

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: 11/28/2016 - 7:00 a.m Inspection/Test Completion Date/Time: 11/28/2016 - 7:30 a.m.

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

1. PROPERTY INFORMATION

Name of property: 223 Cumberland Ave LLC

Address: 223 Cumberland Ave Portland, ME 04101

Description of property: Retail / Apartments

Name of property representative: Crandall Toothaker/Portland Maine Rentals Management c/o C & T Associates

Address: _____

Phone: 207-774-5358 Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: Seacoast Security

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Monitoring organization: Seacoast Security - West Rockport, ME 04865

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Account number: 4R-3421 Phone line 1: _____ Phone line 2: _____

Means of transmission: AES

Entity to which alarms are retransmitted: Seacoast Security Phone: 207-236-4876

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: In Document Box

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Fire-lite Model number: MS9050UD

4.2 Software and Firmware

Firmware revision number: N/A

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120V Amps: 20 Location: House Panel

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Office First Floor Rear

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: Batteries Location: In Panel

Battery type (if applicable): SLA

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 10

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Seacoast Security</u>	Time: <u>7:00 a.m.</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire</u>	Time: <u>7:00 a.m.</u>
Other, if required	Contact: _____	Time: _____

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"/>	PASSED
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A

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

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Seacoast Security</u>	Time: <u>7:30 a.m.</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire</u>	Time: <u>7:30 a.m.</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 11/28/2016 Time: 7:30 a.m.

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: _____

Organization: Seacoast Security Title: Shawn Barrett Phone: 800-654-8800

Qualifications (refer to 10.5.3): _____

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

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____