: _____

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
Address: 290 West Street, PO Box A - West Rockport, ME 04865
Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____
Account number: 4\$-5704/ 27158-2 Phone line 1: _____ Phone line 2: _____
Means of transmission: DACT via AES Radio
Entity to which alarms are retransmitted: Portland Dispatch Phone: 207-874-8574

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software:

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Honeywell Model number: Ademco Vista -128 FBPT

4.2 Software Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 VAC Amps: 20 Location: Located in Basement
Overcurrent protection type: Molded Breaker Amps: 20 Disconnecting means location:

Breaker No. 14 in Electrical Panel - House in Basement

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

In Fire Alarm Control Panel

Type: Battery Pack Location: _____

Battery type (if applicable): Sealed Lead Acid 12v x 7ah

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: Seacoast Security Time: 8:30

Building management Contact: Alex Jones Time: 8:30

Building occupants Contact: Alex Jones Time: 8:30

Authority having jurisdiction Contact: Portland Dispatch Time: 8:30

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"/>	In Basement Rear
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	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In Basement by FACP SLA12V/7AHx2 replaced 4-19
AES Fire Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In Basement by FACP SLA12V/7AHx1 replaced 4-19

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SLA12V/7AHx2 replaced 3-18
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SLA12V/7AHx2 replaced 4-19

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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"/>	15:30	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:30	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:30	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:30	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:30	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15:30	

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>Seacoast Security</u>	Time: <u>15:30</u>
Building management	Contact: <u>Alex Jones</u>	Time: <u>15:30</u>
Building occupants	Contact: <u>Alex Jones</u>	Time: <u>15:30</u>
Authority having jurisdiction	Contact: <u>Portland Dispatch</u>	Time: <u>15:30</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 04/09/2019 Time: 15:30

9. CERTIFICATION

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

Signed: *James W Miller* Printed name: James W. Miller Date: 04/09/2019

Organization: Seacoast Security Title: Alarm Technician Phone: 800-654-8800

Qualifications (refer to 10.5.3): Maine License LM 50017328

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

Inspection completed with deficiencies noted below

Heat Detector sensor bent/ damaged in Unit 7-2 Living Room , 7-4 Kitchen , 7-4 Bedroom , 9-3 Kitchen , 9-3 Bedroom
Smoke Detectors contaminated/ failed test in
3rd Floor Rear Stairway 3, 1st Floor Front Stairway 5, 1st Floor Front Stairway 7, 3rd Floor Front Stairway 7

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: Alex Jones Printed name: Alex Jones Date: 04/09/2019

Organization: _____ Title: Property Manager Phone: 207-835-0360



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING



Inspection/Test Start Date/Time: 04/09/2019 - 8:30 Inspection/Test Completion Date/Time: 04/09/2019 - 16:00

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: I 95 Portland Portfolio 1 LLC 229 Congress & 3-9 Montgomery St.

Address: 229 Congress & 3-9 Montgomery St., Portland, Me

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Heat Detector	9-1	Basement 7/9	OK/
Heat Detector	9-2	Basement 7/9	OK/
Heat Detector	10-1	Basement 5	OK/
Heat Detector	10-2	Basement 5	OK/
Heat Detector	11-1	Basement 1/3	OK/
Heat Detector	11-2	Basement 1/3	OK/
Pull Station	12	1st Floor Right Hand Store Front Door	OK/
Pull Station	91	1st Floor Left Hand Store Rear Door	OK/
Pull Station	13	1st Floor Left Hand Store Front Door	OK/
Pull Station	14	1st Floor Front Stairway 3	OK/
Smoke Detector	15	1st Floor Front Stairway 3	OK/
Pull Station	16	2nd Floor Front Stairway 3	OK/
Pull Station	17	3rd Floor Front Stairway 3	OK/
Pull Station	18	4th Floor Front Stairway 3	OK/
Smoke Detector	19	4th Floor Front Stairway 3 Top of Stairway	OK/
Pull Station	22	1st Floor Rear Stairway 3	OK/
Smoke Detector	23	1st Floor Rear Stairway 3	OK/
Pull Station	24	2nd Floor Rear Stairway 3	OK/

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**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Smoke Detector	25	2nd Floor Rear Stairway 3	OK/
Pull Station	26	3rd Floor Rear Stairway 3	OK/
Smoke Detector	27	3rd Floor Rear Stairway 3	Failed
Pull Station	28	4th Floor Rear Stairway 3	OK/
Smoke Detector	29	4th Floor Rear Stairway 3	OK/
Pull Station	30	1st Floor Front Stairway 5	OK/
Smoke Detector	31	1st Floor Front Stairway 5	Failed
Pull Station	32	2nd Floor Front Stairway 5	OK/
Smoke Detector	33	2nd Floor Front Stairway 5	OK/
Pull Station	34	3rd Floor Front Stairway 5	OK/
Smoke Detector	35	3rd Floor Front Stairway 5	OK/
Pull Station	36	4th Floor Front Stairway 5	OK/
Smoke Detector	37	4th Floor Front Stairway 5	OK/
Pull Station	38	1st Floor Rear Stairway 5	OK/
Smoke Detector	39	1st Floor Rear Stairway 5	OK/
Pull Station	40	2nd Floor Rear Stairway 5	OK/
Smoke Detector	41	2nd Floor Rear Stairway 5	OK/
Pull Station	42	3rd Floor Rear Stairway 5	OK/
Smoke Detector	43	3rd Floor Rear Stairway 5	OK/
Pull Station	44	4th Floor Rear Stairway 5	OK/
Smoke Detector	45	4th Floor Rear Stairway 5	OK/
Heat Detector	46	1st Floor Front Laundry Room	OK/
Pull Station	47	1st Floor Front Stairway 7	OK/
Smoke Detector	48	1st Floor Front Stairway 7	Failed
Pull Station	49	2nd Floor Front Stairway 7	OK/
Smoke Detector	50	2nd Floor Front Stairway 7	OK/
Pull Station	51	3rd Floor Front Stairway 7	OK/

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Smoke Detector	52	3rd Floor Front Stairway 7	Failed
Pull Station	53	4th Floor Front Stairway 7	OK/
Smoke Detector	54	4th Floor Front Stairway 7	OK/
Pull Station	55	1st Floor Rear Stairway 7/9	OK/
Smoke Detector	56	1st Floor Rear Stairway 7/9	OK/
Pull Station	57	2nd Floor Rear Stairway 7/9	OK/
Smoke Detector	58	2nd Floor Rear Stairway 7/9	OK/
Pull Station	59	3rd Floor Rear Stairway 7/9	OK/
Smoke Detector	60	3rd Floor Rear Stairway 7/9	OK/
Pull Station	61	4th Floor Rear Stairway 7/9	OK/
Smoke Detector	62	4th Floor Rear Stairway 7/9	OK/
Pull Station	63	1st Floor Front Stairway 9	OK/
Smoke Detector	64	1st Floor Front Stairway 9	OK/
Pull Station	65	2nd Floor Front Stairway 9	OK/
Smoke Detector	66	2nd Floor Front Stairway 9	OK/
Pull Station	67	3rd Floor Front Stairway 9	OK/
Smoke Detector	68	3rd Floor Front Stairway 9	OK/
Pull Station	69	4th Floor Front Stairway 9	OK/
Smoke Detector	70	4th Floor Front Stairway 9	OK/
Heat Detector	71-1	Unit 1-2 Kitchen	OK/
Heat Detector	71-2	Unit 1-2 Living Room	OK/
Heat Detector	71-3	Unit 1-2 Bedroom	OK/
Heat Detector	71-4	Unit 1-2 Bedroom	OK/
Heat Detector	72-1	Unit 1-3 Kitchen	OK/
Heat Detector	72-2	Unit 1-3 Living Room	OK/
Heat Detector	72-3	Unit 1-3 Bedroom	OK/
Heat Detector	72-4	Unit 1-3 Bedroom	OK/

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Heat Detector	73- 1	Unit 1-4 Kitchen	OK/
Heat Detector	73- 2	Unit 1-4 Living Room	OK/
Heat Detector	73- 3	Unit 1-4 Bedroom	OK/
Heat Detector	73- 4	Unit 1-4 Bedroom	OK/
Heat Detector	74- 1	Unit 3-2 Kitchen	OK/
Heat Detector	74- 2	Unit 3-2 Living Room	OK/
Heat Detector	74- 3	Unit 3-2 Bedroom	OK/
Heat Detector	74- 4	Unit 3-2 Bedroom	OK/
Heat Detector	75- 1	Unit 3-3 Kitchen	OK/
Heat Detector	75- 2	Unit 3-3 Living Room	OK/
Heat Detector	75- 3	Unit 3-3 Bedroom	OK/
Heat Detector	75- 4	Unit 3-3 Bedroom	OK/
Heat Detector	75- 5	Unit 3-3 Bedroom	OK/
Heat Detector	76- 1	Unit 3-4 Kitchen	OK/
Heat Detector	76- 2	Unit 3-4 Living Room	OK/
Heat Detector	76- 3	Unit 3-4 Bedroom	OK/
Heat Detector	76- 4	Unit 3-4 Bedroom	OK/
Heat Detector	77 -1	Unit 5-1 F Kitchen	OK/
Heat Detector	77 -2	Unit 5-1 F Living Room	OK/
Heat Detector	77 -3	Unit 5-1 F Bedroom	OK/
Heat Detector	78- 1	Unit 5- 1 R Kitchen	OK/
Heat Detector	78- 2	Unit 5- 1 R Living Room	OK/
Heat Detector	78- 3	Unit 5- 1 R Bedroom	OK/
Heat Detector	79- 1	Unit 5- 2 Kitchen	OK/
Heat Detector	79- 2	Unit 5- 2 Living Room	OK/
Heat Detector	79- 3	Unit 5- 2 Bedroom	OK/
Heat Detector	79- 4	Unit 5- 2 Bedroom	OK/

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Heat Detector	79- 5	Unit 5- 2 Bedroom	OK/
Heat Detector	80- 1	Unit 5-3 Kitchen	OK/
Heat Detector	80- 2	Unit 5-3 Living Room	OK/
Heat Detector	80- 3	Unit 5-3 Bedroom	OK/
Heat Detector	80- 4	Unit 5-3 Bedroom	OK/
Heat Detector	80- 5	Unit 5-3 Bedroom	OK/
Heat Detector	81- 1	Unit 5-4 Kitchen	OK/
Heat Detector	81- 2	Unit 5-4 Living Room	OK/
Heat Detector	81- 3	Unit 5-4 Bedroom	OK/
Heat Detector	81- 4	Unit 5-4 Bedroom	OK/
Heat Detector	81- 5	Unit 5-4 Bedroom	OK/
Heat Detector	82- 1	Unit 7- 1 Kitchen	OK/
Heat Detector	82- 2	Unit 7- 1 Living Room	OK/
Heat Detector	82- 3	Unit 7- 1 Bedroom	OK/
Heat Detector	82- 4	Unit 7- 1 Bedroom	OK/
Heat Detector	83- 5	Unit 7- 2 Kitchen	OK/
Heat Detector	83- 1	Unit 7- 2 Living Room	Failed
Heat Detector	83- 2	Unit 7- 2 Bedroom	OK/
Heat Detector	83- 3	Unit 7- 2 Bedroom	OK/
Heat Detector	83- 4	Unit 7- 2 Bedroom	OK/
Heat Detector	83- 5	Unit 7- 2 Bedroom	OK/
Heat Detector	84- 1	Unit 7- 3 Kitchen	OK/
Heat Detector	84- 2	Unit 7- 3 Living Room	OK/
Heat Detector	84- 3	Unit 7- 3 Bedroom	OK/
Heat Detector	84- 4	Unit 7- 3 Bedroom	OK/
Heat Detector	84- 5	Unit 7- 3 Bedroom	OK/

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Heat Detector	85-1	Unit 7-4 Kitchen	Failed
Heat Detector	85-2	Unit 7-4 Living Room	OK/
Heat Detector	85-3	Unit 7-4 Bedroom 1	Failed
Heat Detector	85-4	Unit 7-4 Bedroom 2	OK/
Heat Detector	85-5	Unit 7-4 Bedroom 3	OK/
Heat Detector	86-1	Unit 9-1 Kitchen	OK/
Heat Detector	86-2	Unit 9-1 Living Room	OK/
Heat Detector	86-3	Unit 9-1 Bedroom 1	OK/
Heat Detector	86-4	Unit 9-1 Bedroom 2	OK/
Heat Detector	86-5	Unit 9-1 Bedroom 3	OK/
Heat Detector	87-1	Unit 9-2 Kitchen	OK/
Heat Detector	87-2	Unit 9-2 Living Room	OK/
Heat Detector	87-3	Unit 9-2 Bedroom 1	OK/
Heat Detector	87-4	Unit 9-2 Bedroom 2	OK/
Heat Detector	87-5	Unit 9-2 Bedroom 3	OK/
Heat Detector	88-1	Unit 9-3 Kitchen	Failed
Heat Detector	88-2	Unit 9-3 Living Room	OK/
Heat Detector	88-3	4th Floor Front Stairway 9	OK/
Heat Detector	88-4	Unit 9-3 Bedroom 2	Failed
Heat Detector	88-5	Unit 9-3 Bedroom 3	OK/
Heat Detector	89-1	Unit 9-4 Kitchen	OK/
Heat Detector	89-2	Unit 9-4 Living Room	OK/
Heat Detector	89-3	Unit 9-4 Bedroom 1	OK/
Heat Detector	89-4	Unit 9-4 Bedroom 2	OK/
Heat Detector	89-5	Unit 9-4 Bedroom 3	OK/

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING



Inspection/Test Start Date/Time: 4/9/2019 Inspection/Test Completion Date/Time: 4/9/2019

Number of Supplemental Pages Attached: 3

1. PROPERTY INFORMATION

Name of property: I 95 Portland Portfolio 1 LLC 229 Congress & 3-9 Montgomery St.

Address: 229 Congress & 3-9 Montgomery St., Portland, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	1st Floor by Unit 5	Ok
Horn	1st Floor Bedroom Unit 5-1F	Ok
Horn	1st Floor Bedroom Unit 5-1R	Ok
Horn Strobe	2nd Floor by Unit 5-2	Ok
Horn	2nd Floor Bedroom Unit 5-2	Ok
Horn	2nd Floor Bedroom Unit 5-2	Ok
Horn	2nd Floor Bedroom Unit 5-2	Ok
Horn Strobe	3rd Floor by Unit 5-3	Ok
Horn	3rd Floor Bedroom Unit 5-3	Ok
Horn	3rd Floor Bedroom Unit 5-3	Ok
Horn	3rd Floor Bedroom Unit 5-3	Ok
Horn Strobe	4th Floor by Unit 5-4	Ok
Horn	4th Floor Bedroom Unit 5-4	Ok
Horn	4th Floor Bedroom Unit 5-4	Ok
Horn	4th Floor Bedroom Unit 5-4	Ok
Horn Strobe	4th Floor Rear Building 5	Ok
Horn Strobe	3rd Floor Rear Building 5	Ok
Horn Strobe	2nd Floor Rear Building 5	Ok
Horn Strobe	1st Floor Rear Building 5	Ok
Horn Strobe	1st Floor by Unit 7-1	Ok



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. NOTIFICATION APPLIANCE TEST RESULTS (continued)

Appliance Type	Location/Identifier	Test Results
Horn	1st Floor Bedroom Unit 7-1	Ok
Horn	1st Floor Bedroom Unit 7-1	Ok
Horn	1st Floor Bedroom Unit 7-1	Ok
Horn Strobe	2nd Floor by Unit 7-2	Ok
Horn	2nd Floor Bedroom Unit 7-2	Ok
Horn	2nd Floor Bedroom Unit 7-2	Ok
Horn	2nd Floor Bedroom Unit 7-2	Ok
Horn Strobe	3rd Floor by Unit 7-3	Ok
Horn	3rd Floor Bedroom Unit 7-3	Ok
Horn	3rd Floor Bedroom Unit 7-3	Ok
Horn	3rd Floor Bedroom Unit 7-3	Ok
Horn Strobe	4th Floor by Unit 7-4	Ok
Horn	4th Floor Bedroom Unit 7-4	Ok
Horn	4th Floor Bedroom Unit 7-4	Ok
Horn	4th Floor Bedroom Unit 7-4	Ok
Horn Strobe	4th Floor Rear Building 7	Ok
Horn Strobe	3rd Floor Rear Building 7	Ok
Horn Strobe	2nd Floor Rear Building 7	Ok
Horn Strobe	1st Floor Rear Building 7	Ok
Horn Strobe	1st Floor by Unit 9-1	Ok
Horn	1st Floor Bedroom Unit 9-1	Ok
Horn	1st Floor Bedroom Unit 9-1	Ok
Horn	1st Floor Bedroom Unit 9-1	Ok
Horn Strobe	2nd Floor by Unit 9-2	Ok
Horn	2nd Floor Bedroom Unit 9-2	Ok
Horn	2nd Floor Bedroom Unit 9-2	Ok
Horn	2nd Floor Bedroom Unit 9-2	Ok

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. NOTIFICATION APPLIANCE TEST RESULTS (continued)

Appliance Type	Location/Identifier	Test Results
Horn Strobe	3rd Floor by Unit 9-3	Ok
Horn	3rd Floor Bedroom Unit 9-3	Ok
Horn	3rd Floor Bedroom Unit 9-3	Ok
Horn	3rd Floor Bedroom Unit 9-3	Ok
Horn Strobe	4th Floor by Unit 9-4	Fail
Horn	4th Floor Bedroom Unit 9-4	Ok
Horn	4th Floor Bedroom Unit 9-4	Ok
Horn	4h Floor Bedroom Unit 9-4	Ok
Horn Strobe	1st Floor by Unit 1-2	Ok
Horn	1st Floor Bedroom Unit 1-2	Ok
Horn	1st Floor Bedroom Unit 1-2	Ok
Horn Strobe	1st Floor by Unit 1-2	Ok
Horn Strobe	2nd Floor by Unit 3-2	Ok
Horn	2nd Floor Bedroom Unit 3-2	Ok
Horn	2nd Floor Bedroom Unit 3-2	Ok
Horn Strobe	3rd Floor by Unit 3-1	Ok
Horn	3rd Floor Bedroom Unit 3-1	Ok
Horn	3rd Floor Bedroom Unit 3-1	Ok
Horn Strobe	3rd Floor by Unit 3-3	Ok
Horn	3rd Floor Bedroom Unit 3-3	Ok
Horn	3rd Floor Bedroom Unit 3-3	Ok
Horn Strobe	4th Floor by Unit 3-4	Ok
Horn	4th Floor Bedroom Unit 3-4	Ok
Horn	4th Floor Bedroom Unit 3-4	Ok
Horn	4th Floor Bedroom Unit 3-4	Ok

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)***

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results
Horn Strobe	4th Floor Rear Building 3	Ok
Horn Strobe	3rd Floor Rear Building 3	Ok
Horn Strobe	2nd Floor Rear Building 3	Ok
Strobe	1st Floor Rear Building 3	Ok
Horn Strobe	Right Store Front Front	Ok
Horn Strobe	Right Store Front Rear	Ok
Strobe	Right Store Front Bathroom	Ok
Horn Strobe	Left Store Front Front	Ok
Horn Strobe	Left Store Front Rear	Ok
Strobe	Left Store Front Bathroom	Ok
Horn Strobe	Basement Building 9	Ok
Horn Strobe	Basement Building 7	Ok
Horn Strobe	Basement Building 3	Ok

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

