

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: 9-12-16 Supplemental Pages Attached: Yes

1. PROPERTY INFORMATION

Name of property: CLOUDPORT OFFICE BUILDING
Address: 63 IFEDERAL STREET PORTLAND MAINE 04102
Description of property: OFFICE BUILDING
Name of property representative: Josh Corbeau
Address: N/A
Phone: 207-749-3822 Fax: NA E-mail: NA

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: DIGITAL SKY
Address: NA
Phone: 207-232-5023 Fax: _____ E-mail: _____
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Effective date for test and inspection contract: _____
Monitoring organization: RAPID RESPONSE
Address: 400 W Division Street Syracuse, NY 13204
Phone: 1-800-932-3822 Fax: NA E-mail: Rrms.com
Account number: T510126 Phone line 1: NA Phone line 2: NA
Means of transmission: Radio
Entity to which alarms are retransmitted: Portland FD Dispatch Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: FIRE ALARM 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: P-200

4.2 Software and Firmware

Firmware revision number: 3.0.0.4

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A Alarm verification set for N/A 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: 4
 Overcurrent protection: Type: C.B. Amps: 20
 Branch circuit disconnecting means location: HOUSE PANEL 3 Number: 7

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES
 Location, if remote from the plant: IN PANEL
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN

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	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	N/A	N/A
Notification Appliance	N/A	N/A	B	0
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
LCD ALPHANUMERIC	MAIN ENTRY
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	2	ADDRESSABLE	ALARM	CONTACT
Smoke Detectors	1	ADDRESSABLE	ALARM	PHOTOELECTRIC
Duct Smoke Detectors	NA	NA	NA	NA
Heat Detectors	NA	NA	NA	NA
Gas Detectors	NA	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	NA	NA
Visible	5	STROBE
Combination Audible and Visible	5	HORN STROBE

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	N/A
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	N/A
Elevator Recall	N/A
Elevator Shunt Trip	N/A
SOUND SYSTEM SHUNT	1
N/A	N/A

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
 Interconnected systems are listed on supplementary sheet N/A.

12. CERTIFICATION AND APPROVALS

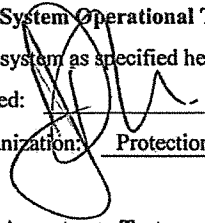
12.1 System Installation Contractor

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 tested according to all NFPA standards cited herein.

Signed:  Printed name: Jordan Valliere Date: 09-14-2016
 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: 9-12-16 12:00 Inspection/Test Completion Date/Time: 9-12-16 1:30

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

1. PROPERTY INFORMATION

Name of property: CLOUDPORT OFFICE BUILDING

Address: 63 FEDERAL STREET PORTLAND MAINE 04102

Description of property: OFFICE BUILDING

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS

Address: 325 US ROUTE ONE FALMOUTH MAINE 04105

Phone: 207-775-5755 Fax: 207-781-2064 E-mail: INFO@PROTECTIONPROFESSIONALS.NET

Monitoring organization: RAPID RESPONSE

Address: 400 W Division Street Syracuse, NY 13204

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

Account number: T510126 Phone line 1: NA Phone line 2: NA

Means of transmission: Radio

Entity to which alarms are retransmitted: Portland FD Dispatch Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: FIRE ALARM DOCUMENT CABINET

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: POTTER Model number: P-200

4.2 Software and Firmware

Firmware revision number: 3.0.0.4

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 4 Location: IN PANEL

Overcurrent protection type: CB Amps: 20 Disconnecting means location: HP 3 CKT 7

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: BATTERY Location: IN PANEL

Battery type (if applicable): SEALED LEAD ACID

Calculated capacity of batteries to drive the system:

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

5. NOTIFICATIONS MADE PRIOR TO TESTING

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	Contact: <u>NM</u>	Time: <u>NA</u>

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 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 type="checkbox"/>	<input type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	NA

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"/>	NA	NA
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	NA

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

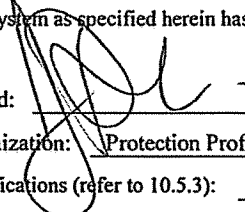
Monitoring organization	Contact: <u>NA</u>	Time: <u>NA</u>
Building management	Contact: <u>NA</u>	Time: <u>NA</u>
Building occupants	Contact: <u>NA</u>	Time: <u>NA</u>
Authority having jurisdiction	Contact: <u>NA</u>	Time: <u>NA</u>
Other, if required	Contact: <u>NA</u>	Time: <u>NA</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 09-12-2016 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: 09-14-2016
Organization: Protection Professionals Title: Engineering Technician Phone: 207-775-5755
Qualifications (refer to 10.5.3): IMSA

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

NONE

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: 9-12-16 12:00 Inspection/Test Completion Date/Time: 9-12-16 1:30

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: CLOUDPORT OFFICES

Address: 63 FEDERAL STREET PORTLAND MAINE 04102

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
SMOKE PSA	10	BY FIRE ALARM CONTROL PANEL	PASS
MODULE DCM	11	SPRINKLER TAMPER	PASS
MODULE DCM	12	SPRINKLER LOW AIR	PASS
MODULE DCM	13	SPRINKLER WATERFLOW	PASS
MODULE DCM	14	SPARE	PASS
	15		PASS
	16		PASS
PULL APSDA	17	MAIN ENTRY	PASS
PULL APSDA	18	SIDE ENTRY	PASS
	19		
	20		
	21		
	22		
	23		
	24		
	25		

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

**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: 09-12-2016 – 9:00 Inspection/Test Completion Date/Time: 09-12-2016 – 14:00

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: CLOUDPORT OFFICE BUILDING

Address: 63 FEDERAL STREET PORTLAND MAINE 04102

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
AV c	P CKT1	110	1ST FLOOR CEILING	PASS
AVc	P CKT1	110	1ST FLOOR CEILING	PASS
AV c	P CKT1	110	1ST FLOOR CEILING	PASS
AV c	P CKT 1	110	1ST FLOOR CEILING	PASS
AV	P CKT 2	15	BASEMENT	PASS
V	P CKT 2	15	LARGE CONFERENCE ROOM	PASS
V	P CKT 2	15	SMALL CONFERENCE ROOM	PASS
V	P CKT 2	15	SMALL RESTROOM	PASS
V	P CKT 2	15	WOMENS RESTROOM	PASS
V	P CKT 2	15	MENS RESTROOM	PASS

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

**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: 9-12-16 Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: CLOUDPORT OFFICE BUILDING

Address: 63 FEDERAL 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: C.B. Amps: 20

Location (of primary supply panelboard): HOUSE PANEL 3

Disconnecting means location: CKT 7

2.1.2 Engine-Driven Generator

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A

2.1.3 Uninterruptible Power System

Equipment powered by UPS system: N/A

Location of UPS system: N/A

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

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

2.1.4 Batteries

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating: 18

Calculated capacity of batteries to drive the system:

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

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: N/A EVACS or MNS amps: N/A

Overcurrent protection: Type: N/A Amps: N/A

Location (of primary supply panelboard): N/A

Disconnecting means location: N/A

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)

2. SYSTEM POWER (continued)

2.2.2 Engine-Driven Generator

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A

2.2.3 Uninterruptible Power System

Equipment powered by UPS system: N/A

Location of UPS system: N/A

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

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

2.2.4 Batteries

Location: N/A Type: N/A Nominal voltage: N/A Amp/hour rating: N/A

Calculated capacity of batteries to drive the system:

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

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: N/A

Location of fuel storage: N/A Type of fuel: N/A

2.3.3 Uninterruptible Power System

Equipment powered by UPS system: N/A

Location of UPS system: N/A

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

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

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.