

# 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: 5/16/17 10:30 am Inspection/Test Completion Date/Time: 5/16/17 12:30 am

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

## 1. PROPERTY INFORMATION

Name of property: 48 Wilmot Street LLC

Address: 48 Wilmot Street Portland, Maine

Description of property: Apartment Building

Name of property representative: Crandall Toothaker

Address: \_\_\_\_\_

Phone: 207-252-6264 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: 8260-5 Phone line 1: n/a Phone line 2: n/a

Means of transmission: AES Radio

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: Document Box

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: Firelite Model number: MS 9200UDLS

### 4.2 Software and Firmware

Firmware revision number: v7.1

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 124.2 Amps: \_\_\_\_\_ Location: In FACP

Overcurrent protection type: Breaker Amps: 15 Disconnecting means location: House panel in basement. Brk 27

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

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

#### 4.3.2 Secondary Power

Type: Battery Location: In FACP

Battery type (if applicable): Sealed Lead Acid

Calculated capacity of batteries to drive the system:

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

### 5. NOTIFICATIONS MADE PRIOR TO TESTING

|                               |                       |                       |
|-------------------------------|-----------------------|-----------------------|
| Monitoring organization       | Contact: <u>Brian</u> | Time: <u>10:30 am</u> |
| Building management           | Contact: <u>yes</u>   | Time: <u>10:30 am</u> |
| Building occupants            | Contact: <u>yes</u>   | Time: <u>10:30 am</u> |
| Authority having jurisdiction | Contact: _____        | Time: _____           |
| 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 type="checkbox"/>            | <input type="checkbox"/>            | N/A        |
| Trouble signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Passed     |
| Disconnect switches     | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A        |
| 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        |
| AES Radio               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | AC - 19.4V |

#### 6.2 Secondary Power

| Description            | Visual Inspection                   | Functional Test                     | Comments                              |
|------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Battery condition      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | New 5/17                              |
| Load voltage           | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A                                   |
| Discharge test         | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A                                   |
| Charger test           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 27.4V                                 |
| Remote panel batteries | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | AES Battery - New 5/17 Charge - 13.5V |

**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"/> | 12:30 pm |          |
| Alarm restoration       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12:30 pm |          |
| Trouble signal          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12:30 pm |          |
| Trouble restoration     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12:30 pm |          |
| Supervisory signal      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12:30 pm |          |
| Supervisory restoration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12:30 pm |          |

**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>Brian</u> | Time: <u>12:30 pm</u> |
| Building management           | Contact: <u>yes</u>   | Time: <u>12:30 pm</u> |
| Building occupants            | Contact: <u>yes</u>   | Time: <u>12:30 pm</u> |
| Authority having jurisdiction | Contact: _____        | Time: _____           |
| Other, if required            | Contact: _____        | Time: _____           |

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 5/16/17 Time: 12:30 pm

**9. CERTIFICATION**

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

Signed: \_\_\_\_\_ Printed name: Brian Green Date: 5/16/17  
Organization: Seacoast Security Title: Alarm Technician 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: \_\_\_\_\_