

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
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.

Form Completion Date: 10/02/2017 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 30 Merrill Street Building

Address: 30 Merrill Street, Portland, Maine 04102

Description of property: Multi Unit Condo

Name of property representative: Tom Gagne

Address: 44 Coyle Street, Portland Maine 04101

Phone: (207) 775-9085 Fax: NA E-mail: info@cornerstonebr.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Lawler Electric

Address: NA

Phone: (207) 838-1136 Fax: NA E-mail: jlawler@gmail.com

Service organization: Protection Professionals

Address: 325 US RTE 1 Falmouth, Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Testing organization: Protection Professionals

Address: 325 US RTE 1 Falmouth, Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Effective date for test and inspection contract: NA

Monitoring organization: Rapid Response

Address: 400 West Division Street, Syracuse, NY 13204

Phone: 1-800-932-3822 Fax: NA E-mail: RRMS.COM

Account number: 4461261 Phone line 1: NA Phone line 2: NA

Means of transmission: Starlink SLE-CDMA Fire Communicator

Entity to which alarms are retransmitted: Portland Fire Department Phone: (207) 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet by FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: 2017-00978

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software and Firmware

Firmware revision number: v.0.0.3

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: NA Alarm verification set for NA seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5

Overcurrent protection: Type: Circuit Breaker (CB) Amps: 15

Branch circuit disconnecting means location: HP Main Basement Number: 1

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Batteries (12v-7Ah x2)

Location, if remote from the plant: In FACP

Calculated capacity of secondary power to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

This system does not have power extender panels

Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	NA	NA	B	0
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	NA	NA
Notification Appliance	NA	NA	B	0
Other (specify): NA	NA	NA	NA	NA

7. REMOTE ANNUNCIATORS

Type	Location
Potter LCD Alphanumeric	Main Entrance Back
NA	NA

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	7	Addressable	Alarm	Contact
Smoke Detectors	9	Addressable	Alarm	Photo-Electric
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	0	NA	NA	NA
Gas Detectors	0	NA	NA	NA
Waterflow Switches	1	Addressable	Alarm	Contact
Tamper Switches	2	Addressable	Supervisory	Contact

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	7	Mini Horn
Visible	1	Strobe
Combination Audible and Visible	10	Horn Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	NA
HVAC Shutdown	NA
Fire/Smoke Dampers	NA
Door Unlocking	NA
Elevator Recall	NA
Elevator Shunt Trip	NA
NA	NA
NA	NA

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet NA.

12. CERTIFICATION AND APPROVALS

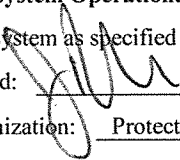
12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

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

12.2 System Operational Test

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

Signed:  Printed name: Jordan Valliere Date: 10/02/2017
 Organization: Protection Professionals Title: Engineering Technician Phone: (207) 775-5755

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

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: 10/02/2017 Inspection/Test Completion Date/Time: 10/02/2017

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

1. PROPERTY INFORMATION

Name of property: 30 Merrill Street Building

Address: 30 Merrill Street, Portland, Maine 04102

Description of property: Multi Unit Condo

Name of property representative: Tom Gagne

Address: 44 Coyle Street, Portland Maine 04101

Phone: (207) 775-9085 Fax: NA E-mail: info@cornerstonebr.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Protection Professionals

Address: 325 US RTE 1 Falmouth, Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Monitoring organization: Rapid Response

Address: 400 West Division Street, Syracuse, NY 13204

Phone: 1-800-932-3822 Fax: NA E-mail: RRMS.com

Account number: 4461261 Phone line 1: NA Phone line 2: NA

Means of transmission: Starlink SLE-CDMA Fire Communicator

Entity to which alarms are retransmitted: Portland Fire Department Phone: (207) 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet by FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software and Firmware

Firmware revision number: v.0.0.3

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 5 Location: In FACP

Overcurrent protection type: CB Amps: 15 Disconnecting means location: HP Main Basement

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 (SLA) 12v-7aH x2

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>NA</u>	Time: <u>NA</u>
Building management	Contact: <u>All</u>	Time: <u>13:00</u>
Building occupants	Contact: <u>All</u>	Time: <u>13:00</u>
Authority having jurisdiction	Contact: <u>NA</u>	Time: <u>NA</u>
Other, if required <u>NA</u>	Contact: <u>NA</u>	Time: <u>NA</u>

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	X	X	NA
Lamps/LEDs/LCDs	X	X	NA
Fuses	X	<input type="checkbox"/>	NA
Trouble signals	X	X	NA
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	None
Ground-fault monitoring	X	X	NA
Supervision	X	X	NA
Local annunciator	X	X	NA
Remote annunciators	X	X	NA
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	None
NA	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	X	X	NA
Load voltage	X	X	NA
Discharge test	X	X	NA
Charger test	X	X	NA
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	None

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	X	<input type="checkbox"/>	11:52:15	Zone 18.2
Alarm restoration	X	<input type="checkbox"/>	11:52:32	Zone 18.2
Trouble signal	X	<input type="checkbox"/>	11:43:55	Zone 301
Trouble restoration	X	<input type="checkbox"/>	11:52:22	Zone 301
Supervisory signal	X	<input type="checkbox"/>	11:33:23	Zone 18
Supervisory restoration		X	NA	NA

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

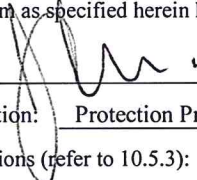
Monitoring organization	Contact: <u>NA</u>	Time: <u>NA</u>
Building management	Contact: <u>NA</u>	Time: <u>NA</u>
Building occupants	Contact: <u>NA</u>	Time: <u>NA</u>
Authority having jurisdiction	Contact: <u>NA</u>	Time: <u>NA</u>
Other, if required <u>NA</u>	Contact: <u>NA</u>	Time: <u>NA</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 10/02/2017 Time: 14:00

9. CERTIFICATION

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

Signed:  Printed name: Jordan Valliere Date: 10/02/2017
Organization: Protection Professionals Title: Engineering Technician Phone: (207) 775-5755
Qualifications (refer to 10.5.3): IMSA Certified, Factory Trained, Licensed

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: _____

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or 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.*

Inspection/Test Start Date/Time: 10/02/2017 Inspection/Test Completion Date/Time: 10/02/2017

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 30 Merrill Street Building

Address: 30 Merrill Street, Portland, Maine 04102

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
SMOKE	11	BASEMENT ABOVE FACP	PASS
PULL	12	BASEMENT BY FACP	PASS
SMOKE	13	BASEMENT	PASS
SMOKE	14	BASEMENT	PASS
SMOKE	15	BASEMENT	PASS
NA	16	NA	NA
NA	17	NA	NA
MODULE	18.1	SPRINKLER TAMPERS	PASS
MODULE	18.2	SPRINKLER WATERFLOW MAIN	PASS
PULL	20	1ST FLOOR FRONT HALLWAY	PASS
SMOKE	21	1ST FLOOR FRONT HALLWAY	PASS
SMOKE	22	1ST FLOOR REAR HALLWAY	PASS
PULL	23	1ST FLOOR REAR HALLWAY	PASS
SMOKE	24	2ND FLOOR HALLWAY	PASS
PULL	25	2ND FLOOR HALLWAY	PASS

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

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
SMOKE	26	3RD FLOOR SMOKE HALLWAY	PASS
PULL	27	3RD FLOOR PULL HALLWAY	PASS
SMOKE	28	4TH FLOOR SMOKE HALLWAY	PASS
PULL	29	4TH FLOOR PULL HALLWAY	PASS
PULL wp	30	ROOF	PASS
	31		
	32		
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**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or 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.*

Inspection/Test Start Date/Time: 10/02/2017 Inspection/Test Completion Date/Time: 10/02/2017
Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 30 Merrill Street Building
Address: 30 Merrill Street, Portland, Maine 04102

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
V	NA	15	BASEMENT BY FACP	PASS
AV	NA	15	BASEMENT HALLWAY	PASS
AV	NA	15	BASEMENT HALLWAY	PASS
AV	NA	15	BASEMENT HALLWAY	PASS
AV	NA	15	BASEMENT HALLWAY	PASS
AV	NA	15	1 ST FLOOR REAR HALLWAY	PASS
MINI HORN	NA	NA	2 ND FLOOR UNIT 1	PASS
AV	NA	15	1 ST FLOOR FRONT HALLWAY	PASS
MINI HORN	NA	NA	2 ND FLOOR UNIT 2	PASS
AV	NA	15	2 ND FLOOR HALLWAY	PASS
MINI HORN	NA	NA	2 ND FLOOR UNIT 4	PASS
MINI HORN	NA	NA	2 ND FLOOR UNIT 3	PASS
AV	NA	15	3 RD FLOOR HALLWAY	PASS
MINI HORN		NA	3 RD FLOOR UNIT 5	PASS
MINI HORN	NA	NA	3 RD FLOOR UNIT 6	PASS
MINI HORN	NA	NA	3 RD FLOOR UNIT 6 LOFT	PASS
AV	NA	15	ROOF TOP WP	PASS

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, UPS systems, remote battery systems, or other complex power systems. This form is to be completed by the system installation contractor at the time of system acceptance and approval. 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.

Form Completion Date: 10/02/2017 Number of Supplemental Pages Attached: 10/02/2017

1. PROPERTY INFORMATION

Name of property: 30 Merrill Street Building
Address: 30 Merrill Street, Portland, Maine 04102

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5
Overcurrent protection: Type: Circuit Breaker Amps: 15
Location (of primary supply panelboard): In FACP
Disconnecting means location: HP Main Basement CB# 1

2.1.2 Engine-Driven Generator

Location of generator: NA
Location of fuel storage: NA Type of fuel: NA

2.1.3 Uninterruptible Power System

Equipment powered by UPS system: NA
Location of UPS system: NA
Calculated capacity of UPS batteries to drive the system components connected to it:
In standby mode (hours): NA In alarm mode (minutes): NA

2.1.4 Batteries

Location: In FACP Type: SLA Nominal voltage: 24VDC Amp/hour rating: 7aH
Calculated capacity of batteries to drive the system:
In standby mode (hours): 24 In alarm mode (minutes): 5

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

Input voltage of EVACS or MNS panel: NA EVACS or MNS amps: NA
Overcurrent protection: Type: NA Amps: NA
Location (of primary supply panelboard): NA
Disconnecting means location: NA

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)

2. SYSTEM POWER (continued)

2.2.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.2.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

2.2.4 Batteries

Location: NA Type: NA Nominal voltage: NA Amp/hour rating: NA

Calculated capacity of batteries to drive the system:

In standby mode (hours): NA In alarm mode (minutes): NA

2.3 Notification Appliance Power Extender Panels

X This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): NA Power extender panel amps: NA

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panelboard): NA

Disconnecting means location: NA

2.3.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.3.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

2.3.4 Batteries

Location: NA Type: NA Nominal voltage: NA Amp/hour rating: NA

Calculated capacity of batteries to drive the system:

In standby mode (hours): NA In alarm mode (minutes): NA

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION *(continued)*

See Main System Record of Completion for additional information, certifications, and approvals.