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: 9-5-2018 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 74 Munjoy Street Apartments

Address: 74 Munjoy Street Portland, Maine 04101

Description of property: Apartments

Name of property representative: JOE KLEVITT

Address: same as property address

Phone: 207-650-1084 Fax: _____ E-mail: klevitt@mdc.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: David Barrett

Address: 41 high street Hollis, Maine 04042

Phone: 207-318-2927 Fax: NA E-mail: NA

Service organization: Protection Professionals

Address: 325 US-1, Falmouth, ME 04105

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

Testing organization: Protection Professionals

Address: 325 US-1, Falmouth, ME 04105

Phone: (207) 775-5755 Fax: (207) 781-20164 E-mail: info@protectionprofessionals.net

Effective date for test and inspection contract: _____

Monitoring organization: Rapid Response Monitoring

Address: 400 West Division Street, Syracuse, NY 13204

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

Account number: T510169 Phone line 1: NA Phone line 2: NA

Means of transmission: AES 7707P-2.0 Radio

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☒ New system ☐ Modification to existing system Permit number: NA

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Potter Model number: PFC-6006

4.2 Software and Firmware

Firmware revision number: NA

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

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 Amps: 15

Branch circuit disconnecting means location: HP Main Bsement Number: 12

5.1.2 Secondary Power

Type of secondary power: SLA Battery

Location, if remote from the plant: In Fire Alarm Contol Panel

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		B	0
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	B	0
Notification Appliance	NA	NA	B	0
Other (specify): NA	NA	NA	NA	NA

7. REMOTE ANNUNCIATORS

Type	Location
NA	NA
NA	NA

8. INITIATING DEVICES

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

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	NA	NA
Visible	NA	NA
Combination Audible and Visible	1	Horn Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0
	NA
	NA

11. INTERCONNECTED SYSTEMS

☐ This system does not have interconnected systems.

☒ Interconnected systems are listed on supplementary sheet _____ .

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: David Barrett Date: _____

Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: _____ Printed name: Jordan Valliere Date: 09/05/2018

Organization: Protection Professionals Title: Technician / Inspector 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: 9-5-2018 Inspection/Test Completion Date/Time: 9-5-2018

Supplemental Form(s) Attached: 2 yes (yes/no)

1. PROPERTY INFORMATION

Name of property: 74 Munjoy Street Apartments

Address: 74 Munjoy Street Portland, Maine 04101

Description of property: Apartment Building

Name of property representative: Joe Kievitt

Address: 74 Munjoy Street Portland, Maine 04101

Phone: (207) 650-1084 Fax: NA E-mail: kievitt@mac.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Protection Professionals

Address: 325 US-1, Falmouth, ME 04105

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

Monitoring organization: Rapid Response Monitoring

Address: 400 West Division Street, Syracuse, NY 13204

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

Account number: T510169 Phone line 1: NA Phone line 2: NA

Means of transmission: AES 7707P-2.0 Radio

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: PFC-6006

4.2 Software and Firmware

Firmware revision number: NA

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 305 Location: In FACP

Overcurrent protection type: CB Amps: 15 Disconnecting means location: HP Main CB# 12

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

4.3.2 Secondary Power

Type: SLA 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:	Rapid Response	Time:	
Building management	Contact:	Joe Kievitt	Time:	
Building occupants	Contact:	All	Time:	
Authority having jurisdiction	Contact:	Portland Fire Department	Time:	
Other, if required	Contact:	NA	Time:	NA

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☒	☒	
Lamps/LEDs/LCDs	☒	☐	
Fuses	☒	☐	
Trouble signals	☒	☒	
Disconnect switches	☐	☐	NA
Ground-fault monitoring	☒	☒	
Supervision	☒	☒	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	NA
Remote power panels	☐	☐	NA
NA	☐	☐	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☒	☒	Installed 09/2018
Load voltage	☒	☒	
Discharge test	☒	☒	
Charger test	☒	☒	
Remote panel batteries	☒	☒	

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	☒	☐	14:39:00	Pull Station Zone 304
Alarm restoration	☒	☐	14:38:39	Smoke Zone 305
Trouble signal	☒	☐	14:35:24	NAC 1 - Zone 301
Trouble restoration	☒	☐	14:49:41	NAC 1 - Zone 301
Supervisory signal	☐	☒	NA	NA
Supervisory restoration	☐	☒	NA	NA

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☒	NA	NA
Alarm restoration	☐	☒	NA	NA
Trouble signal	☐	☒	NA	NA
Trouble restoration	☐	☒	NA	NA
Supervisory signal	☐	☒	NA	NA
Supervisory restoration	☐	☒	NA	NA

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Rapid Response	Time:	
Building management	Contact:	Joe Kievitt	Time:	
Building occupants	Contact:	All	Time:	
Authority having jurisdiction	Contact:	Portland Fire Department	Time:	
Other, if required	Contact:	NA	Time:	

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 09/05/2018 Time: 3:00PM

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: 09/05/2018

Organization: Protection Professionals Title: Technician / Inspector Phone: (207) 775-577

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: _____

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: 09/05/2018 Inspection/Test Completion Date/Time: 09/05/2018

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 74 Munjoy Street Apartments

Address: 74 Munjoy Street Portland, Maine 04101

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	301		
	302		
Waterflow	303	Sprinkler Waterflow Main	Pass
Pull Station	304	1st Floor Main Entrance By Fire Alarm Control Panel	Pass
Smoke Detector	305	1st Floor Main Entrance Above Fire Alarm Control Panel	Pass
Spare	306	NA	NA
Spare	307	NA	NA

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: 09/05/2018 Inspection/Test Completion Date/Time: 09/05/2018

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 74 Munjoy Street Apartments

Address: 74 Munjoy Street Portland, Maine 04101

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
Horn Strobe	NAC 1	75cd	1st Floor Main Entrance Above Fire Alarm Control Panel	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: 09/05/2018 Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 74 Munjoy Street Apartments

Address: 74 Munjoy Street Portland, Maine 04101

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 12VAC Control panel amps: 5

Overcurrent protection: Type: CB Amps: 15

Location (of primary supply panelboard): In FACP

Disconnecting means location: HP Main Basement CB# 12

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: 12 Amp/hour rating: 7

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

☒ 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

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