

131 LAFAYETTE RD
NORTH HAMPTON NEW HAMPSHIRE 03862
1-800-258-7264

FIRE ALARM SYSTEMS

TESTING * MAINTENANCE * ENGINEERING * INSTALLATION

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

*To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.*

Date of this inspection or test:

Time of inspection or test:

1. PROPERTY INFORMATION

Name of property: MASON BLOCK APARTMENTS
Address: 62 INDIA ST PORTLAND MAINE
Description of property: APARTMENTS WITH STORE FRONT
Occupancy type: RESIDENTIAL-COMMERCIAL
Name of property representative:
Address:
Phone: Fax: E-mail:
Authority having jurisdiction over this property: PORTLAND FD
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: R.B ALLEN CO
Address: 131 LAFAYETTE RD NORTH HAMPTON NH
Phone: 603-964-8140 Fax: E-mail:
Service technician or tester: MATTHEW FECTEAU
Qualifications of technician or tester:
A contract for test and inspection in accordance with NFPA standards is in effect as of:
The contract expires: Contract number: Frequency of tests and inspections:
Monitoring organization for this equipment: CENTRA ALARM
Address:
Phone: 1-800-639-2066 Fax: E-mail:
Entity to which alarms are retransmitted: Phone:

3. TYPE OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - Fire alarm
 - EVACS
 - MNS
 - Two-way, in-building, emergency communication system
- Other (specify):

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010 Additional description of system(s):

3.1 Control Unit

Manufacturer: EDWARDS SYSTEM TECHNOLOGIES Model number: IO1000

3.2 Mass Notification System

This system does not incorporate an MNS.

3.2.1 System Type:

- In-building MNS—combination
- In-building MNS—stand-alone
- Wide-area MNS
- Distributed recipient MNS
- Other (specify):

3.2.2 System Features:

- Combination fire alarm/MNS
- MNS ACU only
- 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 speaker array (HPSA) interface
- In-building MNS to wide-area MNS interface
- Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location:

3.4 System Software

This system does not have alterable site-specific software.

Software revision number: Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 Control panel amps: 3.0A

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.1.3 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 components connected to it:

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

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: INSIDE FACP Type: SLA Nominal voltage: 12 Amp/hour rating: 18AH

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 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 components connected to it:

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

4.2.4 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.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): 120 Power extender panel amps: 3.0A

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 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 components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: IN EACH EXTENDER Type: SLA Nominal voltage: 12 Amp/hour rating: 8.0AH

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: 1ST FLOOR ELEVATOR LOBBY

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: CENTRA ALARM	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact: PORTLAND FD	Time:
Other, if required	Contact:	Time:

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED

Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Power extender panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Generator or UPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Sound pressure levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Occupied . <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ambient dBA			
Alarm dBA			
(attach report with locations, values, and weather conditions)			

System intelligibility

CSI STI

(attach report with locations, values,
and weather conditions)

N/A

Other (specify)

N/A

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Primary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Secondary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Panel supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED AS DESIGNED
Other (specify)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Door unlocking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elevator recall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory 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"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: CENTRA ALARM	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact: PORTLAND FD	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 6/19/18 Time: 4:30PM

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed: *Matthew A Fecteau* Printed name: Matthew A Fecteau Date: 6/19/18
Organization: R.B ALLEN CO Title: TECHNICIAN Phone: 603-964-8140

10.2 Acceptance by Owner or Owner's Representative:

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

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

DEVICE TEST RESULTS
(Attach additional sheets if required)

Device Type	Address	Location	Test Results

62 INDIA ST PORTLAND MAINE DEVICE TEST RESULT

Group	Loop	Address	Messages	TEST RESULT	
Detector	1	001	SMOKE 2ND FLOOR	OUTSIDE 209	PASS
Detector	1	002	SMOKE 2ND FLOOR	ELEVATOR LOBBY	PASS
Detector	1	003	SMOKE 2ND FLOOR	OUTSIDE 208	PASS
Detector	1	004	SMOKE 2ND FLOOR	OUTSIDE 202 & 207	PASS
Detector	1	005	SMOKE 2ND FLOOR	OUTSIDE 203 & 206	PASS
Detector	1	006	SMOKE 2ND FLOOR	OUTSIDE STORAGE RM	PASS
Detector	1	007	SMOKE 4TH FLOOR	TOP OF STAIR B	PASS
Detector	1	008	SMOKE 4TH FLOOR	OUTSIDE 403	PASS
Detector	1	009	SMOKE 4TH FLOOR	OUTSIDE 405	PASS
Detector	1	010	SMOKE 4TH FLOOR	OUTSIDE 408	PASS
Detector	1	011	SMOKE 4TH FLOOR	ELEVATOR LOBBY	PASS
Detector	1	012	SMOKE 4TH FLOOR	OUTSIDE 410	PASS
Detector	1	013	SMOKE 4TH FLOOR	TOP OF STAIR A	PASS
Detector	1	014	SMOKE 3RD FLOOR	OUTSIDE 310	PASS
Detector	1	015	SMOKE 3RD FLOOR	OUTSIDE 305	PASS
Detector	1	016	SMOKE 3RD FLOOR	STAIR B LANDING	PASS
Detector	1	017	SMOKE 1ST FLOOR	ELEVATOR LOBBY	PASS
Detector	1	018	SMOKE 1ST FLOOR	MAIL ROOM	PASS
Detector	1	019	SMOKE 3RD FLOOR	OUTSIDE 303 & 307	PASS
Detector	1	020	SMOKE 3RD FLOOR	OUTSIDE 302 & 308	PASS
Detector	1	021	SMOKE 3RD FLOOR	ELEVATOR LOBBY	PASS
Detector	1	022	SMOKE TOP OF	ELEVATOR SHAFT	PASS
Detector	1	023	SMOKE 1ST FLOOR	ELECTRIC ROOM	PASS
Detector	1	024	SMOKE 1ST FLOOR	STAIR B ENTRY	PASS
Detector	1	025	HEAT 1ST FLOOR	TRASH ROOM	PASS
Detector	1	026	SMOKE 1ST FLOOR	TENANT 1 OPEN AREA	PASS
Detector	1	027	SMOKE 1ST FLOOR	TENANT 1 HALL	PASS
Detector	1	030	SMOKE 1ST FLOOR	CAPOZZA BY CPORT 102	PASS
Detector	1	031	SMOKE 1ST FLOOR	CAPOZZA BY ENTRY 102	PASS
Detector	1	028	SMOKE 1ST FLOOR	CAPOZZA BY ENTRY 103	PASS
Detector	1	029	SMOKE 1ST FLOOR	CAPOZZA BY CPORT 103	PASS
Module	1	126	PULL STATION 4TH FLR	STAIR A BY ELEVATOR	PASS
Module	1	127	PULL STATION 4TH FLR	OUTSIDE STAIR B	PASS
Module	1	128	PULL STATION 3RD FLR	STAIR A BY ELEVATOR	PASS
Module	1	129	PULL STATION 2ND FLR	STAIR A BY ELEVATOR	PASS
Module	1	130	PULL STATION 2ND FLR	OUTSIDE STAIR B	PASS
Module	1	131	PULL STATION 1ST FLR	OUTSIDE STAIR B	PASS
Module	1	132	PULL STATION 1ST FLR	ELEVATOR LOBBY	PASS
Module	1	133	PULL STATION 2ND FLR	BY COMMUNITY DECK	PASS
Module	1	134	TAMPER SWITCH	F.D. CONNECTION	PASS
Module	1	135	TAMPER SWITCH	WET SYSTEM	PASS
Module	1	136	WATERFLOW- PRESSURE	SWITCH DRY SYSTEM	PASS
Module	1	137	WATERFLOW	WET SYSTEM-STANDPIPE	PASS
Module	1	138	TAMPER SWITCH	MAIN CITY SIDE	PASS
Module	1	139	TAMPER SWITCH	MAIN BUILDING SIDE	PASS
Module	1	140	DRY SYSTEM LOW AIR	PRESSURE SWITCH	PASS
Module	1	141	TAMPER SWITCH	DRY SYSTEM	PASS
Module	1	142	TAMPER SWITCH 1ST FL	RETAIL SPACE	PASS
Module	1	143	WATERFLOW 1ST FLOOR	RETAIL SPACE	PASS
Module	1	144	WATERFLOW	2ND FLOOR STAIR A	PASS
Module	1	145	TAMPER SWITCH	2ND FLOOR STAIR A	PASS
Module	1	146	TAMPER SWITCH	3RD FLOOR STAIR A	PASS
Module	1	147	WATERFLOW	3RD FLOOR STAIR A	PASS
Module	1	148	TAMPER SWITCH	4TH FLOOR STAIR A	PASS
Module	1	149	WATERFLOW	4TH FLOOR STAIR A	PASS
Module	1	150	TAMPER 1ST FL STAIR A	STANDPIPE MAINT	PASS
Module	1	151	TAMPER 2ND FL STAIR B	STANDPIPE MAINT	PASS
Module	1	152	2ND FLOOR	BOOSTER TRIP-TROUBLE	PASS
Module	1	153	3RD FLOOR	BOOSTER TRIP-TROUBLE	PASS
Module	1	154	4TH FLOOR	BOOSTER TRIP-TROUBLE	PASS
Module	1	155	PULL STATION 3RD FLR	OUTSIDE STAIR B	PASS
Module	1	156	ALTERNATE RECALL	CONTROL RELAY	PASS
Module	1	157	FIRE HAT	CONTROL RELAY	PASS
Module	1	158	PRIMARY RECALL	CONTROL RELAY	PASS
Module	1	159	PULL STATION GROUND	FLOOR STAIR B	PASS
Module	1	160	PULL STATION GROUND	FLOOR TENANT 3 ENTRY	PASS
Module	1	161	PULL STATION GROUND	FLOOR TENANT 1 ENTRY	PASS
Module	1	162	RADIO BOX TROUBLE		PASS
Module	1	163	RB CONTROL RELAY	SMK-HEAT-PULL ZONE	PASS
Module	1	164	RB CONTROL RELAY	WATERFLOW ZONE	PASS
Module	1	165	SPRINKLER HEAT TRACE	MONITOR	PASS
Module	1	166	PULL STATION GROUND	FLOOR TENANT 2 ENTRY	PASS
Module	1	167	DOOR CONTROL RELAY		PASS

(TESTED RELAY ACTIVATION BUT DOOR CONTROL CABINET WAS NOT READY)

Module	1	144	WATERFLOW	2ND FLOOR STAIR A
Module	1	145	TAMPER SWITCH	2ND FLOOR STAIR A
Module	1	146	TAMPER SWITCH	3RD FLOOR STAIR A
Module	1	147	WATERFLOW	3RD FLOOR STAIR A
Module	1	148	TAMPER SWITCH	4TH FLOOR STAIR A
Module	1	149	WATERFLOW	4TH FLOOR STAIR A
Module	1	150	TAMPER 1ST FL STAIR A	STANDPIPE MAINT
Module	1	151	TAMPER 2ND FL STAIR B	STANDPIPE MAINT
Module	1	152	2ND FLOOR	BOOSTER TRIP-TROUBLE
Module	1	153	3RD FLOOR	BOOSTER TRIP-TROUBLE
Module	1	154	4TH FLOOR	BOOSTER TRIP-TROUBLE
Module	1	155	PULL STATION 3RD FLR	OUTSIDE STAIR B
Module	1	156	ALTERNATE RECALL	CONTROL RELAY
Module	1	157	FIRE HAT	CONTROL RELAY
Module	1	158	PRIMARY RECALL	CONTROL RELAY
Module	1	159	PULL STATION GROUND	FLOOR STAIR B
Module	1	160	PULL STATION GROUND	FLOOR TENANT 3 ENTRY
Module	1	161	PULL STATION GROUND	FLOOR TENANT 1 ENTRY
Module	1	162	RADIO BOX TROUBLE	
Module	1	163	RB CONTROL RELAY	SMK-HEAT-PULL ZONE
Module	1	164	RB CONTROL RELAY	WATERFLOW ZONE
Module	1	165	SPRINKLER HEAT TRACE	MONITOR
Module	1	166	PULL STATION GROUND	FLOOR TENANT 2 ENTRY
Module	1	167	DOOR CONTROL RELAY	

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(TESTED RELAY ACTIVATION BUT DOOR CONTROL CABINET WAS NOT READY)

62 INDIA ST PORTLAND MAINE DEVICE TEST RESULT

Group	Loop	Address	Messages
Detector	1	001	SMOKE 2ND FLOOR OUTSIDE 209
Detector	1	002	SMOKE 2ND FLOOR ELEVATOR LOBBY
Detector	1	003	SMOKE 2ND FLOOR OUTSIDE 208
Detector	1	004	SMOKE 2ND FLOOR OUTSIDE 202 & 207
Detector	1	005	SMOKE 2ND FLOOR OUTSIDE 203 & 206
Detector	1	006	SMOKE 2ND FLOOR OUTSIDE STORAGE RM
Detector	1	007	SMOKE 4TH FLOOR TOP OF STAIR B
Detector	1	008	SMOKE 4TH FLOOR OUTSIDE 403
Detector	1	009	SMOKE 4TH FLOOR OUTSIDE 405
Detector	1	010	SMOKE 4TH FLOOR OUTSIDE 408
Detector	1	011	SMOKE 4TH FLOOR ELEVATOR LOBBY
Detector	1	012	SMOKE 4TH FLOOR OUTSIDE 410
Detector	1	013	SMOKE 4TH FLOOR TOP OF STAIR A
Detector	1	014	SMOKE 3RD FLOOR OUTSIDE 310
Detector	1	015	SMOKE 3RD FLOOR OUTSIDE 305
Detector	1	016	SMOKE 3RD FLOOR STAIR B LANDING
Detector	1	017	SMOKE 1ST FLOOR ELEVATOR LOBBY
Detector	1	018	SMOKE 1ST FLOOR MAIL ROOM
Detector	1	019	SMOKE 3RD FLOOR OUTSIDE 303 & 307
Detector	1	020	SMOKE 3RD FLOOR OUTSIDE 302 & 308
Detector	1	021	SMOKE 3RD FLOOR ELEVATOR LOBBY
Detector	1	022	SMOKE TOP OF ELEVATOR SHAFT
Detector	1	023	SMOKE 1ST FLOOR ELECTRIC ROOM
Detector	1	024	SMOKE 1ST FLOOR STAIR B ENTRY
Detector	1	025	HEAT 1ST FLOOR TRASH ROOM
Detector	1	026	SMOKE 1ST FLOOR TENANT 1 OPEN AREA
Detector	1	027	SMOKE 1ST FLOOR TENANT 1 HALL
Detector	1	030	SMOKE 1ST FLOOR CAPOZZA BY CPORT 102
Detector	1	031	SMOKE 1ST FLOOR CAPOZZA BY ENTRY 102
Detector	1	028	SMOKE 1ST FLOOR CAPOZZA BY ENTRY 103
Detector	1	029	SMOKE 1ST FLOOR CAPOZZA BY CPORT 103
Module	1	126	PULL STATION 4TH FLR STAIR A BY ELEVATOR
Module	1	127	PULL STATION 4TH FLR OUTSIDE STAIR B
Module	1	128	PULL STATION 3RD FLR STAIR A BY ELEVATOR
Module	1	129	PULL STATION 2ND FLR STAIR A BY ELEVATOR
Module	1	130	PULL STATION 2ND FLR OUTSIDE STAIR B
Module	1	131	PULL STATION 1ST FLR OUTSIDE STAIR B
Module	1	132	PULL STATION 1ST FLR ELEVATOR LOBBY
Module	1	133	PULL STATION 2ND FLR BY COMMUNITY DECK
Module	1	134	TAMPER SWITCH F.D. CONNECTION
Module	1	135	TAMPER SWITCH WET SYSTEM
Module	1	136	WATERFLOW- PRESSURE SWITCH DRY SYSTEM
Module	1	137	WATERFLOW WET SYSTEM-STANDPIPE
Module	1	138	TAMPER SWITCH MAIN CITY SIDE
Module	1	139	TAMPER SWITCH MAIN BUILDING SIDE
Module	1	140	DRY SYSTEM LOW AIR PRESSURE SWITCH
Module	1	141	TAMPER SWITCH DRY SYSTEM
Module	1	142	TAMPER SWITCH 1ST FL RETAIL SPACE
Module	1	143	WATERFLOW 1ST FLOOR RETAIL SPACE

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: MASON BLOCK APARTMENTS
Address: 62 INDIA ST PORTLAND MAINE
Description of property: APARTMENTS WITH STORE FRONT
Occupancy type: RESIDENTIAL-COMMERCIAL
Name of property representative:
Address:
Phone: Fax: E-mail:
Authority having jurisdiction over this property: PORTLAND FD
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: DEBLOIS ELECTRIC, INC.
Address: 1033 SABATTUS ST LEWISTON MAINE
License or certification number:
Phone: Fax: E-mail:
Service organization for this equipment: R.B ALLEN CO. INC
Address: 131 LAFAYETTE RD NORTH HAMPTON NH
License or certification number:
Phone: 603-964-8140 Fax: 603-964-8885 E-mail: RBALLEN@RBALLEN.COM
A contract for test and inspection in accordance with NFPA standards is in effect as of:
Contracted testing company:
Address:
Phone: Fax: E-mail:
Contract expires: Contract number: Frequency of routine inspections:

3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - 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)

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010

Additional description of system(s):

3.1 Control Unit

Manufacturer: EDWARDS SYTEM TECHNOLOGIES

Model number: IO1000

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone Wide-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 speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence 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.

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

A copy of the site-specific software is stored on site. Location:

3.5 Off-Premises Signal Transmission

This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: CENTRA ALARM

Phone: 1-800-639-2066

Supervisory: CENTRA ALARM

Phone: 1-800-639-2066

Trouble: CENTRA ALARM

Phone: 1-800-639-2066

Entity to which alarms are retransmitted: PORTLAND FD

Phone:

Method of retransmission:

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system: Local energy Shunt Wired Wireless

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 1 Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: 0 Description:

4.1.3 Device Power Pathways

- No separate power pathways from the signaling line pathway
- Power pathways are separate but of the same pathway classification as the signaling line pathway
- 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: A Survivability level: 1 Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: 0 Description:

4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- 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: N/A Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

4.3.3 Appliance Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 13 Conventional: Coded: Transmitter:

Other (specify):

5.1.2 Other Alarm Boxes

This system does not have other alarm boxes.

Description:

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors

This system does not have smoke detectors.

Type and number of devices: Addressable: 30 Conventional:

Other (specify):

Type of coverage: Complete area Partial area Nonrequired partial area

Other (specify):

Type of smoke detector sensing technology: Ionization Photoelectric Multicriteria Aspirating Beam

Other (specify):

5.2.2 Duct Smoke Detectors

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

5.2.3 Radiant Energy (Flame) Detectors

This system does not have radiant energy detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

5.2.4 Gas Detectors

This system does not have gas detectors.

Type of detector(s):

Number of devices: Addressable: Conventional:

Type of coverage:

5.2.5 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: 1 Conventional:

Type of coverage: Complete area Partial area Nonrequired partial area Linear Spot

Type of heat detector sensing technology: Fixed temperature Rate-of-rise Rate compensated

5. ALARM INITIATING DEVICES (continued)

5.2.6 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices:

5.2.7 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: 6 Conventional: Coded: Transmitter:

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 incorporate 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 other initiating devices.

Describe:

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: 11 Conventional: Coded: Transmitter:

Other (specify):

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump: Electric pump Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2.1 Fire Pump Functions Supervised

Power 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.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

6.4 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: LOW AIR PRESSURE SWITCH FOR GARAGE DRY SYSTEM

7. MONITORED SYSTEMS

7.1 Engine-Driven Generator

This system does not have a generator.

7.1.1 Generator Functions Supervised

- Engine or control panel trouble Generator running Selector switch not in auto Low fuel
- Other (specify):

7.2 Special Hazard Suppression Systems

This system does not monitor special hazard systems.

Description of special hazard system(s):

7.3 Other Monitoring Systems

This system does not monitor other systems.

Description of special hazard system(s):

8. ANNUNCIATORS

This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: 1ST FLOOR ELEVATOR LOBBY

Location 2:

Location 3:

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS.

Number of single voice alarm channels:

Number of multiple voice alarm channels:

Number of speakers:

Number of speaker circuits:

Location of amplification and sound-processing equipment:

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

9.2 Nonvoice Notification Appliances

This system does not have nonvoice notification appliances.

Horns: 66 With visible: 26

Bells: With visible:

Chimes: With visible:

Visible only: 9 Other (describe):

9.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

Quantity:

Locations:

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS 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 zones:

Location 1:

Location 2:

Location 3:

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances:

MNS-only visible appliances:

Textual signs:

Other (describe):

Supervision class:

10.3.1 Special Hazard Notification

This system does not have special suppression pre-discharge notification.

MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System

This system does not have a two-way telephone 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 Sound powered

11.2 Two-Way Radio Communications Enhancement System

This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way 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:

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.

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: _____ 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: _____

11.5 Other Two-Way Communication Systems

Describe: _____

12. CONTROL FUNCTIONS

This system activates the following control functions:

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

Door unlocking Elevator recall Fuel source shutdown Extinguishing agent release

Elevator shunt trip 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: 120V Control panel amps: 3.0A

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20A

Location (of primary supply panel board): MAIN ELECTRIC ROOM

Disconnecting means location: _____

13.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

13. SYSTEM POWER (continued)

13.1.3 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 components connected to it:

In standby mode (hours):

In alarm mode (minutes):

13.1.4 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

Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

13.2.3 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 components connected to it:

In standby mode (hours):

In alarm mode (minutes):

13.2.4 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

Battery calculations are attached

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): 120V

Power extender panel amps: 3.0A

Overcurrent protection: Type: CIRCUIT BREAKER

Amps: 20A

Location (of primary supply panel board): MAIN ELECTRIC ROOM

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 components 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

Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

This is a: New system Modification to an existing system Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

NFPA 72, Edition: 2010

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

Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed: *Matthew A Fecteau*

Printed name: Matthew A Fecteau

Date: 6/19/18

Organization: R.B ALLEN CO.INC,

Title: TECHNICIAN

Phone: 603-964-8140

16. CERTIFICATIONS AND APPROVALS (continued)

16.4 Property or Owner Representative:

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

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

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: _____

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE
 Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. A 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's 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 NAME: 62 India St. 4th Fl. DATE: _____
 PROPERTY ADDRESS: Portland, ME.

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES: State Fire Marshal
 ADDRESS: Augusta, ME.
 INSTALLATION CONFORMS TO ACCEPTED PLANS
 EQUIPMENT USED IS APPROVED
 IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS
 HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT
 IF NO, EXPLAIN
 HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES
 IF NO, EXPLAIN

LOCATION OF SYSTEM
 SUPPLIES BLDGS.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMP.
	Reliable	RFC49	2017	1/2"	136	
Reliable	FIER56	2017	1/2"	4		
Reliable	G5-56	2017	1/2"	4		
Reliable	KFR-CCS	2017	1/2"	82		

PIPE AND FITTINGS
 PIPE CONFORMS TO NFPA 13 STANDARD
 FITTINGS CONFORM TO NFPA 13 STANDARD
 IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH	
	TYPE	MAKE	MODEL	MIN.	
	<u>Water Flow switch</u>	<u>System sensor</u>	<u>WFD/WFDTH</u>		

DRY PIPE OPERATING TEST	DRY VALVE						Q.O.D.	
	MAKE		MODEL	SERIAL NO.	MAKE		MODEL	
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	
Without Q.O.D.								
With Q.O.D.								

IF NO, EXPLAIN

DELUGE & PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO	DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO					
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM TIME TO OPERATE RELEASE	
					MIN.	SEC.
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.</p>					
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>75</u> PSI		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>70</u> PSI <u>drain</u>		
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.					
	VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER EXPLAIN			
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS				NUMBER REMOVED
	WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
WELDING	IF YES ...					
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>6-19-18</u>					
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastern Fire Protection</u>					
	FOR PROPERTY OWNER (SIGNED) <u>[Signature]</u>		TESTS WITNESSED BY		TITLE <u>Super</u>	DATE <u>6/19/18</u>
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>[Signature]</u>				TITLE <u>[Signature]</u>	DATE <u>6-19-18</u>
ADDITIONAL EXPLANATION AND NOTES						

MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

Inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All piping system left in service before contractor's personnel finally leave the job.

It and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. Representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, approving authority's requirements or local ordinances.

India St. Stand pipe DATE _____

August, ME.
 APPROVED BY APPROVING AUTHORITY(S) NAMES
State Fire Marshal

ADDRESS
Augusta, ME.
 INSTALLATION CONFORMS TO ACCEPTED PLANS YES NO
 EQUIPMENT USED IS APPROVED YES NO
 EXPLAIN DEVIATIONS _____

PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION AND CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT YES NO
 EXPLAIN _____

COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS LEFT ON PREMISES YES NO
 EXPLAIN _____

TESTS BLDGS. _____

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING

CONFORMS TO NFPA 14 STANDARD YES NO
 TESTS CONFORM TO NFPA 14 STANDARD YES NO
 EXPLAIN _____

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.
				<u>18</u>

DRY VALVE			O.O.D.		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO

EXPLAIN _____

DELUGE & PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC			
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO		DETECTING MEDIA SUPERVISED	
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS			
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during All aboveground piping leakage shall be stopped.</p> <p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap hydrants and blow off. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe, 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available flow rate. When supply cannot produce stipulated flow rates, obtain maximum available flow rate.</p> <p>PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1 1/2 psi (0.1 bars) in pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1 1/2 psi.</p>			
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON			
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO			
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>40</u> PSI	RESIDUAL PRESSURE WITH VALVE IN <u>2"</u> <u>85</u> PSI	
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS		
	UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO			
WELDING	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF YES ...			
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3			
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3			
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN	
	DATE LET IN SERVICE WITH ALL CONTROL VALVES OPEN			
REMARKS	<u>6-19-18</u>			
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastern Fire Protection</u>			
	FOR PROPERTY OWNER (SIGNED) <u>[Signature]</u>		TESTS WITNESSED BY TITLE <u>Super</u>	
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>[Signature]</u>		TITLE <u>[Signature]</u>	
ADDITIONAL EXPLANATION AND NOTES				

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. / 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's 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 NAME 62 India St and Fl DATE

PROPERTY ADDRESS Portland, ME.

ACCEPTED BY APPROVING AUTHORITY(S) NAMES
State Fire Marshal

ADDRESS
Augusta, ME.

PLANS

INSTALLATION CONFORMS TO ACCEPTED PLANS

EQUIPMENT USED IS APPROVED

IF NO, EXPLAIN DEVIATIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT

IF NO, EXPLAIN

INSTRUCTIONS

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES

IF NO, EXPLAIN

LOCATION OF SYSTEM SUPPLIES BLDGS.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEI
	<u>Reliable</u>	<u>REC49</u>	<u>2017</u>	<u>1/2</u>	<u>134</u>	
<u>Reliable</u>	<u>GS-56</u>	<u>2017</u>	<u>1/2</u>	<u>10</u>		
<u>Reliable</u>	<u>F3-OR</u>	<u>2017</u>	<u>1</u>	<u>1</u>		
<u>Reliable</u>	<u>F3RES44</u>	<u>2017</u>	<u>1</u>	<u>9</u>		

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD

FITTINGS CONFORM TO NFPA 13 STANDARD

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROU	
	TYPE	MAKE	MODEL	MIN.	
	<u>water flow switch</u>	<u>system sensor</u>	<u>wf0/wf0th</u>		

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.			
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL			
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	
Without Q.O.D.								
With Q.O.D.								

IF NO, EXPLAIN

OPERATION PNEUMATIC ELECTRIC HYDRAULIC

TESTING SUPERVISED YES NO DETECTING MEDIA SUPERVISED YES NO

TEST VALVES OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN

YES NO

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage aboveground piping leakage shall be stopped.

FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as drains and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 800 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. IF NO, STATE REASON

ALL PIPING PNEUMATICALLY TESTED YES NO

ALL EQUIPMENT OPERATES PROPERLY YES NO

READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: _____ PSI

RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI 1" drain

UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.

VERIFIED BY COPY OF THE U FORM NO. 85B YES NO OTHER _____ EXPLAIN _____

TESTED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING YES NO

NUMBER USED	LOCATIONS	NUMBER REMOVED

LOADED PIPING: YES NO IF YES, ...

YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 YES NO

YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 YES NO

YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RECOVERED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED YES NO

TEMPERATURE PROVIDED YES NO IF NO, EXPLAIN _____

PIPE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

6-19-18

NAME OF SPRINKLER CONTRACTOR

Eastern Fire Protection

TESTS WITNESSED BY		
PROPERTY OWNER (SIGNED)	TITLE	DATE
<u>[Signature]</u>	<u>Supv</u>	<u>6/19/18</u>
SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
<u>[Signature]</u>	<u>Inspector</u>	<u>6-19-18</u>

EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A** ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. 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's 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 NAME 62 India St. 3rd Fl. DATE _____

PROPERTY ADDRESS Portland, ME.

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES
State Fire Marshal
 ADDRESS
Augusta, ME.
 INSTALLATION CONFORMS TO ACCEPTED PLANS
 EQUIPMENT USED IS APPROVED
 IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS
 HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT
 IF NO, EXPLAIN

INSTRUCTIONS
 HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES
 IF NO, EXPLAIN

LOCATION OF SYSTEM SUPPLIES BLDGS.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TESTED
	<u>Reliable</u>	<u>RFL49</u>	<u>2017</u>	<u>1/2</u>	<u>141</u>	
	<u>Reliable</u>	<u>65-56</u>	<u>2017</u>	<u>1/2</u>	<u>4</u>	
	<u>Reliable</u>	<u>F3RES-44</u>	<u>2017</u>	<u>1</u>	<u>13</u>	

PIPE AND FITTINGS
 PIPE CONFORMS TO NFPA 13 STANDARD
 FITTINGS CONFORM TO NFPA 13 STANDARD
 IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH	
	TYPE	MAKE	MODEL	MIN.	
	<u>Water flow switch</u>	<u>System sensor</u>	<u>WFD/WEDTH</u>		

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.			
	MAKE		MODEL	SERIAL NO.	MAKE		MODEL	
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	
Without Q.O.D.								
With Q.O.D.								

IF NO, EXPLAIN

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

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 leaves 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's 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 NAME: 62 India St. DATE: _____
 PROPERTY ADDRESS: Portland, ME

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: State Fire Marshal
 ADDRESS: Augusta, ME
 PLANS: INSTALLATION CONFORMS TO ACCEPTED PLANS
 EQUIPMENT USED IS APPROVED
 IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS: HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT
 IF NO, EXPLAIN

INSTRUCTIONS: HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES
 IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. 1st Fl. Retail

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMP.
	<u>Reliable</u>	<u>F3 QR</u>	<u>2017</u>	<u>1/2</u>	<u>104</u>	

PIPE AND FITTINGS: PIPE CONFORMS TO NFPA 13 STANDARD
 FITTINGS CONFORM TO NFPA 13 STANDARD
 IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH	
	TYPE	MAKE	MODEL	MIN.	
	<u>Pressure switch</u>	<u>Potter</u>	<u>P5-10</u>		

DRY PIPE OPERATING TEST	DRY VALVE				O.O.D.	
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	
	<u>TYCO</u>	<u>DPV-1</u>				
	TIME TO TRIP THRU TEST PIPE	WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET	
	MIN. SEC.	PSI	PSI	PSI	MIN.	SEC.
Without O.O.D.						
With O.O.D.						

IF NO, EXPLAIN

OPERATION PNEUMATIC ELECTRIC HYDRAULIC

PIPING SUPERVISED YES NO DETECTING MEDIA SUPERVISED YES NO

TEST VALVES OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES NO IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. If aboveground piping leakage shall be stopped.

FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 800 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours.

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. IF NO, STATE REASON

ALL PIPING PNEUMATICALLY TESTED YES NO

EQUIPMENT OPERATES PROPERLY YES NO

RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE

STATIC PRESSURE: 90 PSI

85 PSI 2" drain

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 85B YES NO OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING YES NO

NUMBER USED	LOCATIONS	NUMBER REMOVED

WELDED PIPING YES NO IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR 3 YES NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR 3 YES NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED YES NO

MANUAL PLATE PROVIDED YES NO IF NO, EXPLAIN

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN 6-19-18

NAME OF SPRINKLER CONTRACTOR Eastern Fire Protection

TESTS WITNESSED BY		
OR PROPERTY OWNER (SIGNED)	TITLE	DATE
<u>[Signature]</u>	<u>Super</u>	<u>6/19/18</u>
OR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
<u>[Signature]</u>	<u>[Signature]</u>	<u>6-19-18</u>

EXPLANATION AND NOTES

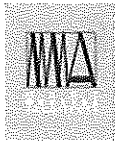
William (Bill) Hart

From: Matt Provencal <matt@muellerarchitects.com>
Sent: Monday, January 22, 2018 4:04 PM
To: Joe Dasco (joedasco@comcast.net); Geoffrey Mitchell
Cc: William (Bill) Hart; Ryan Landry; Ali Malone (ali.malone@gmail.com)
Subject: FW: 62 India Street - Interior Proximity Signage

Please see below.

Thank you,

Matt Provencal, Assoc. AIA
Architectural Designer



Mark Mueller Architects
100 Commercial Street
Suite 205
Portland, Maine 04101
matt@muellerarchitects.com
Tele: 207.774.9057
Direct Line: 207.773.3851

From: Chris Pirone [mailto:cpp@portlandmaine.gov]
Sent: Monday, January 22, 2018 4:03 PM
To: Matt Provencal <matt@muellerarchitects.com>
Subject: Re: 62 India Street - Interior Proximity Signage

This correct.

Captain Chris Pirone
Portland Fire Department
Education & Community Outreach
Fire Prevention Bureau
Central Fire Station
380 Congress St.
Portland, ME 04101
(t) 207.874.840555555
(f) 207.874.8410

Structural Integrity

Consulting Engineers, Inc.

June 28, 2018

Joe Dasco
India Newbury Residences, LLC
2730 Transit Road
West Seneca, NY

Reference:
Final Structural Inspection
62 India Street Residences
62 India St.
Portland, Maine

Structural Integrity Job Number: 16-0022

Dear Mr. Dasco,

This letter is to confirm that a representative of Structural Integrity has visited the above referenced site to observe the foundation and framing for the new structure at the above-mentioned location.

Based on our observations and reports from special inspectors, and instructions to the contractor, we are of the opinion that work has been completed in substantial conformance to the construction documents.

Please do not hesitate to call with any questions or if I can be of further assistance.

Sincerely,



Aaron C. Jones, P.E., SECB, LEED AP
President

