

# 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: 12/9/2019 @ 08:00 Inspection/Test Completion Date/Time: 12/9/2019 @ 09:05

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

## 1. PROPERTY INFORMATION

Name of property: I-95 PORTLAND PORTFOLIO 1 LLC.

Address: 193 CONGRESS STREET PORTLAND , ME 04102

Description of property: 3 STORY APARTMENT BUILDING

Name of property representative: Ana Ambrosia

Address: N/A

Phone: 505-400-5994 Fax: N/A E-mail: ana@bricklightproperties.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: service@seacoastsecurity.com

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-5705 Phone line 1: N/A Phone line 2: N/A

Means of transmission: AES RADIO

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

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: ADEMCO VISTA Model number: 32FB

### 4.2 Software and Firmware

Firmware revision number: N/A

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120 VAC Amps: 20 Location: HP #4

Overcurrent protection type: BREAKER Amps: 20 Disconnecting means location: N/A

## SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

#### 4.3.2 Secondary Power

Type: BATTERY Location: FACP

Battery type (if applicable): SEALED LEAD ACID

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: <u>Seacoast Security</u>	Time: <u>08:00</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPARTMENT</u>	Time: <u>08:00</u>
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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6160CR @ FRONT ENTRY
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	

#### 6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEW 12/9/2019
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"/>	13.65 VDC
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**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"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A

**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>09:05</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPARTMENT</u>	Time: <u>09:05</u>
Other, if required	Contact: _____	Time: _____

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 12/9/2019 Time: 09:05

**9. CERTIFICATION**

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

Signed: \_\_\_\_\_ Printed name: JOSHUA DUNHAM Date: 12/9/2019  
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**

AES RADIO BATTERY NEW 12/9/2019  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_