

SYSTEM RECORD OF COMPLETION

Form Completion Date: 5-31-18 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Hostel - Hampshire
Address: 33 Hampshire Street, Portland, Maine
Description of property: Hostel
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: SMI Systems
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: Guardian Systems of Maine
Address: 21 Pine Street, Unit #2, Portland, Maine
Phone: 536-4800 Fax: _____ E-mail: _____
Testing organization: Guardian Systems of Maine
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Instant Alarm
Address: _____
Phone: 978-744-9070 Fax: _____ E-mail: _____
Account number: 608-1216 Phone line 1: _____ Phone line 2: _____
Means of transmission: cell
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☒ New system ☐ Modification to existing system Permit number: _____
NFPA 72 edition: 2007

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software and Firmware

Firmware revision number: 4.0.3.0

4.3 Alarm Verification

☒ This system does not incorporate alarm verification.
Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

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SYSTEM RECORD OF COMPLETION *(continued)*

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: Basement Number: 32

5.1.2 Secondary Power

Type of secondary power: Battery

Location, if remote from the plant: _____

Calculated capacity of secondary power to drive the system: _____

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

5.2 Control Unit

☒ This system does not have power extender panels

☐ Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line			B	0
Device Power			B	0
Initiating Device			B	0
Notification Appliance			B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
	<u>Front Door</u>

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	<u>10</u>	<u>A</u>	<u>A</u>	
Smoke Detectors	<u>15</u>	<u>A</u>	<u>A</u>	
Duct Smoke Detectors	<u>0</u>			
Heat Detectors	<u>0</u>			
Gas Detectors <u>CO</u>	<u>4</u>	<u>A</u>	<u>S</u>	
Waterflow Switches	<u>1</u>	<u>A</u>	<u>A</u>	
Tamper Switches	<u>0</u>			

120 VAC Supervisory 14

A

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Kitchen Hood

1

A

A

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	13	
Visible	10	
Combination Audible and Visible	11	
CO Sounders		4

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

11. INTERCONNECTED SYSTEMS

- ☒ This system does not have interconnected systems.
☐ Interconnected systems are listed on supplementary sheet _____.

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

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

Signed: [Signature] Printed name: Darin Byrne Date: 6/1/18
 Organization: SM, Newark Title: Inspector Phone: 207-805-4656

12.2 System Operational Test

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

Signed: [Signature] Printed name: Rick Bohst Jr Date: 5-31-18
 Organization: Quincy's System of Me Title: President Phone: 536-4800

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: Mike P. Clark
Mike Clanton

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SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 5-31-18 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: ☐ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: Hostel Hampshire
Address: 33 Hampshire Street
Description of property: Hostel
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: Guardian Systems of Maine
Address: 21 Pine Street, Unit #2 Portland, Me
Phone: 536-4800 Fax: _____ E-mail: _____
Monitoring organization: Instat Alarm
Address: _____
Phone: 978-744-9070 Fax: _____ E-mail: _____
Account number: 608-1216 Phone line 1: _____ Phone line 2: _____
Means of transmission: Cell
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software:

Document Cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software Firmware

Firmware revision number: 4.0.3.0

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: _____ Amps: _____ Location: Basement
Overcurrent protection type: _____ Amps: _____ Disconnecting means location: 32

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: Battery 12-7 Location: Panel

Battery type (if applicable): _____

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>yes</u>	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
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"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

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

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

6.7 Public Emergency Alarm Reporting System

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



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

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

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 5-31-18 Time: _____

9. CERTIFICATION

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

Signed: R. Brobst Jr. Printed name: R. Brobst Jr. Date: 5-31-18
Organization: Gundlach System of Mgmt. Title: President Phone: 536-4800
Qualifications (refer to 10.5.3): NICET IV

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: Nate Barrett Printed name: Nate Barrett Date: 6/1/18
Organization: Barrett Made Title: Project Manager Phone: 207-653-1955

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Account #					
Zone	Point address	Code	Alarm type	Location	Pass/Fail
Basement	1	Pull	Fire	Basement	PASS
1st Floor	2	Smoke	Fire	Side Stairway	PASS
Basement	3	Smoke	Fire	Over Fire panel	PASS
Basement	4.1	Waterflow	Fire	Sprinkler waterflow	PASS
Basement	4.2	Tamper	Supervisory	Sprinkler Tamperers	PASS
	5			Spare	
1st Floor	6	Input alarm	Fire	Kitchen Hood	PASS
1st Floor	7	Pull	Fire	Side Entry	PASS
1st Floor	8	120 VAC smoke	Supervisory	The Enterprise room 105	PASS
1st Floor	9	Pull	Fire	Front Stairway exit	PASS
1st Floor	10	pull	Fire	Front door	PASS
1st Floor	11	Smoke	Fire	Front Stairway exit	PASS
1st Floor	12	CO supervisory	CO	Front Stairway	PASS
2nd Floor	13	Smoke	Fire	Front Stairway	PASS
2nd Floor	14	Pull	Fire	Front Stairway	PASS
2nd Floor	15	120 VAC smoke	Supervisory	Buddies Double room 201	PASS
2nd Floor	16	120 VAC smoke	Supervisory	Triple Trouble room 202	PASS
2nd Floor	17	120 VAC smoke	Supervisory	Fishsix room 203	PASS
2nd Floor	18	Smoke	Fire	Center Hallway	PASS
2nd Floor	19	CO supervisory	CO	Center Hallway	PASS
2nd Floor	20	120 VAC smoke	Supervisory	The Lemur room 206	PASS
2nd Floor	21	Smoke	Fire	Side Hallway	PASS
2nd Floor	22	120 VAC smoke	Supervisory	Hey Ladies room 209	PASS
2nd Floor	23	Smoke	Fire	Side stairway	PASS
2nd Floor	24	Pull	Fire	Side stairway	PASS
3rd Floor	25	Smoke	Fire	Side stairway	PASS
3rd Floor	26	Pull	Fire	Side stairway	PASS
3rd Floor	27	120 VAC smoke	Supervisory	Kristufferson room 301	PASS
3rd Floor	28	120 VAC smoke	Supervisory	Jimmy James room 302	PASS
3rd Floor	29	120 VAC smoke	Supervisory	Apartment #1-303	PASS
3rd Floor	30	Smoke	Fire	Center Hallway	PASS
3rd Floor	31	CO supervisory	CO	Center Hallway	PASS
3rd Floor	32	Smoke	Fire	Side stairway	PASS
3rd Floor	33	120 VAC smoke	Supervisory	Professor Booty room 310	PASS
3rd Floor	34	Smoke	Fire	Front Stairway	PASS
3rd Floor	35	Pull	Fire	Front Stairway	PASS
4th Floor	36	Smoke	Fire	Front Stairway	PASS
4th Floor	37	Pull	Fire	Side Stairway	PASS
4th Floor	38	120 VAC smoke	Supervisory	Nathaniel Hornblower room 408	PASS
4th Floor	39	Smoke	Fire	Center Hallway	PASS
4th Floor	40	CO supervisory	CO	Center Hallway	PASS
4th Floor	41	120 VAC smoke	Supervisory	Apartment #2-403	PASS
4th Floor	42	120 VAC smoke	Supervisory	WOW room 402	PASS
4th Floor	43	120 VAC smoke	Supervisory	Zissou room 401	PASS
4th Floor	44	Smoke	Fire	Side stairway	PASS

[illegible]

[illegible]



Guardian Systems of Maine
21 Rice St., Unit #2
Portland, ME 04103
207-536-4800

To Whom It May Concern:

Please note that a fire alarm inspection is an assessment of the conditions of the fire alarm system at the date and time of the inspection. This is only a test of the existing devices and is not a code assessment. Some of the devices may not be tested because of accessibility or another vendor is required to provide a complete test such as a sprinkler vendor, suppression system vendor, or an elevator vendor. This should be noted on the inspection report.

If a device is listed as tested, then it has triggered the appropriate alarm condition at the fire panel as per manufacturing specifications and NFPA-72 only. All of the local audio/visual devices will be tested with one or more devices only. The audio/visual devices will not be activated for each individual initiating device unless noted on the inspection report accordingly.

If the device is only visually inspected, then the inspector has only examined the device from a distance to determine if it seems intact. This is no assessment of functionality.

If a device is not connected to the system at the time of the inspection, then this will be noted. This device has not been assessed for functionality on the current fire alarm system.

Lastly a fire alarm device can fail at any time. It is important that the user of the system check the alarm panel's display once week as a minimum as per NFPA-72. Any trouble conditions should be reported to the service provider as soon as possible. Any physical change to the system such as removal of a device or damage to a device should be reported to your service provider immediately. In addition, depending on the physical change, the fire department should be notified immediately.

Please note we would be happy to provide an assessment of the existing conditions of the building for an additional fee. Please call our office and make arrangements.

Thank you for the chance to be your service provider.