

## 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: 09/01/2016 Supplemental Pages Attached: YES

### 1. PROPERTY INFORMATION

Name of property: EAST END LOFTS  
Address: 273 CONGRESS STREET PORTLAND MAINE 04101  
Description of property: CONDOS / APARTMENTS  
Name of property representative: KEVIN DWYER  
Address: NA  
Phone: 802-578-5585 Fax: NA E-mail: NA

### 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, ME 04105  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net  
Service organization: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, ME 04105  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net  
Testing organization: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, ME 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 DIVISON STREET, SYRACUSE, NY 13204  
Phone: 1-800-932-3822 Fax: NA E-mail: rrms.com  
Account number: T510119 Phone line 1: NA Phone line 2: NA  
Means of transmission: WIRELESS RADIO  
Entity to which alarms are retransmitted: PORTLAND FIRE DEPT DISPATCH Phone: 207-874-8576

### 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: DOCUMENT CABINET SPRINKLER ROOM

### 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: AES Model number: 40-7706-ULF

#### 4.2 Software and Firmware

Firmware revision number: REV 1

#### 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: 15  
 Overcurrent protection: Type: HP PANEL Amps: 15  
 Branch circuit disconnecting means location: CB Number: 11

**5.1.2 Secondary Power**

Type of secondary power: SLA 12V - 7AH BATTERIES  
 Location, if remote from the plant: NA  
 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	NA	NA
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	B	0
Notification Appliance	NA	NA	B	0
Other (specify):				

**7. REMOTE ANNUNCIATORS**

Type	Location
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	PHOTOELECTRIC
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	0	NA	NA	NA
Gas Detectors	0	NA	NA	NA
Waterflow Switches	2	CONVENTIONAL	ALARM	CONTACT
Tamper Switches	4	CONVENTIONAL	SUPERVISORY	CONTACT

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible	NA	NA
Visible	NA	NA
Combination Audible and Visible	1	W/P EXTERIOR 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

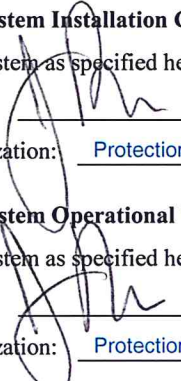
**11. INTERCONNECTED SYSTEMS**

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

**12. CERTIFICATION AND APPROVALS**

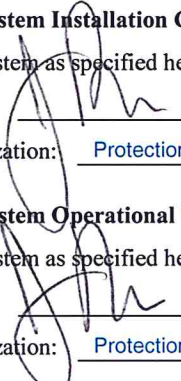
**12.1 System Installation Contractor**

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

Signed:  Printed name: Jordan Valliere Date: 09/01/2016  
 Organization: Protection Professionals Title: Engineering Technician Phone: 207-775-5755

**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: 09/01/2016  
 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: 09/01/2016 - 13:00 Inspection/Test Completion Date/Time: 09/01/2016 - 15:00

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

### 1. PROPERTY INFORMATION

Name of property: EAST END LOFTS

Address: 273 CONGRESS STREET PORTLAND MAINE 04101

Description of property: CONDOS / APARTMENTS

Name of property representative: KEVIN DYWER

Address: NA

Phone: 802-578-5585 Fax: NA E-mail: NA

### 2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS

Address: 325 US ROUTE ONE, FALMOUTH, ME 04105

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

Monitoring organization: PROTECTION PROFESSIONALS

Address: 325 US ROUTE ONE, FALMOUTH, ME 04105

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

Account number: T510119 Phone line 1: NA Phone line 2: NA

Means of transmission: WIRELESS RADIO

Entity to which alarms are retransmitted: PORTLAND FIRE DEPT DISPATCH Phone: 207-874-8576

### 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: DOCUMENT CABINET SPRINKLER ROOM

### 4. DESCRIPTION OF SYSTEM OR SERVICE

#### 4.1 Control Unit

Manufacturer: AES Model number: 40-7706-ULF

#### 4.2 Software and Firmware

Firmware revision number: REV 1

#### 4.3 System Power

##### 4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 15 Location: PANEL

Overcurrent protection type: CB Amps: 15 Disconnecting means location: CB 11



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

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

**4.3.2 Secondary Power**

Type: SLA 12V - 7AH BATTERIES Location: PANEL

Battery type (if applicable): SLA

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>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>

**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 type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	NA
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	NA
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	NA
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
	<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"/>	
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"/>	14:42:09	303
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14:42:35	303
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14:42:16	301
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14:42:50	301
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14:42:06	306
Supervisory restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA

**6.7 Public Emergency Alarm Reporting System**

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

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 09/01/2016 Time: 15:00

9. CERTIFICATION

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

Signed: [Signature] Printed name: Jordan Valliere Date: 09/01/2016  
Organization: Protection Professionals Title: Engineering Technician Phone: 207-775-5755  
Qualifications (refer to 10.5.3): IMSA Certified

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

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10.1 Acceptance by Owner or Owner's Representative:

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

Signed: [Signature] Printed name: Kevin Dwyer Date: 9/12/16  
Organization: EAST END Lofts Title: Owner Phone: 802-578-5585

**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: 09/01/2016 - 13:00      Inspection/Test Completion Date/Time: 09/01/2016 - 15:00

Number of Supplemental Pages Attached:   1  

**1. PROPERTY INFORMATION**

Name of property: EAST END LOFTS

Address: 273 CONGRESS STREET PORTLAND MAINE 04101

**2. INITIATING DEVICE TEST RESULTS**

Device Type	Address	Location	Test Results
SMOKE (SYSTEM SENSOR)	1	ABOVE FACP	PASS
PULL (POTTER)	2	SPRINKLER ROOM BY FACP	PASS
WATERFLOW (WET)	3	SPRINKLER ROOM	PASS
LOW AIR (DRY)	4	SPRINKLER ROOM	PASS
WATERFLOW (DRY)	5	SPRINKLER ROOM	PASS
SPRINKER TAMPER	6	SPRINKLER ROOM	PASS
SPRINKER TAMPER	6	SPRINKLER ROOM	PASS
SPRINKER TAMPER	6	SPRINKLER ROOM	PASS
SPRINKER TAMPER	6	SPRINKLER ROOM	PASS





**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: 09/01/2016 – 13:00 Inspection/Test Completion Date/Time: 09/01/2016 – 15:00

Number of Supplemental Pages Attached: 0

**1. PROPERTY INFORMATION**

Name of property: EAST END LOFTS

Address: 273 CONGRESS STREET PORTLAND MAINE 04101

**2. NOTIFICATION APPLIANCE TEST RESULTS**

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
WP A/V	1	NA	ABOVE FDC	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: 09/01/2016 Number of Supplemental Pages Attached: 1

**1. PROPERTY INFORMATION**

Name of property: EAST END LOFTS  
Address: 273 CONGRESS STREET PORTLAND MAINE 04101

**2. SYSTEM POWER**

**2.1 Control Unit**

**2.1.1 Primary Power**

Input voltage of control panel: 120VAC Control panel amps: 15  
Overcurrent protection: Type: CB Amps: 15  
Location (of primary supply panelboard): HP  
Disconnecting means location: HP MAIN SPRINKLER ROOM

**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: 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.**