

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND BUILDING PERMIT



This is to certify that <u>BAYSIDE II, LLC</u>

Job ID: 2011-04-774-FAFS

Located At 185 LANCASTER ST (175)

CBL: 025 - - F - 001 - 001 - - - - -

has permission to fit up a supervised, automatic sprinkler system

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED. A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

50

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY. PENALTY FOR REMOVING THIS CARD BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCU0PIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Director of Planning and Urban Development Penny St. Louis

Job ID: <u>2011-04-774-FAFS</u>

Located At: <u>185 LANCASTER ST</u> CBL: <u>025 - F - 001 - 001 - - - - -</u> (175)

Conditions of Approval:

Fire

There are 3 sprinkler risers in the building. A sprinkler zone map shall be mounted at the fire alarm panel. Each riser and FDC shall be labeled to match fire alarm nomenclature.

Application requires State Fire Marshal approval.

The sprinkler system shall be installed in accordance with NFPA 13. A compliance letter is required.

Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.

System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.

Private fire mains and fire hydrants shall be maintained, tested and painted in accordance with NFPA 25 and City Code Chapter 10, Art IV.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No:	Date Applied:		CBL:							
2011-04-774-FAFS	4/11/2011		025 F - 001 - 00	[
Location of Construction:	Owner Name:		Owner Address:			Phone:				
1/5 LANCASTER STREET	BAYSIDE II, LLC		PORTLAND, ME	PORTLAND, ME 04101						
Business Name:	Contractor Name:		Contractor Addr	ess:		Phone:				
	Scott Garland – Sprinkler	r Systems	P.O. Box 1285 LE	(207) 782-0104						
					(207) 702 0104					
Lessee/Buyer's Name:	Phone:		Permit Type:	Zone:						
			FIRE SYS WB - FI	re Suppression water	r Based	B-7				
Past Use:	Proposed Use:		Cost of Work:			CEO District:				
		0	8000.00							
Community Counseling	- install water based f	ng Center	Fire Dept:			Inspection:				
	suppression system	ne		Approved L	conditions	Use Group:				
				Denied		Туре:				
			Signature DEC	1.000		0				
			Signature.	negs.		Signature:				
Proposed Project Description	:		Pedestrian Activities District (P.A.D.)							
1/5/185 Lancaster Street – tire suj										
Permit Taken By:			Zoning Approval							
L		Special Zo	one or Reviews	Zoning Appea	Historic P	reservation				
1. This permit application d	loes not preclude the	Shorelan	d		1					
Applicant(s) from meetir	ng applicable State and	Wetlands	s	Variance	📕 Not in Di	st or Landmark				
Federal Rules.			5	Miscellaneous	Does not	Require Review				
septic or electrial work.	uiciude piumoing,	Flood Zo	one	Conditional Us	e Requires	Review				
3. Building permits are void	f if work is not started	Subdivis	ion	Internetation	Approved	i (
within six (6) months of	the date of issuance.	Site Plan	i .							
False informatin may inv permit and stop all work	False informatin may invalidate a building			Approved	w/Conditions					
Providence and otop and from		Date: NV		Denied	Denied					
			ARAA	~						
		CEDTIE								

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

	1 CC Caller Brance
Sphinker Systems, life	ารกรุง กุ แร้าราบุริร
P.O. BON 12235	DATE 4 -11 -11 JOB # 10092
LOWISTON, ME 04243-1225	ATTENTION: T
TO: (57 26 2:7 Aug	-NSPOCTIONS
INSPECTIONS	175 LONGOCOURSULING CTA
Porato us MB	POMTLOND MB
WE ARE SENDING YOU: Attached Under separ	rate cover via the following items:
Shop drawings Prints Plans Sar	mples Specifications Wavier or Liens
□ Copy of letter □ Change order □ Signed Contracts	
COPIES DATE NO.	DESCRIPTION
20 4.3-11 - SAUNKLISK RAMIT	Applications
20 3-20-11 - Frow 1355 MAD	
$\frac{1}{2e} \left[\frac{1}{2} + $	Mankush Mannit
THESE ARE TRANSMITTED as checked below:	
For your approval Approved as submi	tted Resubmitcopies for approval
For your use Approved as noted	Submitcopies for distribution
REMARKS:	
PLEDSE RETURN 1 PERMIT, PLEDSE FOR	WARD ONE PACKAGE TO THE FIRE DEPT.
	THANK TOU
	SLOTT E. GALLOND, SUT, EMS
	SIGNED:
	Pros. Mur.

Job Summary Report Job ID: 2011-04-774-FAFS

Baysidett LLC One land Plaza Oyerioi

Alarms Commercial

1

port generated on A	Apr 12, 201	11 8:24:26 AM	1									Pa		
оь Туре:		Fire Alarm	/ Suppr	ession	Job Descripti	on:	175/185 La	ancaster Street	Job Ye	ear:	;	2011		
uilding Job Statu	s Code:	Initiate Pla	n Review	N	Pin Value:		1102		Tenan	t Name:				
ob Application Da	ite:				Public Buildi	ng Flag:	N		Tenan	t Numbe	er:			
stimated Value:		8,000			Square Foota	ige:								
elated Parties:					BAYSIDE				Property Owner					
					Sprinkler Syst	ems Inc - S	cott Garla	nd	FIR	E ALARM	INSTALLE	R		
					Job	Charges								
Fee Code C Description Ar	harge mount	Permit Charg Adjustment	e	Net Charge Amount	Payment Date	Receipt Number	Payme Amou	nt Payment A nt Amo	djustment unt	Net Pay Amo	/ment unt	Outstandin Balance		
ocation ID: 3470														
					Locat	ion Detail	s							
Alternate Id Parce	el Number	Census Tract	GIS X	GIS Y GIS	Z GIS Reference	e Longitud	e Latitude							
003902 025 F	001 001		М			-70.26131	43.66110	5						
			Locatio	on Type Su	bdivision Code	Subdivision	Sub Code	Related Persons	Addr	ess(es)				
			1					1	85 LANCASTE	R STREET	WEST			
Location Use Code	e Varia Co	ance Use Zo de	one Code	Fire Zo	ene Inside O Cod	utside l e	District Code	General Location Code	Inspectio Coo	on Area le	Jurisdi	ction Code		
OFFICE & BUSINESS SERVICE		URBAN COMME	RCIAL	B-7.					DISTRCIT 4	ł	CENTRAL B	USINESS		
					Struct	ure Detai	S							
Structure: Electr	ric for per	mit#101176	5											
Occupancy Type C	Code:													
Structure Type C	Code St	ructure Status	Type So	uare Foota	ge Estimated Va	alue	Addres	s						
Office & Professional E	Buildings 0					185 LA	NCASTER ST	REET WEST						
Longitude Latitude	e GISX G	GISY GISZ G	IS Refer	ence				User Define	ed Property	Value				
								Alarms Com	mercial	0				

Structure: freestanding & wall sign

Occupancy Type Code:



Water-Based Fire Suppression System Permit

If you or the property owner owes real estate or property taxes or user charges on any property within the city, payment arrangements must be made before permits of any kind are accepted.

Installation address: 175 Lancaster Street	CBL: 2S-F-1
Exact location: (within structure) Community Counseling Ce	nter
Type of occupancy(s) (NEPA & ICC). Light Hazard - Offices	
Building owner: Community Counseling	
Managing Supervisor (RMS). Scott E. Garland	License No. 278
Supervisor phone: 207-775-1521	_{E-mail} scottssi@maine.rr.com
Installing contractor: Sprinkler Systems Inc.	License No: 093
Contractor phone: 207-782-0104	E-mail:
The suppression work to be done will be: New: Renova	ation: (•) Addition to existing system: ()
This is an amendment to an existing permit: Yes: NO) Permit no:
NFPA Standard this system is designed to: NFPA #13	Edition: 2007
*Non-NFPA systems are not approved for use within the City of Portland.	COST OF WORK: \$8,000.00
Download a new copy of this document from	PERMIT FEE: \$100.00
www.portlandmaine.gov/fire for every submittal. Attach all working	(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)
documents and complete approved submittals as may be required by	~
the State Fire Marshal's Office on electronic PDF's in addition to	NEL .
full sized plans.	CIN C
Contractor shall verify location and type of all FDCs shall	LC 1 2011 Dections
be approved in writing by the Fire Prevention Bureau.	APR I Instrain
Submit all information to the Building Inspections Department, 389 Cong	gress Street, Room 315, Portland, Maine 04101.
Prior to acceptance of any fire protection system, a complete commiss	ioning and acceptance territies be coordinated with
all fire system contractors and the Fire Department, and proper docum	entation of such test(s) provided.
All installation(s) must comply with NFPA and the Fire Department T	echnical Standard(s).

Applicant signature: Date: 4-8-2011	Applicant signature:	Date: 4-8-2011
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State of Maine **Department of Public Safety** Fire Sprinkler System Permit



9382 #

Community Counseling Center

Located at: 1665 Lancaster Street In the Town of: Portland Occupancy/Use: Offices Type of System: NFPA 13

Permission is hereby given to:

Sprinkler Systems, Inc. PO Box 1285 Lewiston, ME 042431285 Contractor License # 93

to begin installation according to plans submittal approved by the Office of State Fire Marshal.

The submittal is filed under log # 2111028, and no departure from the application submittal shall be made

without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20.

Nothing herein shall excuse the holder of this permit from failure to comply with local ordinances, zoning laws, or

other pertinent legal restrictions. This permit shall be displayed at the construction site or be made readily available.

This permit was issued on 1/31/2011for a fee paid of \$110.00

This permit will expire at midnight on Saturday, July 30, 2011

The expiration date applies only if the installation has not begun by that date and no permission has been granted to extend the date. Once installation begins, then the permit is valid for however long it takes to complete the installation, assuming that the work is fairly continuous.

4.

Anne H. Jordan Commissioner

The type of Fire Department Connection and its location is to be according to the Local Fire Department

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the Licensing and Inspections Unit a copy of this permit signed and dated by the certified Responsible Managing Supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, information, and belief. This requirement is part of the sprinkler law, and neglect of this duty is grounds to not renew the contractor's license to do work in the State of Maine. All renewed sprinkler licenses are good for two years and expire on a June 30th.

Job completed, tested and verifie	d on date of	
RMS Signature:		

RMS for this job: Garland Scott E.

Sprinkler Systems, Inc.

P.O. Box 1285 Lewiston, Maine 04243-1285 Ph. (207) 782-0104 Fax (207) 783-4865 *Fire Protection Professionals Since 1973*

☆*Portland Office*☆

Phone (207) 775-1521 Fax (207) 879-1387

Maine State Fire Marshal's Office Attn: Eric J. Ellis 1-19-2011

Re: Community Counseling Center 165 Lancaster Street Portland, Maine

Eric,

I recently visited the Community Counseling Center, 165 Lancaster Street, Portland, Maine. Originally this section of the building where the owner plans to do their renovations was part of another office space tenant, which was predominantly a Light Hazard occupancy. This area is protected by a wet, pipe schedule, tree sprinkler system consisting of feed mains ranging in size from 2" to 6", feeding branch lines 2" and smaller. There will be 220 existing sprinklers relocated to meet new ceiling and partition layouts. This system is fed by city water. Sprinkler heads are 155 Degree, quick-response recessed pendents below the existing ceilings, and will remain so when the new ceiling grid has been installed. This new area that is being created will be office spaces, which will be rated at a Light Hazard occupancy.

Basically, we are going to demo the arm-overs currently in the space and replace them with new arm-overs fitting the new ceiling layout. The existing piping layout will remain intact. The only changes being made are sprinkler head locations, which will require installing armovers. Please feel free to contact me with any questions. Thank you.

Sincerely,

Scott E. Garland, SET, RMS System Designer

Sprinkler Systems, Inc.

184 Read Street Portland, ME 04103 Ph. (207) 775-1521 Fax (207) 879-1387 *Fire Protection Professionals Since 1973*

March 31, 2011

Portland Fire Department 380 Congress Street Portland, ME 04101

Attn: Captain Keith Gautreau

Re: Community Counseling Center 165 Lancaster Street Portland, Maine

Dear Captain Gautreau,

This letter is to certify that the sprinkler system in the renovated tenant space in the aforementioned location is active and is designed and installed in accordance with NFPA #13 and all other state and local codes.

If there are any questions or concerns please do not hesitate to call.

Very truly yours, Sprinkler Systems, Inc.

Scott E. Garland, SET, RMS Project Manager

Sprinkler Systems, Inc.

P.O. Box 1285 Lewiston, Maine 04243-1285 Ph. (207) 782-0104 Fax (207) 783-4865 Fire Protection Professionals Since 1973

April 12, 2011

Landry/ French Construction Company 68 Mussey Road Scarborough, Maine 04074

ATTN: Jeff Barker

RE: Lancaster Street C.C.C.

Dear Jeff,

Please be advised that on 4/12/11, Sprinkler Systems Inc. conducted a private hydrant test in accordance with NFPA 25.

The hydrant was located on the Kennebec Street side of C.C.C. and was flowed for more than one minute with all working parts in good order.

As always, if you have any questions please call.

Very Truly Yours Sprinkler Systems Inc.

Mike Lahey General Manager

Sprinkler Systems, Inc. Contractor's Material & Test Certificate for Aboveground Pipe

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Nan	Property Name COMMUNITY LOUNSPUNC (BNTS, 4-12-11											
Property Add	ress 175 LA	NCASTER ST	MBB5, PO	m	and	M	10	4101				
Plans	Accepted by ap Address 45 Installation con Equipment use	proving authorit	ies (Names) howy Sorr d plans no, explain	Ssan TB deviati	ons	AU	ر لدوم حا ۲۰۰۷ م	in off	ñæ 047	330	Yes)	No No
Instructions	Has person in a valve and care If no, explain:	charge of fire equ and maintenance	ipment been of this new	equip	ncted ment	as to ?	locatio	on of contr	rol	Č	Yes	No
	Have copies of the following been left on the premises?YesNo1. System components instructionsYesNo2. Care and maintenance instructionsYesNo3. NFPA 25YesNo											No No
Location of System	Supplies Buildi	ngs: System	-1	CH	E	T	JUT	ST	; r	n14	5	
Sprinklers	Ma	Mode FIF2	Model		Year of M				Quantit 130	ty Ter	mp Rating \\$\$?	
Pipe and Fittings	Type of pipe	Type of pipe NEPA & ASTA Type of fittings NEPA & ASTA										
Alarm Valve		Alarm Do	Device				Maximum time to tes			o operate through at connection		
or Flow Indicator	Type ALARM VALVE	Make		Model Min				1	Sec			
		Dry	Valve		Q				QOD	20D		
	Make	N	Iodel	Se	rial #		N	fake		Model		Serial #
Dry Pipe Operating Test	Time to through connection	Time to trip through test connection		Pre	Air		Trij Air I	Point Tessure	Ti Rea	me Water ached Test Outlet	t O P	Alarm perated roperly
	QOD W/O MIN QOD	ith MIN SEC DD //O MIN SEC DD .			PSI	/		M		N SEC	YE YE	s no s no
	If no, explain:										<u> </u>	

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	Operation:	Circle One	Pneu	natic	E	lectric	Hydra	ulic			
	Piping Supervised	Yes No		Detecting	g Media Su	pervised	Yes No				
Deluge &	Does valve operate from	the manual trip, r	emote, or botl	o control s	tations?		'Yes '	No			
Preaction	Is there an accessible fact	ility in each circui	t for testing?			<u></u>	Yes	No			
Valve	If no, explain.										
	Make	Make Model these cachestrum operate supervision loss alarm?				Does each circuit operate Maximum to valve release? operate re					
	· · · · · · · · · · · · · · · · · · ·		Yes	No	Yes	No	Min_S	Sec			
Pressure	Location & Eleor	Make & Mode	el Setting	Static I	Pressure	Residual Pr	essure FI	ow Rate			
Reducing				iniei (psi)	Outlet (psi)	Iniel (psi) Ou	itlet (psi) F	low (gpm)			
Valve											
	· <u>HYDROSTATIC:</u> Hydro	static tests shall b	e made at not	less than	200 psi (13	.6 bars for 2 l	ours or 50 p	si (3.4			
	bars) above static pressure	e in excess of 150	psi (10.2 bars) for 2 hou	urs. Differe	ential dry-pip	e valve clapp	ers			
Test	shall be left open during t	he test to prevent	damage. All	abovegrou	ind piping i	leakage shall	be stopped.				
Description	DATE TRANTIC: Establish	40 mai (2 7 hara)		nd drom m	hich will m	of owned 1 1	 	- 1 J			
· ·	hours. Test pressure tank	s at normal water	level and air	ntessure a	nd measure	air pressure	dron which	s) III 24 shall			
	not exceed 1 1/.2 psi (.01)	bars) in 24 hours.				an prossure	deop, minon				
·											
	All piping hydrostatically	tested at NIA	psi (oars) for	hou	TS If no. st	te reason:				
	Dry piping pneumatically	tested (circle one	NIA (Yes	No						
	Equipment operates proper	rly (circle one		Yes	No			·			
	Do you certify as the sprin	kler contractor the	at additives a	d corrosi	e chemical	ls. (Tircle one	· · ·			
Tests	sodium silicate or derivativ	es or sodium silic	ate, brine, or	other con	osive	Yes) 1	٩o			
···,	chemicals were not used for	r testing systems	or stopping le	aks?							
	· · · · · · · · · · · · · · · · · · ·	•			······	· · ·					
	Drain Test: Reading of ga	uge located near	112		Ista:	Residual	pressure wit	th valve			
	water supply f	est connection:	<u>110</u>	psi (<u>AU</u> bars) in test co	nnection op	en Isaare			
						wide. 10		Dars)			
Hydanlic Data	Nameplate provided:	Yes (No)	If no.	explain:							
Nameplate				f	113 C	~+3D1 1 13					
		•		•	10 3	C()==000		1			
Remarks	Date left in service with all	control valves op	en:				an a - a ann an ann an an an Ann Ann an Ann				
	•	. •	4-1	2-(1		•					
	Sprinkler Contractor:	Sprinkler Syster	ns, Inc.								
-		P.O. Box 1285									
		Lewiston, Main	e 04243-128:	5				ŀ			
		Phone: 207-78	2-0104								
Signatures	\frown	Fax: 207-78	3-4800					1			
Signatures	Property Owner Signature	x					Date				
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Ł	-+111-	X	edic ct 5	ofern	<i>itcuda</i>	$\int $	4/12/2	94			
	Sprinkler Contractor Sign	ature		litle			Date				
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Sprinkler Systems, Inc. Contractor's Material & Test Certificate for Aboveground Pipe

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Nan	be Commun	y LOUNSELL	NC (BN	_رق						1	Date 4-1	2-11	
Property Add	Iress 175 LA	NCASTER JT	TABBS P	on	and	M	80	4101					
Plans	Accepted by a Address AS Installation co Equipment us	pproving authorit	ties (Names) مرمج کی ed plans no, explain	deviati	ons	AU	ر لدوم ه محد ل ن	in of Me	hæ 04	330 (Yes Yes	No No)
Instructions	Has person in valve and care If no, explain:	charge of fire equ and maintenance	ipment been this new	n instru v equipi	ncted a ment?	as to	locatio	on of con	trol	ć	Yes	No)
	Have copies of the following been left on the premises?1. System components instructions2. Care and maintenance instructions3. NFPA 25									ć	Yes Yes Yes	No No	5
Location of System	Supplies Build	ings: S-1173	n "2		0	5	101	<u>`</u>	•	na	1-4	18	
Sprinklers	MELIANO	ake RLAZLAIND	Mode FIF2	el Year 2		r of	Mfg.	Orific `(,	e Size	Quanti 50	ty T	emp F	Lating
Sprilline	· · · · · · · · · · · · · · · · · · ·					-							
Pipe and Fittings	Type of pipe	NEPP & F	ISTM			Typ	e of ht		sp.s	f As-	m		
Alarm Valve	Alarm Device Maximum tin							n time to test	e to operate through test connection				
or Flow Indicator	Type ALALM VAWS	Make			M	lodel			Min	a	Sec		
	A.	Dry	Valve						QOD				
	Make	N	Aodel	Se	rial #	_	N	lake	+	Model	-	Serial	#
Dry Pipe Operating Test	Time to through connecti	trip V test Pr ion	Vater	Pre	Air	-	Trij Air F	Point ressure	Ti Re:	me Water ached Tes Outlet	st	Alarr Operat Proper	n ted rly
-	With MIN QOD W/O MIN	SEC SEC	PSI PSI		PSI PSI PSI PSI		PSI	MIN SEC			ÆS	NO	
	QOD If no, explain:		ł										

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Protection and a second s			<u>، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، </u>					and the second se				
	Operation:	Circle One	e: Pneu	matic	E	lectric	Hydu	aulic				
1	Piping Supervised Y	es No		Detecting	g Media Su	pervised	Yes	No				
Deluge &	Does valve operate from t	he manual trip, 1	remote, or bot	h control s	tations?		''Yes	No				
Preaction	Is there an accessible facil	ity in each circu	it for testing?			<u></u>	Yes	No				
Valve	If no, explain.	· · · · · · · · · · · · · · · · · · ·		and the second				<u> </u>				
	Make	Model	supervision lo	uit operate	Does each valve	circus operate release?	Maximu operate	n ume to release				
			Yes	No	Yes	No	Min	Sec				
Pressure	Location & Eleor	Make & Mod	el .Setting	Static I	Pressure	Residual Pr	essure F	low Rate				
Reducing				Iniei (psi)	Outlet (psi)	iniei (psi) Ou	tilet (psi)	low (gpm)				
Valve												
Test Description	<u>HYDROSTATIC</u> : Hydros bars) above static pressure shall be left open during th <u>PNEUMATIC</u> : Establish 4 hours. Test pressure tanks not exceed 1 1/.2 psi (.01 b.	tatic tests shall b in excess of 150 e test to prevent 40 psi (2.7 bars) : at normal water ars) in 24 hours.	e made at not psi (10.2 bar damage. All air pressure a level and air	tess than t s) for 2 hor abovegrou nd drop, w pressure at	200 psi (13 1rs. Differe ind piping l thich will n nd measure	.6 bars for 2 1 ential dry-pips leakage shall ot exceed 1 ½ air pressure	ours or 50 j e valve clap be stopped. a psi (.01 ba drop, which	psi (3.4 pers rs) in 24 shall				
	All piping hydrostatically to Dry piping pneumatically to Equipment operates proper Do you certify as the sprink	ested at N/A ested (circle one y (circle one ler contractor the	_psi (z) N\A at additives an	bars) for _ Yes Yes	hou No No re chemical	IS If no, sta	te reason: Circle one:	, ,				
Tests	sodium silicate or derivative chemicals were not used for <u>Drain Test</u> : Reading of gan water supply te	Chemicals were not used for testing systems or stopping leaks? Itest No Drain Test: Reading of gauge located near water supply test connection: 100 psi (bars) Residual pressure with value in test connection open wide:										
Hydanlic Data Nameplate	Nameplate provided:	Ves (No) If no,	explain:	YBS S	4f3DUU3						
Remarks	Date left in service with all c	ontrol valves op	en: A-	-12-11								
Signatures	Sprinkler Contractor: Property Owner Signature	Sprinkler Syster P.O. Box 1285 Lewiston, Main Phone: 207-78 Fax: 207-78	ms, Inc. e 04243-128. 2-0104 3-4865	5 Titles of t	rntud	a4 0	Date (12)	(204				
	Sprinkler Contractor Signat	ture	- FA	Title	1/	4	Date	,				
dditional Explan	ations and votes:		, 0,	· · · · · · · · · · · · · · · · · · ·	<u> </u>			······································				
						<i>.</i> .	<u></u>					

Sprinkler Systems, Inc. Contractor's Material & Test Certificate for Aboveground Pipe

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Nan	Property Name COMMUNITY LOUNSPLING (BNTO) Date 4-12-11											
Property Add	ress 175 LA,	NCASTER JT	M335 . P.	on	222	Mec	241	01				
Plans	Accepted by ap Address AS Installation con Equipment use	proving authorit	ies (Names) Ang Su ed plans no, explain	Ssari TB deviati	3 Fin 1, ons	AULUM	pris p.r	075	æ 4336	Yes	и С и С	0
Instructions	Has person in c valve and care If no, explain:	charge of fire equ and maintenance	ipment been e of this new	n instru v equipi	nent?	as to locat	ion of	f control		Yes) N	0
	Have copies of the following been left on the premises?YesNo1. System components instructionsYesNo2. Care and maintenance instructionsYesNo3. NFPA 25YesNo											
Location of System	Supplies Buildi	ngs: System	.3		•				ml-	-17)	
Sprinklers	MELIANO	Ike QLLIX BIND	Mode FIR2		Year of 201				ze Qua	Quantity .4=		Rating 5°
Pipe and Fittings	Type of pipe NEPA & Asta Type of fittings NEPA & Asta											
Alarm Valve	Alarm Device Maximum tim								num time te	to operate through test connection		
or Flow Indicator	Type ALALM VOINS	Make	;	Model Min					Min	Sec		
	A.	Dry	Valve			ŀ			QOD	OD		
	Make		Model	Se	rial #		Make		Model	-	Seria	1#
Dry Pipe Operating Test	Time to through connection	trip V test Pr on	Vater	Pre	Air	Tr	ip Pos	sure	Time Wa Reached 7 Outlet	iter Fest	Alar Opera Prope	m ited rly
	With MIN QOD W/O MIN	SEC SEC	PSI			251		PSI MI		AIN SEC		NO
	QOD If no, explain:	<u> </u>	l									

Page Two

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-	Operation:	Circle One:	Pnem	natic	E	lectric	Hy	draulic
	Piping Supervised	Yes No		Detecting	g Media Su	pervised	Yes	No
Deluge &	Does valve operate from	the manual trip, re	mote, or both	a contról s	tations?		''Yes	' N
Preaction	Is there an accessible fac	ility in each circuit	for testing?				Yes	N
Valve	If no, explain.	1-1-1-1						
	Маке	Model	supervision los	s alarm?	Does each valve	circuit operate release?	Maxim opera	te release
			Yes	No	Yes	No	Min	_Sec
Pressure	Location & Floor	Make & Mode	1 Setting	Static I	Pressure	Residual P	ressure	Flow Rat
Reducing				Inlet (psi)	Outlet (psi)	iniei (psi) Oi	itiel (ps)	Flow (gpm
Valve								
Test Description	<u>HYDROSTATIC:</u> Hydro bars) above static pressure shall be left open during to <u>PNEUMATIC:</u> Establish hours. Test pressure tank not exceed 1 1/.2 psi (.01	static tests shall be e in excess of 150 p the test to prevent c 40 psi (2.7 bars) a s at normal water 1 bars) in 24 hours.	made at not ssi (10.2 bars lamage. All ir pressure ar evel and air j	less than 2) for 2 hou aboveground ad drop, workssure an	200 psi (13 urs. Differe und piping l hich will n nd measure	.6 bars for 2 l ential dry-pip leakage shall ot exceed 1 ½ e air pressure	hours or 50 e valve cla be stopped 2 psi (.01 t drop, whic	0 psi (3,4 uppers 1.
Tests	All piping hydrostatically Dry piping pneumatically Equipment operates prope Do you certify as the sprin sodium silicate or derivati	tested at NA tested (circle one) rly (circle one) kler contractor that ves or sodium silici	psi (h N\A t additives an ate, brine, or	vars) for Yes Yes d corrosiv	hou No No 'e chemical osive	IS If no, sta	ate reason: Circle one:	No
	Drain Test: Reading of gr water supply t	inge located near lest connection:	110	_psi (bars)	Residual in test co wide: <u>[</u> (pressure ronnection ($5 \le psi$ (with valve open bars
ydaulic Data Nameplate	Nameplate provided:	Yes No	lf no, e	explain:	YBS S	CH3DUU3		t.
	The second s	Constraint and the second s	No. of Concession, Name of	and the second se	concernance of the second second second second second	construction and service provide services and a service service and the service of the service o		
Remarks	Date left in service with all	control valves ope	^{n:} 4-	-1211		•: -		<u>k</u>
Remarks Signatures	Date left in service with all Sprinkler Contractor:	Sprinkler System P.O. Box 1285 Lewiston, Maine Phone: 207-782 Fax: 207-783	n: 15, Inc. 04243-1285 -0104 -4865	-12(1	й. 19.			
Remarks Signatures	Date left in service with all <u>Sprinkler Contractor</u> : Property Owner Signature	Sprinkler System P.O. Box 1285 Lewiston, Maine Phone: 207-782 Fax: 207-783	n: 15, Inc. 04243-1285 -0104 -4865 T flace	-1211 itle 5.yke	LIVIPUL	lait	\mathcal{D}_{ate}	20((
Remarks Signatures	Date left in service with all <u>Sprinkler Contractor</u> : Property Owner Signature Sprinklet Contractor Sign	sprinkler System P.O. Box 1285 Lewiston, Maine Phone: 207-782 Fax: 207-783	n: 4 18, Inc. 04243-1285 -0104 -4865 T floice T T	-12-11 itle T S Ne Vitle	RIVITU	la r 41	Date OU/p/ Date	Zv((
Remarks Signatures	Date left in service with all <u>Sprinkler Contractor</u> : Property Owner Signature Sprinklet Contractor Sign ations and Notes:	Sprinkler System P.O. Box 1285 Lewiston, Maine Phone: 207-782 Fax: 207-783	n: 4- 18, Inc. 04243-1285 -0104 -4865 T. Floice T. T. FC	-1211 itle The Witle	RIVITUL	leit 41.	Date Date	Zv) [(_
Remarks Signatures tional Explana	Date left in service with all <u>Sprinkler Contractor</u> : Property Owner Signature Sprinklet Contractor Sign ations and Notes:	sprinkler System P.O. Box 1285 Lewiston, Maine Phone: 207-782 Fax: 207-783	n: 4 18, Inc. 04243-1285 -0104 -4865 T flice T T FC	-1211 itle Ttle <i>CULV</i>	LIVITUL AU	lait U	Date OU/p/ Date	ZW [{

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FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

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.

1. PROPERTY INFORMATION

Name of property: Community Co	unsling	
Address: 175 Lancaster St. Portlan	d ME	
Description of property: Stell and o	concreate fully sprinkled	
Occupancy type: Existing office spa	ace	
Name of property representative:	andry / French Construction	Jeffry Barker
Address: 68 Munssey Rd Scarboro	ugh ME 04074	
Phone: 207-730-5566	Fax:	E-mail:
Authority having jurisdiction over this	s property: PFD	
Phone:	Fax:	E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installatio	n contractor for this equi	pment: BH Milliken	
Address:	Same		
License of	r certification number:		
Phone:		Fax:	E-mail:
Service of	ganization for this equip	ment: SimplexGrinnell	
Address:	20 Thomas Dr Westbro	ook Maine	
License or	r certification number:	MS60019217	
Phone:	842-6440	Fax:	E-mail:
A contract	t for test and inspection in	accordance with NFPA standards is	in effect as of: 3-11-11
Contracte	d testing company: Sir	nplexgrinnell	
Address:	20 Thomas Drive West	brook ME	
Phone:	207-842-6440	Fax:	E-mail:
Contract e	xpires: 3-11-12	Contract number:	Frequency of routine inspections:

3.	DESCRIPTION O	F SYSTEM OI	R SERVICE	
	🛛 Fire alarm system	n (nonvoice)		
	Fire alarm with in	n-building fire en	nergency voice	alarm communication system (EVACS)
	Mass notification	system (MNS)		
	Combination syst	em, with the follo	owing compone	ents:
	🗋 Fire alarm	EVACS	MNS	Two-way, in-building, emergency communication system
	Other (specify):			
				NFPA 72 Fig 10 18 2 1 1 (p 1 of 12)
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3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010	Additional description of sy	ystem(s): Changed out Existing FACP and added some new devices
3.1 Control Unit		
Manufacturer: SimplexGrinnell LP		Model number: 4100U
3.2 Mass Notification System		This system does not incorporate an MNS
3.2.1 System Type:		
In-building MNS-combination		
In-building MNSstand-alone	UWide-area MNS Distributed	recipient MNS
Other (specify):		
3.2.2 System Features:		
Combination fire alarm/MNS	MNS autonomous control unit	Wide-area MNS to regional national alerting interface
Local operating console (LOC)	Direct recipient MNS (DRMNS)	□ Wide-area MNS to DRMNS interface
Wide-area MNS to high-power spe	aker array (HPSA) interface 🔲 In-build	ding MNS to wide-area MNS interface
Other (specify):		
3.3 System Documentation		
An owner's manual, a copy of the r	nanufacturer's instructions, a written seq	quence of operation, and a copy of
the numbered record drawings are	stored on site. Location:	
3.4 System Software	□ This system	does not have alterable site-specific software.
		a doob not not a data doit one openine souther
Operating system (executive) software	revision level: R8 P14.01.05	
Operating system (executive) software Site-specific software revision date:	erevision level: R8 P14.01.05 3-11-2011 Revision of	completed by: JBH
Operating system (executive) software Site-specific software revision date:	e revision level: R8 P14.01.05 3-11-2011 Revision of is stored on site. Location: Fire Alar	completed by: JBH m Document Box
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission	e revision level: R8 P14.01.05 3-11-2011 Revision of the is stored on site. Location: Fire Alart on Dhis system	completed by: JBH m Document Box stem does not have off-premises transmission.
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm	e revision level: R8 P14.01.05 3-11-2011 Revision of is stored on site. Location: Fire Alart on D This sys- signals with phone numbers:	completed by: JBH m Document Box stem does not have off-premises transmission.
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One	e revision level: R8 P14.01.05 3-11-2011 Revision e is stored on site. Location: Fire Alart on D This system signals with phone numbers:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above	e revision level: R8 P14.01.05 3-11-2011 Revision of the is stored on site. Location: Fire Alart on D This system signals with phone numbers:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone:
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmissie Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above	e revision level: R8 P14.01.05 3-11-2011 Revision of the is stored on site. Location: Fire Alart on DThis system signals with phone numbers:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone:
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted	e revision level: R8 P14.01.05 3-11-2011 Revision of the is stored on site. Location: Fire Alarton on D This system signals with phone numbers: ed:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone:
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted Method of retransmission:	e revision level: R8 P14.01.05 3-11-2011 Revision of the is stored on site. Location: Fire Alart on D This system signals with phone numbers: ed:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone:
Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted Method of retransmission: If Chapter 26, specify the means of transmission	e revision level: R8 P14.01.05 3-11-2011 Revision of a is stored on site. Location: Fire Alart on D This system signals with phone numbers: ed: ed:	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone: o the supervising station:
 Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted Method of retransmission: If Chapter 26, specify the means of transmission 	erevision level: R8 P14.01.05 3-11-2011 Revision of is stored on site. Location: Fire Alardon D This system: signals with phone numbers: ed: unsmission from the protected premises to liary alarm system: D Local energy	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone: o the supervising station: Shunt Vert Wired Vert Wireless
 Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarma Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted Method of retransmission: If Chapter 26, specify the means of transmission 	erevision level: R8 P14.01.05 3-11-2011 Revision of is stored on site. Location: Fire Alart on	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone: o the supervising station:
 Operating system (executive) software Site-specific software revision date: A copy of the site-specific software 3.5 Off-Premises Signal Transmission Name of organization receiving alarm Alarm: Protection One Supervisory: Same AS Above Trouble: Same As Above Entity to which alarms are retransmitted Method of retransmission: If Chapter 26, specify the means of transmission 	erevision level: R8 P14.01.05 3-11-2011 Revision of is stored on site. Location: Fire Alara on ☐ This system: ed: unsmission from the protected premises to liary alarm system: ☐ Local energy	completed by: JBH m Document Box stem does not have off-premises transmission. Phone: 1-800-341-0107 Phone: Phone: Phone: Phone: O the supervising station:

NFPA 72 Fig 10 18 2 1 1 (p 2 of 12)

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4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: Class B Survivability level: 2 (See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity:

Description:

4.1.3 Device Power Pathways

□ No separate power pathways from the signaling line pathway

Dewer pathways are separate but of the same pathway classification as the signaling line pathway

D Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity:

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class:	Existing	Survivability level:	Quantity:	26 Existing
(See NFPA 72, Sec	ctions 12.3 and 12.4)			

4.2.2 Pathways Utilizing Two or More Media

Quantity:

Description:

4.2.3 Device Power Pathways

□ No separate power pathways from the initiating device pathway

Dever pathways are separate but of the same pathway classification as the initiating device pathway

D Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

 Pathways class:
 Class B
 Survivability level:
 2
 Quantity:
 8
 new

 (See NFPA 72, Sections 12.3 and 12.4)

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4.3.2 Pathways Utilizing Two or More Media

Quantity:

Description:

4.3.3 Device Power Pathways

I No separate power pathways from the notification appliance pathway

Power pathways are separate but of the same pathway classification as the notification appliance pathway

D Power pathways are separate and different classification from the notification appliance pathway

NFPA 72 Fig 10 18 2 1 1 p 3 of 12

Quantity:

1

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices					
5.1.1 Manual Fire Alarm Boxes		☐ This sys	tem does not have	manual fire alarm boxes	š.
Type and number of devices: Addressable: 7 r	new Conve	entional:	Coded:	Transmitter:	
Other (specify):					
5.1.2 Other Alarm Boxes			This system does	not have other alarm box	es.
Description:					
Type and number of devices: Addressable:	Conve	entional:	Coded:	Transmitter:	
Other (specify):					
5.2 Automatic Initiating Devices					
5.2.1 Smoke Detectors			This system does	not have smoke detectors	5.
Type and number of devices: Addressable: 3 r	new Conv	entional:			
Other (specify):					
Type of coverage: Complete area Partial Other (specify):	area 🗋 No	onrequired partial	area		
Type of smoke detector sensing technology:	Ionization	Photoelectric	Multicriteria	Aspirating Bea	am
Other (specify):					
5.2.2 Duct Smoke Detectors	🖾 Th	is system does no	t have alarm-caus	ing duct smoke detectors	
Type and number of devices: Addressable:	Conv	entional:			
Other (specify):					
Type of coverage:					
Type of smoke detector sensing technology: \Box	Ionization	Photoelectric	Aspirating	□ Beam	
5.2.3 Radiant Energy (Flame) Detectors		⊠ This sys	tem does not have	e radiant energy detectors	5.
Type and number of devices: Addressable:	Conv	entional:			
Other (specify):					
Type of coverage:					
5.2.4 Gas Detectors			This system d	oes not have gas detector	S.
Type of detector(s):					
Number of devices: Addressable: Cor	ventional:				
Type of coverage:					
5.2.5 Heat Detectors			IThis system d	oes not have heat detecto	rs.
Type and number of devices: Addressable:	Conv	entional:			
Type of coverage: Complete area Partia	al area 🔲	Nonrequired parts	ial area 📋 Line	ar 🗆 Spot	
Type of heat detector sensing technology:	xed tempera	iture 🗌 Rate-of	f-rise 🔲 Rate c	ompensated	
			VEPA 72	Fig 10 18 2 1 1 (p. 4 c	of 12)

5. ALARM INITIATING DEVICES (continued)

	5.2.6 Addressable Monitoring Modules	This system does not have mo	onitoring modules.
	Number of devices: 6 New		
	5.2.7 Waterflow Alarm Devices	This system does not have waterf	low alarm devices.
	Type and number of devices: Addressable: 3	Conventional: Coded: 7	ransmitter:
	5.2.8 Alarm Verification	This system does not incorporate	alarm verification.
	Number of devices subject to alarm verification:	Alarm verification set for:	seconds
	5.2.9 Presignal	This system does not inco	prporate pre-signal.
	Number of devices subject to presignal:		
	Describe presignal functions:		
	5.2.10 Positive Alarm Sequence (PAS)	☑ This system does	not incorporate PAS.
	Describe PAS:		
	5.2.11 Other Initiating Devices	This system does not have oth	ner initiating devices.
	Describe:		
6.	SUPERVISORY SIGNAL-INITIATING DEVICES	S	

This system does not have sprinkler supervisory devices. 6.1 Sprinkler System Supervisory Devices Coded: Transmitter: Type and number of devices: Addressable: 3 Conventional: Other (specify): 6.2 Fire Pump Description and Supervisory Devices This system does not have a fire pump. Type fire pump: Electric pump □ Engine Coded: Transmitter: Type and number of devices: Addressable: Conventional: Other (specify): 6.2.1 Fire Pump Functions Supervised Dewer Running Phase reversal Selector switch not in auto Engine or control panel trouble Low fuel Other (specify): 6.3 Duct Smoke Detectors (DSDs) This system does not have DSDs causing supervisory signals. Conventional: Type and number of devices: Addressable: y Other (specify): Type of coverage:

 Type of smoke detector sensing technology:
 Ionization
 Photoelectric
 Aspirating
 Beam

 6.4 Other Supervisory Devices
 Init system does not have other supervisory devices.

6.4 Other Supervisory Devic Describe:

NFPA 72 Fig 10 18 2 1 1 (p 5 of 12

7. MONITORED SYSTEMS

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	7.1 Engine-Driven Gener	ator			⊠ This system	m does not have a generator.
	7.1.1 Generator Function	ns Supervis	ed			
	Engine or control panel	trouble	Generator ru	nning 🛛	Selector switch not in auto	Low fuel
	Other (specify):					
	7.2 Special Hazard Supp	ression Sys	tems	\boxtimes	This system does not mon	itor special hazard systems.
	Description of special haza	rd system(s):			
	7.3 Other Monitoring Sys	stems			This system does	not monitor other systems.
	Description of special haza	rd system(s):			
8.	ANNUNCIATORS				⊠ This system de	pes not have annunciators.
	8.1 Location and Descrip	tion of Ann	unciators			
	Location 1:					
	Location 2:					
	Location 3:					
9.	ALARM NOTIFICATIO	N APPLI	ANCES			
	9.1 In-Building Fire Eme	ergency Voi	ce Alarm Comm	unication Sys	tem I This system de	bes not have an EVACS.
	Number of single voice ala	rm channels	s:	Numb	er of multiple voice alarm o	hannels:
	Number of speakers:			Numb	er of speaker circuits:	
	Location of amplification a	and sound-p	rocessing equipm	ent:		
	Location of paging microp	hone station	ns:			
	Location 1:					
	Location 2:					
	Location 3:					
	9.2 Nonvoice Notification	Appliance	25	This s	stem does not have nonvoid	ce notification appliances.
	Horns:	With visi	ble: 28 new	Bells:	With vi	sible:
	Chimes:	With visil	ble:			
	Visible only: 83 new	Other (de	scribe):			
	9.3 Notification Appliance	e Power Ex	ttender Panels		This system does not h	have power extender panels.
	Quantity: 2					
	Locations: room C131 and	nd room A1	10			

NFPA 72, Fig. 10 18 2 1 1 (p. 6 of 12)

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS In This system does not have an MNS.

10.1 MNS Local Operating Consoles		
Location 1		
Location 2:		
Location 3:		
10.2 High-Power Speaker Arrays		
Number of HPSA speaker initiation zone	25:	
Location 1:		
Location 2:		
Location 3:		
10.3 Mass Notification Devices		
Combination fire alarm/MNS visible app	bliances: MNS-only visible appliances:	
Textual signs:	Other (describe):	
Supervision class:		
10.3.1 Special Hazard Notification		
This system does not have special sup	pression predischarge notification.	
MNS systems DO NOT override notif predischarge notification.	fication appliances required to provide special suppression	
11. TWO-WAY EMERGENCY COM	MUNICATION SYSTEMS	
11.1 Telephone System	It is system does not have a two-way teleph	one system.
Number of telephone jacks installed:	Number of warden stations installed:	
Number of telephone handsets stored on	site:	
Type of telephone system installed:	Electrically powered	
11.2 Two-Way Radio Communication	ns Enhancement System	
I This system does not have a two-way	radio communications enhancement system.	
Percentage of area covered by two-way r	radio service: Critical areas: % General building areas:	%
Amplification component locations:		
Inbound signal strength:	dBm Outbound signal strength:	dBm
Donor antenna isolation is:	dB above the signal booster gain	

Radio frequencies covered:

Radio system monitor panel location:

FPA 72 Fig 10 18 2 1 1 (p. 7 of 12)

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11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS (continued)

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Location of central control point:

Number of stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.4 Elevator Emergency Communications Systems

This system does not have an elevator emergency communications system.

Number of elevators with stations:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.5 Other Two-Way Communication Systems

Describe:

12. CONTROL FUNCTIONS

This system activates the following control fuctions:

☑ Hold-open door releasing devices
□ Smoke management
☑ HVAC shutdown
□ F/S dampers

Elevator shunt trip I Mass notification system override of fire alarm notification appliances Other (specify):

12.1 Addressable Control Modules

This system does not have control modules.

Number of devices:

Other (specify):

13. SYSTEM POWER

13.1	Control	Unit
------	---------	------

13.1.1 Primary Power

Input voltage of control panel: 120

Overcurrent protection: Type: breaker

Location (of primary supply panel board): House Panel

Disconnecting means location: Ckt 17

13.1.2 Engine-Driven Generator

Location of generator:

Location of fuel storage:

Control panel amps: 12 Amps: 20

This system does not have a generator.

Type of fuel:

VFPA 72 Fig 10 18 2 1 1 (p 8 of 12)

13. SYSTEM POWER (continued)

re the system components connected to it: In alarm mode (minutes): Stature In alarm mode (minutes): In alarm mode (minutes): Acture Battery calculations are attached Alarm Communication System or Mass Notification System MNS system. EVACS or MNS panel amps: Amps:
re the system components connected to it: In alarm mode (minutes): :: SLA Nominal voltage: 24 Amp/hour rating: 36 system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System t MNS system. EVACS or MNS panel amps: Amps:
re the system components connected to it: In alarm mode (minutes): SLA Nominal voltage: 24 Amp/hour rating: 36 system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System r MNS system. EVACS or MNS panel amps: Amps:
In alarm mode (minutes): A Nominal voltage: 24 Amp/hour rating: 36 system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System t MNS system. EVACS or MNS panel amps: Amps:
e: SLA Nominal voltage: 24 Amp/hour rating: 36 system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System or MNS system. EVACS or MNS panel amps: Amps:
e: SLA Nominal voltage: 24 Amp/hour rating: 36 system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System t MNS system. EVACS or MNS panel amps: Amps:
system: In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System MNS system. EVACS or MNS panel amps: Amps:
In alarm mode (minutes): acture Battery calculations are attached Alarm Communication System or Mass Notification System at MNS system. EVACS or MNS panel amps: Amps:
Alarm Communication System or Mass Notification System MNS system. EVACS or MNS panel amps: Amps:
Alarm Communication System or Mass Notification System MNS system. EVACS or MNS panel amps: Amps:
r MNS system. EVACS or MNS panel amps: Amps:
EVACS or MNS panel amps: Amps:
EVACS or MNS panel amps: Amps:
Amps:
☐ This system does not have a generator
Type of fuel:
This system does not have a UPS.
the system components connected to it:
In alarm mode (minutes):
e: Nominal voltage: Amp/hour rating:
system:
In alarm mode (minutes):
acture 🔲 Battery calculations are attached
a

13. SYSTEM POWER (continued)

13.3 Notification Appliance Power Extender Panels	This system does not have power extender panels.			
13.3.1 Primary Power				
Input voltage of power extender panel(s): 2 added	Power extender panel amps: 10			
Overcurrent protection: Type:	Amps:			
Location (of primary supply panel board):				
Disconnecting means location:				
13.3.2 Engine-Driven Generator	This system does not have a generator.			
Location of generator:				
Location of fuel storage:	Type of fuel:			
13.3.3 Uninterruptible Power System	This system does not have a UPS.			
Equipment powered by a UPS system:				
Location of UPS system:				
Calculated capacity of UPS batteries to drive the system com	ponents connected to it:			
In standby mode (hours):	In alarm mode (minutes):			
13.3.4 Batteries				
Location: Type:	Nominal voltage: Amp/hour rating:			
Calculated capacity of batteries to drive the system:				
In standby mode (hours):	In alarm mode (minutes):			
Batteries are marked with date of manufacture	attery calculations are attached			
14. RECORD OF SYSTEM INSTALLATION				
Fill out after all installation is complete and wiring has been branching, but before confucting operational acceptance test	checked for opens, shorts, ground faults, and improper ts.			
This is a: 🗋 New system 🛛 Modification to an existing	ng system Permit number:			
The system has been installed in accordance with the follow	ing requirements: (Note any or all that apply.)			
X NFPA 72. Edition: 2010				

NFPA 70, National Electrical Code, Article 760, Edition: 2008

Manufacturer's published instructions

Other (specify): Changed out FACP and Added some new devices

System deviations from referenced NFPA standards: None noted

Signed: Bud Warkork

Organization: BH Milliken

Printed name: Fred Woodcock

Date: 3-11-11 Phone: 207-415-2998

Title: Foreman

NFPA 72, Fig. 10.18.2.1.1 (p. 10 of 12)

15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

XFPA 72, Edition: 2010

☑ NFPA 70, National Electrical Code, Article 760, Edition: 2008

Manufacturer's published instructions

Other (specify):

Organization:

Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed: Do	en 24	Printed name:	John Hale	Date:	3-11-2011
Organization:	SimplexGrinnell LP	Title: TR		Phone:	842-6440

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

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

Signed:

BH Milliken

Printed name: Fred Woodcock		Date:	3-11-2011
Title:	Foreman	Phone:	207-415-2998

16.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:	Same as 15	Printed name:	Date:
Organizatio	n:	Title:	Phone:

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed	Printed name:	Date:
Organization	Title:	Phone:

16. CERTIFICATIONS AND APPROVALS (continued)

16.4 Property or Owner Representative:

This system, as pecified herein, will be monito	ored accord	ing to al	INFPA standards cit	ed herein.	
Signed / Z	Printed	name:	Jeffry Barker	Date:	3-11-11
Organization: Landry/ French	Title:	Superin	ntendent	Phone:	207-7

16.5 Authority Having Jurisdiction:

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

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

NFPA 72, Fig. 10 18.2.1.1 (p. 12 of 12)

207-730-5566

				Test Report			
	Address	DEVICE TYPE	Description	l		Alarm	Trouble
	A41 10	NHOTO	Chaoke		M1 10	OK	OK
	M1-10	PHOTO	SMUKE	OVER MAIN FIRE ALARM PANEL	M1-10	OK	OK
	M1-11	PHUID	SMUKE	RUUM A110	MI-11	OK	OK
	M1-12	KPHOTO	ISDUCI		M1-12	OK	OK
	M1-13	ADRPUL	PULL		M1-13	OK	OK
	M1-14	RPHOTO	LSDUCI	RTU-1 CORRIDOR 15	M1-14	OK	OK
	M1-15	4009A4	SIGNAL	PES ROOM A110	M1-15	OK	OK
	M1-15-1	MSIGB	SQALERI			OK	OK
	M1-15-2	MSIGB	SQALERT			OK	OK
	M1-15-3	MSIGB	SQALERT			ОК	OK
	M1-15-4	MSIGB	SQALERT			OK	OK
79	M 1-16	IAM	SO	SPRINKLER RISER 3 TAMPER	M1-16	OK	OK
~ –	-M1-17	IAM	WATER	SPRINKLER RISER 3 WATER FLOW	M1-17	OK	OK
	M1-20	RPHOTO	LSDUCT	RTU-3 ROOM C164	M1-20	OK	OK
	M1-21	ADRPUL	PULL	EXIT BY ROOM C167	M1-21	OK	OK
	M1-22	ADRPUL	PULL	EXIT CORRIDOR 3	M1-22	OK	OK
	M1-23	RPHOTO	LSDUCT	RTU-5	M1-23	OK	OK
	M1-24	ADRPUL	PULL	EXIT CORRIDOR 3	M1-24	OK	OK
	M1-25	РНОТО	SMOKE	ROOM C131	M1-25	OK	OK
	M1-26	RPHOTO	LSDUCT	RTU-6 ROOM A104	M1-26	OK	OK
	M1-27	RPHOTO	LSDUCT	RTU-7 ROOM A102	M1-27	OK	OK
	M1-28	4009A4	SIGNAL	PE-6 ROOM C131	M1-28	OK	OK
	M1-28-1	MSIGB	SQALERT			OK	OK
	M1-28-2	MSIGB	SQALERT			OK	OK
	M1-28-3	MSIGB	SQALERT			OK	OK
	M1-28-4	MSIGB	SQALERT			OK	OK
	M1-40	RPHOTO	LSDUCT	RTU-4 LOFT ROOM G105	M1-40	OK	ОК
	M1-41	ADRPUL	PULL	VESTIBULE EXIT G103	M1-41	ОК	OK
	M1-42	ADRPUL	PULL	FOYER EXIT A101	M1-42	OK	ОК
	M1-43	RPHOTO	ISDUCT	RTU-8 ROOM C127	M1-43	ОК	OK
	M1-44	RPHOTO	ISDUCT	RTU-9 ROOM C114	M1-44		
	M1-45	IAM	WATER	MAIN FLECT, RM BASEMENT WATER FLO	N M1-45	ОК	OK
	M1-46	IAM	so	MAIN FLECT RM BASEMENT SPRNK TAM	P M1-46	OK	OK
	M1_47		DIIII	EVIT BY POOM C100 A	M1_47	OK	OK
	-141-49	IAM	W/ATED	SPRINKLER WATER FLOW ROOM G101	M1_49	OK	OK
2	M1 40		SO	SPRINKLER WATER FLOW ROOM GIOL	M1_40	OK	OK
	SICO	SICP	DVICIAL		SIC0	OK	OK
	3109	SIGB	RVISUAL		3103	OK	OK
	ZN1 7012	SMUNB	FIRE			OK	OK
	ZN2	SMUNB	FIRE	JOB SERVICES MAIN FROM	ZNZ 7412	OK	OK
	ZNJ	SMONB	FIRE		ZN3	OK	OK
	ZN4	SMONB	FIRE	JOB SERVICES MIDDLE	2N4	OK	UK
	2N5	SMONB	FIRE	JOB SERVICES REAK	2N5	OK	OK
	ZN6	SMONB	FIRE	JUB SERVICES BREAKROOM	2N6	OK	OK
	ZN7	SMONB	FIRE	SUITE 123	ZN7	OK	OK
	ZN8	SMONB	FIRE	SUITES 140 AND 150	ZN8	OK	OK
	ZN9	SMONB	FIRE	SUIFE 155	ZN9	OK	OK
	ZN10	SMONB	FIRE	SUITE 160	ZN10	OK	OK
	ZN11	SMONB	FIRE	2ND FLR HALL TRAINING RESOURCES	ZN11	OK	OK
	ZN12	SMONB	FIRE	ROOM 206	ZN12	OK	OK

ZN13	SMONB	FIRE	ROOM 210	ZN13	OK	ОК
ZN14	SMONB	FIRE	ROOM 213	ZN14	OK	ОК
ZN15	SMONB	FIRE	2ND FLOOR HALLWAY	ZN15	OK	ОК
ZN16	SMONB	FIRE	SUITE 216	ZN16	OK	OK
ZN17	SMONB	FIRE	SUITE 214	ZN17	OK	ОК
ZN18	SMONB	FIRE	SUITES 208E AND 212	ZN18	OK	OK
ZN19	SMONB	FIRE	SUITES 205M AND 208 S	ZN19	OK	ОК
ZN20	SMONB	FIRE	PENTHOUSE SUITES 300-309	ZN20	OK	OK
ZN21	SMONB	FIRE	ELM ST 2ND FLOOR SUITE 205 G	ZN21	OK	OK
ZN22	SMONB	FIRE	SUITE 221	ZN22	OK	ОК
ZN23	SMONB	FIRE	SUITES 219 AND 220	ZN23	OK	ОК
ZN24	SMONB	FIRE	SUITES 217 AND 218	ZN24	OK	OK
ZN25	SMONB	FIRE	ROOM 209	ZN25	OK	ОК
ZN26	SMONB	FIRE	107 ELM STREET 1ST FLR SUITE 205 G	ZN26	OK	OK
ZN27	SMONB	FIRE	175 LANCASTER STREET	ZN27	OK	ОК
ZN28	SMONB	FIRE	169 LANCASTER STREET	ZN28	OK	OK
-ZN29	SMONB	WATER	98 CHESTNUT STREET WATER FLOW	ZN29	OK	OK
ZN30	SMONB	FIRE	SUITES 221 AND 124	ZN30	OK	ОК
ZN31	SMONB	FIRE	SUITES 126 -136	ZN31	OK	OK
ZN32	SMONB	FIRE	175 LANCASTER STREET BASEMENT	ZN32	OK	OK
AUX7	RELAY	DHOLDER	DOOR HOLDER AUX RELAY CARD 9	AUX5	OK	OK
AUX8	RELAY	RRELAY	HVAC-1 SHUTDOWN	AUX6	OK	OK
AUX9	RELAY	RRELAY	HVAC- 2 SHUTDOWN	AUX7	ОК	OK
New						
VISUALS		83	New Devices	· · · · · · · · · · · · · · · · · · ·	OK	OK
A/V's		28	New Devices		OK	OK
Existing						
Visuals		10	Existing Zones		OK	OK
A/V's		10	Existing Zones		OK	OK

#1-

SITE: Bayside 2

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

Dev. <u>Type</u>	Description	Total	Number <u>Tested</u>	Number <u>Failed</u>	Number <u>Not Tested</u>
HD	Heat Detector	Ĩ	0	0	1
PSD	Photo Smoke Detector	159	142	0	17
PSSA	Pull Station-Single Action	25	23	0	2

ЗV				Cust	Cust	Address/	Service	Test
<u>/pe</u>	Building	<u>Floor</u>	Area	Zone	Dev#	Zone No.	Performed	<u>Result</u>
D	Bayside 2	lst	Entry Foyer (163) by Suite 160				Not Tested	
				Disconnected/I	Bypassed			
SA	Bayside 2	1 st	Exit by Suite 100 (107 Elm)	26	21		Tested	Passed
SA	Bayside 2	l st	Exit by Suite 150 (169 Lanc.)	8			Tested	Passed
SA	Bayside 2	lst	Exit by Suite 155 (165 Lanc.)	9			Tested	Passed
SA	Bayside 2	lst	Exit by Suite 160 (163 Lanc.)	10			Not Tested	
				Disconnected/H	Bypassed			
SA	Bayside 2	lst	Exit by Suite 98C	10			Not Tested	
				Disconnected/E	Bypassed			
D	Bayside 2	lst	Hall 100X (Front)		., 1		Tested	Passed
				Wall Mount - F	Relocate			
D	Bayside 2	l st	Hall 100X (Rear)				Tested	Passed
				Wall Mount - F	Relocate			
)	Bayside 2	l st	Hall 107A				Tested	Passed
ŝA	Bayside 2	lst	Hall Outside Suite 140 Waiting Room	8			Tested	Passed
ЗA	Bayside 2	İst	Kitchenette near Conf.Rm. A (101)	3			Tested	Passed
)	Bayside 2	lst	Main Elevator Lobby				Tested	Passed
ЪА	Bayside 2	lst	Main Entry	6			Tested	Passed
)	Bayside 2	l st	Main Entry Hall				Tested	Passed
)	Bayside 2	l st	Main Hall by Suite 148 Entry				Not Tested	
				Disconnected/B	ypassed			
)	Bayside 2	lst	Main Hall by Suite 150 Entry (L)				Not Tested	
				Disconnected/B	ypassed			

ALARM INITIATING DEVICES

N. P. M. N. D. P. M. P.	31882888886¥							R C.St
<u>ypc</u> <u>bu</u>	1142 (8655)	Floor	Area	Zone	Dev#	Zone No.	Performed	<u>Result</u>
SD Ba	ayside 2	lst	Main Hall by Suite 150 Entry (R)				Not Tested	
				Disconnected/	Bypassed			
SD Ba	ayside 2	lst	Main Hall by Suite 155 Entry				Not Tested	
				Disconnected/	Bypassed			
SD Bay	ayside 2	lst	Main Stairway Lobby				Tested	Passed
SD Bay	ayside 2	lst	Outside Cumberland Room (@ Door)			Tested	Passed
SD Bay	tyside 2	lst	Outside Cumberland Room (by Mail	Boxes)			Tested	Passed
SD Bay	yside 2	lst	Outside Suite 100C				Tested	Passed
SD Bay	iyside 2	lst	Outside Suite 100D				Tested	Passed
SD Bay	yside 2	lst	Outside Suite 123A				Tested	Passed
SD Bay	iyside 2	lst	Outside Suite 123C				Tested	Passed
SD Bay	yside 2	lst	Outside Suite 136B				Tested	Passed
5D Bay	yside 2	lst	Outside Suite 148 L				Tested	Passed
SD Bay	yside 2	lst	Outside Suite 148K				Tested	Passed
3D Bay	yside 2	lst	Outside Suite 148P				Tested	Passed
D Bay	yside 2	lst	Outside Suite 150B				Tested	Passed
D Bay	yside 2	lst	Outside Suite 150D				Tested	Passed
D Bay	yside 2	lst	Outside Suite 150E				Tested	Passed
D Bay	yside 2	l st	Outside Suite 150G				Tested	Passed
				Hanging by Wi	res		resteu	1 45504
D Bay	yside 2	lst	Outside Suite 160L				Not Tested	
				Disconnected/F	wnassed		Not rested	
D Bay	yside 2	lst	Outside Suite 162B) pubbeu		Not Tested	
				Disconnected/B	vnassed		for resteu	
D Bay	yside 2	lst	Outside Suite 162D		, passea		Not Tested	
				Disconnected/B	wnassed		Not realed	
D Bays	vside 2	lst	Outside Suite 162G	S 1000 mooten B	y pubbeu		Not Testad	
				Disconnected/B	massed		Not rested	
D Bays	side 2	İst	Outside Suite 162K	Disconnected/D	3 passea		Not Tested	
•				Disconnected/B	wasced		NOT I CALCU	
D Bays	side 2	lst	Outside Suite 162N	- isoonnoord/D	i hussed		Not Testad	
2				Disconnected/P	maccod		NOU LESIEU	
) Bays	side 2	İst	Outside Suite 162R		Passed		Not Tested	

ALARM INITIATING DEVICES

lev				Cust	Cust	Address/	Service	Test
vpe	Building	Floor	Area	Zone	Dev#	Zone No.	Performed	Result
SD	Bayside 2	2nd	Outside Suite 205E (Main Hall)	10			Tested	Doccod
SD	Bayside 2	2nd	Outside Suite 205G2 (Julian Hall)	10			Tested	Passed
SD	Bayside 2	2nd 2nd	Outside Suite 20502 (m 205K)	19			Tested	Passed
SD	Bayside 2	2nd	Outside Suite 2050	19			Tested	Passeu
SD	Bayside 2	2nd	Outside Suite 2053	19			Tested	Passed
SD	Bayside 2	2nd	Outside Suite 2051 (right)	19			Tested	Passed
SD	Bayside 2	2nd	Outside Suite 2051 (fight)	19			Tested	Passed
30	Bayside 2 Bayside 2	2nd	Outside Suite 2097	19			Tested	Passed
SD	Bayside 2	2nd	Outside Suite 208N	10			Tested	Passed
SD	Bayside 2	2110 2110	Outside Suite 214C	10			Tested	Passed
SD SD	Bayside 2	2.110 2.110	Outside Suite 2140	17			Tested	Passed
SD SD	Bayside 2	2nu 2nd	Outside Suite 214K	17			Tested	Passed
รก	Bayside 2	200 2nd	Outside Suite 214W	17			Tested	Passed
30	Bayside 2	2nd	Outside Suite 216B/217	15			Tested	Passed
ת מנ	Bayside 2	2110 2md	Outside Suite 2100	10			lested	Passed
20	Bayside 2	2110 2nd	Outside Suite 210F	16			Tested	Passed
20	Dayside 2	2110	Outside Suite 217G	24			Tested	Passed
שני חי	Dayside 2	200	Outside Suite 217J	24			Tested	Passed
ענ	Dayside 2	2110	Outside Suite 218A	15			Tested	Passed
3D 19 A	Bayside 2	2nd	Outside Suite 218H	23			Tested	Passed
AGI	Bayside 2	2nd	Root Exit in Suite 217H (End of Hall)	24			Tested	Passed
U U	Bayside 2	2nd	Stairwell by Suite 205G	21			Tested	Passed
U D	Bayside 2	2nd	Suite 205D (front)	11*			Tested	Passed
D D	Bayside 2	2nd	Suite 205D (rear)	11.2			Tested	Passed
U D	Bayside 2	2nd	Suite 205G (In 205K)	19			Tested	Passed
D	Bayside 2	2nd	Suite 205M Entry (off of Main Hall)	19			Tested	Passed
D	Bayside 2	2nd	Suite 205T (Front Left)	19			Tested	Passed
D	Bayside 2	2nd	Suite 205T (Front Right)	19			Tested	Passed
D	Bayside 2	2nd	Suite 205T (Rear Left)	19			Tested	Passed
D	Bayside 2	2nd	Suite 205T (Rear Right)	19			Tested	Passed
D	Bayside 2	2nd	Suite 206A (Front)	12			Tested	Passed
D	Bayside 2	2nd	Suite 206A (Rear)	12			Tested	Passed
D	Bayside 2	2nd	Suite 206A Entry Hall	12			Tested	Passed
D	Bayside 2	2nd	Suite 206B	12			Tested	Passed

ALARM INITIATING DEVICES

ev				Cust	Cust	Address/	Service	Test
vpe	Building	Floor	Area	Zone	Dev#	Zone No.	Performed	Result
\$D	Bayside 2	l st	Suites 112-114 Central Office (#06)				Tested	Passed
SD	Bayside 2	l st	Suites 112-114 Central Office (#07)				Tested	Passed
SD	Bayside 2	l st	Suites 112-114 Central Office (#08)				Tested	Passed
\$D	Bayside 2	lst	Suites 112-114 Central Office (#09)				Tested	Passed
SD	Bayside 2	lst	Suites 112-114 Central Office (#10)				Tested	Passed
SD	Bayside 2	lst	Suites 112-114 Central Office (#11)				Tested	Passed
3D	Bayside 2	lst	Suites 112-114 Central Office (#12)				Tested	Passed
3D	Bayside 2	lst	Suites 112-114 Central Office (#13)				Tested	Passed
SD	Bayside 2	l st	Suites 112-114 Central Office (#14)				Tested	Passed
SD	Bayside 2	l st	Suites 112-114 Central Office (#15)				Tested	Passed
3D	Bayside 2	l st	Suites 112-114 Central Office (#16)				Tested	Passed
SD	Bayside 2	1 st	Suites 112-114 Central Office (#17)				Tested	Passed
3D	Bayside 2	lst	Suites 112-114 Office behind Recep (#18)				Tested	Passed
5D	Bayside 2	2nd	Elevator Lobby by Suite 205A	11			Tested	Passed
SA	Bayside 2	2nd	Exit by Suite 205K	19			Tested	Passed
5D	Bayside 2	2nd	Hall 216B1 (near Ste. 218)	15			Tested	Passed
D	Bayside 2	2nd	Main Elevator Lobby	23			Tested	Passed
D	Bayside 2	2nd	Main Hall near Stair to Third Floor	19			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside 205M Entry	19			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside 206	15			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside 210	15			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside Suite 204A	11			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside Suite 209	13			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside Suite 213	15			Tested	Passed
D	Bayside 2	2nd	Main Hall Outside Suite 216A	15			Tested	Passed
D	Bayside 2	2nd	Main Stair Lobby	15			Tested	Passed
SA	Bayside 2	2nd	Main Stair Lobby	15			Tested	Passed
D	Bayside 2	2nd	Outside 208D	18			Tested	Passed
D	Bayside 2	2nd	Outside 208E (Conf. Rm. B)	18			Tested	Passed
D	Bayside 2	2nd	Outside 208S	18			Tested	Passed
D	Bayside 2	2nd	Outside Suite 201B	11			Tested	Passed
D	Bayside 2	2nd	Outside Suite 205D (Main Hall)	11			Tested	Passed
Ð	Bayside 2	2nd	Outside Suite 205D7	11			Tested	Passed

SITE: Bayside 2

ALARM INITIATING DEVICES

ev				Cust	Cust	Address/	Service	Test
<u>vpe</u>	Building	<u>Floor</u>	Area	Zone	Dev#	Zone No.	Performed	<u>Result</u>
SD	Bayside 2	2nd	Suite 208D	11 📽	/		Tested	Dorood
SD	Baycide 2	2nd	Suite 2005	11 ~			Testeu	Passeu
20	Dayside 2	2nd	Suite 208E (HOIII) (Conf. KIII. B)	18			lested	Passed
30	Dayside 2	2110	Suite 208E (rear) (Com. Rm. B)	18			Tested	Passed
SD	Bayside 2	2nd	Suite 209	25			Tested	Passed
SD	Bayside 2	2nd	Suite 210	13			Tested	Passed
SD	Bayside 2	2nd	Suite 213	14			Tested	Passed
SD	Bayside 2	2nd	Suite 216B	16			Tested	Passed
SD	Bayside 2	2nd	Suite 217 Entry	24			Tested	Passed
SD	Bayside 2	2nd	Suite 219 Entry	23			Tested	Passed
SD	Bayside 2	2nd	Suite 220	23			Tested	Passed
3D	Bayside 2	2nd	Suite 221	22			Tested	Passed
3D	Bayside 2	2nd	Suite 221E	22			Tested	Passed
SD	Bayside 2	3rd	Outside Suite 304	20			Tested	Passed
3D	Bayside 2	3rd	Stairwell by Suite 300	20			Tested	Passed
SSA	Bayside 2	3rd	Stairwell by Suite 300	20			Tested	Passed
3D	Bayside 2	3rd	Stairwell by Suite 306	20			Tested	Passed
3SA	Bayside 2	3rd	Stairwell by Suite 306	20			Tested	Passed
3D	Bayside 2	Bsm	185 Basement Elev. Machine Room	1			Tested	Passed
				Wall Mount				
)	Bayside 2	Bsm	Elevator Machine Room				Not Tested	
				Shunt Trip/Vis	ual Inspec	ction		
SA	Bayside 2	Bsm	Top of Cellar Stairs (175 Lanc.)	32			Tested	Passed

SENSITIVITY TESTING

Dev. <u>Type</u>	Flor	or Area	Cust <u>Zone</u>	Cust <u>Dev#</u>	Address/ Zone No. Mfg. Range	Prior <u>Test</u>	Current <u>Test</u>	Test <u>Result</u>
		Buildin	o Rave	ide 7				
PSD	19	st Entry Foyer (163) by Suite 160	.s. Days	luc 2		NI/A	NT / A	
PSD	15	t Hall 100X (Front)				N/A.	IN/A	
PSD	19	t Hall 100X (Rear)				IN/A	IN/A	
PSD	15	t Hall 107A				IN/A	N/A	D 1
PSD	ls	t Main Elevator Lobby				IN/A	2.8	Passed
PSD	15	t Main Entry Hall				N/A	2.7	Passed
PSD	ls	Main Hall by Suite 148 Entry				NI/A	3.Z NUA	Passed
PSD	ls	Main Hall by Suite 150 Entry (L)				NVA	IN/A	
PSD	ls	Main Hall by Suite 150 Entry (R)				IN/A	IN/A	
PSD	ls	Main Hall by Suite 155 Entry				IN/A	N/A	
PSD	ls	Main Stairway Lobby				IN/A	IN/A	D 1
PSD	ls	Outside Cumberland Room (@ Door)				NT/A	2.3	Passea
PSD	ls	Outside Cumberland Room (by Mail Boxes)				N/A	3.2	Passed
PSD	ls	Outside Suite 100C				IN/A	2.8	Passed
PSD	l st	Outside Suite 100D				IN/A N/A	3.3 2.0	Passed
PSD	1 st	Outside Suite 123A				N/A	2.9	Passed
PSD	lst	Outside Suite 123C				N/A	3.3	Passed
PSD	lst	Outside Suite 136B				NI/A	2,2	Passed
PSD	lst	Outside Suite 148 L				N/A	2.9	Passed
PSD	lst	Outside Suite 148K				IN/A NI/A	2.9	Passed
PSD	l st	Outside Suite 148P				N/A	3.2	Passed
PSD	l st	Outside Suite 150B				NI/A	3.0 2.9	Passed
PSD	lst	Outside Suite 150D				NI/A	2.0	Passed
PSD	lst	Outside Suite 150E				N/A	3.1	Passed
PSD	l st	Outside Suite 150G				N/A	3.0	Passed
PSD	lst	Outside Suite 160L				N/A	2.0 N/A	rassea
PSD	l st	Outside Suite 162B				N/A	N/A	
PSD	lst	Outside Suite 162D				N/A	NI/A	
PSD	lst	Outside Suite 162G				N/A	N/A	
PSD	1 st	Outside Suite 162K				N/A	N/A	
PSD	İst	Outside Suite 162N				N/A	N/A	
PSD	1 st	Outside Suite 162R				N/A	N/A	
PSD	lst	Outside Suite 98C				N/A	N/A	
PSD	ISL	Outside Suite 98]				N/A	N/A	

SITE: Bayside 2

SENSITIVITY TESTING

Dev. <u>Type</u>	Flor	or <u>Area</u>	Cust <u>Zone</u>	Cust <u>Dev#</u>	Address/ <u>Zone No.</u>	<u>Mfg. Range</u>	Prior <u>Test</u>	Current <u>Test</u>	t Test <u>Result</u>
PSD	Ŀ	st Outside Suite 980					NI/A	B 1 / A	
PSD	19	st Outside Suite 98P					N/A	N/A	
PSD	15	ot Outside Suite 98W					IN/A	N/A	
PSD	15	t Outside Suites 136/140					IV/A	N/A	D 1
PSD	15	t Suite 101 (Front)					N/A N/A	3.3	Passed
PSD	ls	t Suite 101 (Rear)					IN/A	3.3	Passed
PSD	ls	t Suite 101 Conference Room					IN/A	2.9	Passed
PSD	15	t Suite 110 Central Office (Front Left)					N/A	3.1 NI/A	Passed
PSD	1 s	t Suite 110 Central Office (Front Right)					N/A N/A	IN/A	Passed
PSD	ls	Suite 110 Central Office (Rear Left)					N/A	N/A	Passed
PSD	ls	Suite 110 Central Office (Rear Right)					IN/A	2.8	Passed
PSD	15	Suite 113 (Outside Restrooms)					N/A N/A	3.8 2.2	Passed
PSD	15	Suite 121 (Front)					N/A	3.2	Passed
PSD	lsi	Suite 121 (Rear)					NI/A	3.1	Passed
PSD	lst	Suite 123T (Hall)					N/A	3.2	Passed
PSD	lst	Suite 124 Central Office (Center Front)					N/A	3.2	Passed
PSD	l st	Suite 124 Central Office (Center Rear)					NI/A	5.1	Passed
PSD	lst	Suite 124 Central Office (Left Front)					N/A	2.1	Passed
PSD	lst	Suite 124 Central Office (Left rear)					N/A	2.8	Passed
PSD	lst	Suite 124 Central Office (Right Front b)					N/A	3,2 3,4	Passed
PSD	lst	Suite 124 Central Office (Right Rear)					N/A	0.4 0.0	Passed
PSD	l st	Suite 125 (Lunch Room Front)					NI/A	2.9	Passed
PSD	lst	Suite 125 (Lunch Room Rear)					N/A	2.0	Passed
PSD	lst	Suite 126 (York Room)					N/A	2.0	Passed
PSD	lst	Suite 138H (Cumberland Room)					N/A	2.9	Paged
PSD	lst	Suite 140 Central Office (Frontt)					N/A	3.1	Passed
PSD	İst	Suite 140 Central Office (Middle)					N/A	3.1	Paccod
PSD	lst	Suite 140 Central Office (Rear)					N/A	3.0	Dascad
PSD	lst	Suite 140 Entry					N/A	3.0	Dascod
PSD	İst	Suite 140A (Portland Room)					N/A	33	Passed
PSD	lst	Suite 140J Conference Room (Alfred Rm)					N/A	3.4	Paccod
PSD	lst	Suite 150 Reception					N/A	2.5	Passed
PSD PSD	Ist	Suite 155 (Front)					N/A	3.6	Passed
PSD DCD	Ist	Suite 155 (Rear)					N/A	3.3	Passed
1.00	ist	Suites 110/115 Employee Conf. Room					N/A	2.9	Passed

Dev.

SENSITIVITY TESTING

1	Cype Floor Area	Cust Zone	Cust Dev#	Address/	B.50	Pri	or Curr	ent Test
Р	SD 1st Suites 110/115 Entry Vortike L	Contraction of Contra	2011	ZAME INO.	Mig. Range	Tes	<u>t</u> <u>Test</u>	Result
P	SD 1st Suites 110/115 Reception (Elevator)					¥7.		
P	SD 1st Suites 110/115 Recention (Erent Distance)					N/	A 2.7	Passed
P	SD 1st Suites 110/115 Reception (Rear Lot)					IN/.	A 2.9	Passed
P2 DC	SD 1st Suites 110/115 Reception (Rear Picku)					IN//	A 3.2	Passed
PS	D 1st Suites 110/115 Vestibule (Flevator)					IN//	A 2.8	Passed
67 סמ	D 1st Suites 112-114 Central Office (#01)					- 1N/ / - NI/ /	4 2.7	Passed
51 DC	D 1st Suites 112-114 Central Office (#02)					N/ F	2.3	Passed
г.э. ре:	D 1st Suites 112-114 Central Office (#03)					N/A	× 3.1	Passed
DCI	D 1st Suites 112-114 Central Office (#04)					N/A	20	Passed
PCI	1 Ist Suites 112-114 Central Office (#05)					N/A	3.0	Passed
PSI	1st Suites 112-114 Central Office (#06)					N/A	3.0	Passed
PSI	1st Suites 112-114 Central Office (#07)					N/A	3.3	Passed
PSF	1st Suites 112-114 Central Office (#08)					N/A	3.4	Passed
PSD	1st Suites 112-114 Central Office (#09)					N/A	3.4	Passed
PSD	Ist Suites 112-114 Central Office (#10)					N/A	2.1	Passed
PSD	Ist Suites 112-114 Central Office (#11)					N/A	2.9	Passed
PSD	1st Suites 112-114 Central Office (#12)					N/A	3.2	Passed
PSD	Ist Suites 112-114 Central Office (#13)]	N/A	3.3	Passed
PSD	Ist Suites 112-114 Central Office (#14)				1	√/A	3.1	Passed
PSD	lst Suites 112-114 Central Office (#15)				r	∛/A	3.1	Passed
PSD	1st Suites 112-114 Central Office (#16)				N	I/A	2.8	Passed
PSD	Ist Suites 112-114 Office helicity				N	I/A	3.4	Passed
PSD	2nd Elevator Lobby by Spite 205 (#18)				N	/A	2.6	Passed
PSD	2nd Hall 216B1 (near Sie 218)	1			N	/A	2.5	Passed
PSD	2nd Main Elevator Lobby	5			2	1.6	N/A	
PSD	2nd Main Hall near Stair to Third Elevent	3			3	. 1	N/A	
PSD	2nd Main Hall Outside 205M Entry	9			2	.9	N/A	
PSD	2nd Main Hall Outside 206	9			2	.8	N/A	
PSD	2nd Main Hall Outside 210	5			2.	6	N/A	
PSD	2nd Main Hall Outside Suite 204A	5			2.	6] 6]	N/A	
rod Ded	2nd Main Hall Outside Suite 209				2. D	0 [2 1	N/A	
rsu Pen	2nd Main Hall Outside Suite 213				2	ן כ ג ב	N/A	
130	2nd Main Hall Outside Suite 216A				4.0 D 4) ∩ ; ⊾	N/A I/A	
	15				4 3 a		N/A I/A	
					4	IN	VA.	

SimplexGrinnell FIRE ALARM INSPECTION REPORT

SITE: Bayside 2

SENSITIVITY TESTING

De	v.		C	~				
Ty	e Floor	Area	Zana	Cust	Address/	Prior	Current	Test
			Zone	Dev#	Zone No. Mfg. Range	<u>Test</u>	Test	Result
PSE	2 2nd	Main Stair Lobby	15					
PSL) 2nd	Outside 208D	19			2.7	N/A	
PSL) 2nd	Outside 208E (Conf. Rm. B)	18			3.1	N/A	
PSL) 2nd	Outside 208S	18			2.9	N/A	
PSL	2nd	Outside Suite 201B	10			3.2	N/A	
PSD	2nd	Outside Suite 205D (Main Hall)	11			2.9	N/A	
PSD	2nd	Outside Suite 205D7	11			3.0	N/A	
PSD	2nd	Outside Suite 205E (Main Hall)	19			3.2	N/A	
PSD	2nd	Outside Suite 205G2 (In 205K)	19			3.0	N/A	
PSD	2nd	Outside Suite 2050	19			2.7	N/A	
PSD	2nd (Outside Suite 205S	19			2.9	N/A	
PSD	2nd (Outside Suite 205T (left)	19			3.1	N/A	
PSD	2nd (Dutside Suite 205T (right)	19			3.5	N/A	
PSD	2nd (Dutside Suite 205V	19			2.7	N/A	
PSD	2nd (Dutside Suite 208L	18			2.7	N/A	
Ped	2nd C	Dutside Suite 208N	18			3.2	N/A	
PSD	2nd C	Putside Suite 214G	17			3.0	N/A	
PSD DSD	2nd C	Jutside Suite 214K	17			3.3	N/A	
rsu Den	2nd O	Putside Suite 214M	17			3.2	N/A	
Den		utside Suite 216B/217	15			2.8	N/A	
PED	2nd O	utside Suite 216C	16			3.5	N/A	
PCD	2nd O	utside Suite 216F	16			3.0	N/A	
Den		utside Suite 217G	24			0.0	N/A	
PGD	2nd O	utside Suite 217J	24			3,4	N/A	
PSD		itside Suite 218A	15			3.0	N/A	
PSD	2nd Ou	Itside Suite 218H	23			3.4	N/A	
PSD	2nd Su	airwell by Suite 205G	21			3,3	N/A	
PSD	2nd Su	the 205D (front)	11			3.2	N/A	
PSD	2nd Su	ite 205D (rear)	11			3.1	N/A	
PSD	2nd Su	$10205G (\ln 205K)$	19			3.1	N/A	
PSD	2nd Sui	the 205M Entry (off of Main Hall)	19			3.2	N/A	
PSD	2nd Sui	to 205T (Front Left)	19			2.8	N/A	
PSD	2nd Sui	te 2051 (Front Right)	19			2.7	N/A	
PSD	2nd Sui	te 2051 (Rear Left)	19			2.3 1	WA MA	
	∠nu oui	ie 2031 (Rear Right)	19			2.1 1	V/A	
						.o.u P	N/A	

SimplexGrinnell FIRE ALARM INSPECTION REPORT

SITE: Bayside 2

Dev.

SENSITIVITY TESTING

Ту	pe Floor Area	Cust	Cust	Address/	Prior	Cumuont	
DCI		Lone	<u>Dev#</u>	Zone No. Mfg. Range	Test	Current	Test
PSI	D 2nd Suite 206A (Front)	10			200	1031	Result
PSI	D 2nd Suite 206A (Rear)	12			2.0	NI/A	
PSL	D 2nd Suite 206A Entry Hall	12			2.7	IN/A	
PSL	D 2nd Suite 206B	12			2.7	N/A	
PSE	D 2nd Suite 208D	12			3.2	N/A	
PSD	2 2nd Suite 208E (front) (Conf. Rm. D)	11			3.1	N/A	
PSD	2 nd Suite 208E (rear) (Conf. Rm. B)	18			3,3	N/A	
PSD	2nd Suite 209	18			3.3	N/A	
PSD	2nd Suite 210	25			3.0	N/A	
PSD	2nd Suite 213	13			2.0	N/A	
PSD	2nd Suite 216B	14			1.7	N/A	
PSD	2nd Suite 217 Entry	16			3.4	N/A	
PSD	2nd Suite 219 Entry	24			2.8	N/A	
PSD	2nd Suite 220	23			2.9	N/A	
PSD	2nd Suite 220	23			3.0	N/A	
PSD	2nd Suite 221	22			2.8	N/A	
PSD	3rd Outside Suite 201	22			3.7	N/A	
PSD	3rd Stainvoll by C it and	20			3.0	N/A	
PSD	3rd Stairwell by Suite 300	20			0.0	N/A	
PSD	Bem 185 Bassing Suite 306	20			0.0	N/A	
	Estimated basement Elev. Machine Room	1			0.0	N/A	
		1		i	N/A	N/A	

Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Ph. (207) 782-0104 Fax (207) 783-4865 Fire Protection Professionals Since 1973

* Portland Office *

Phone (207) 775-1521 Fax (207) 879-1387

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То:	SLOTT CURLITING	CAPT KEITZI GAUTZIJAN	TNSPBOTIONS
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Fax #:	730-5567	874-8410	874.9716
From:	SEOT E. GAR	LAND	
Date:	4 -12-11		
Subject:	MUNITY COUNSELING	Const - 175 Lones	when Strassis Parano
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PAGE 02/02

Sprinkler Systems, Inc.

184 Read Street Portland, ME 04103 Ph. (207) 775-1521 Fax (207) 879-1387 Fire Protection Professionals Since 1973

March 31, 2011

Portland Fire Department 380 Congress Street Portland, ME 04101

Attn: Captain Keith Gautreau

Re: Community Counseling Center 165 Lancaster Street Portland, Maine

Dear Captain Gautreau,

This letter is to certify that the sprinkler system in the renovated tenant space in the aforementioned location is active and is designed and installed in accordance with NFPA #13 and all other state and local codes.

If there are any questions or concerns please do not hesitate to call.

Very truly yours, Sprinkler Systems, Inc.

Scott E. Garland, SET, RMS Project Manager