



**CUNNINGHAM**  
SECURITY SYSTEMS

February 5, 2016

Fire Prevention Bureau  
Portland Fire Department  
380 Congress Street  
Portland, ME 04101  
(207) 756-8096  
Fax#: (207) 874-8410

To Whom It May Concern:

This letter is to inform you that on February 4, 2015, we completed the installation, programming and testing of the new fire alarm devices installed in the Scales restaurant space on the first floor of the building located at 68 Commercial Street in Portland, ME. These new devices were tied into the building's existing fire alarm control panel and programmed and test to NFPA 72 standards with test signals sent from these devices and received at our Central Monitoring Station. These devices were found to be fully functional at that time.

Should you have any questions or comments regarding this matter, please feel free to contact me at (207) 846-3350.

Sincerely,

Ronald S. Sneider, Manager

cc: Acct. File

# Contractor's Material and 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 leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. 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 **MAINE WHARF** DATE **8/25/15**

PROPERTY ADDRESS **68 COMMERCIAL STREET, PORTLAND**

**PLANS**  
 ACCEPTED BY **State Fire Marshal's Office**  
 ADDRESS **#164 State House Station Augusta, Maine 04333-0164**  
 Installation conforms to accepted plans  Yes  No  
 Equipment used is approved If no, explain deviations.  Yes  No

**INSTRUCTIONS**  
 Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?  Yes  No  
 If no, explain?  
 Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

**LOCATION OF SYSTEM**  
 Supplies buildings **WET SYSTEM (ENTIRE STRUCTURE)**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	K FACTOR	QUANTITY	TEMPERATURE RATING
		GLOBE	GL5601	2014	5.6	42
	GLOBE	GL5615	2014	5.6	30	155'
	GLOBE	GL5615	2014	5.6	176	200'
	GLOBE	GL5626	2014	5.6	20	155'
	VICTAULIC	AB6	2015	5.6	3	200'

**PIPING & FITTINGS**  
 Type of pipe **SCHEDULE 10 / 40 STEEL AND CPVC**  
 Type of fittings **CAST / DUCTILE IRON AND CPVC**

**ALARM VALVE OR FLOW INDICT.**  
 Alarm Device  
 Type **VANE** Make **System Sensor** Model **WFD 30 / WFD 40**  
 Maximum time to operate through test connection. Seconds **37**

**DRY PIPE OPERATION TEST**

Dry valve				Q.O.D.					
Make		Model		Serial no.		Serial no.			
Without Q.O.D.	Time to trip through test connection <sup>1</sup>		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet <sup>1</sup>		Alarm operated properly	
	Minutes	Seconds	Psi	Psi	Psi	Minutes	Seconds	Yes	No
With Q.O.D.									

If no, explain

**DELUGE & PREACTION VALVES**  
 Operation  Pneumatic  Electric  Hydraulic  
 Piping supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both 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 of operate release	
		Yes	No	Yes	No	Minutes	Seconds

**PRESSURE REDUCING VALVES**

Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate
			Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)

<sup>1</sup> Measured from time inspector's test connection is opened.



# ALLSTATE FIRE EQUIPMENT

New England's Leader in Fire Protection

P.O. Box 1025 • Lynnfield, MA 01940  
866-542-3473

## Fire Suppression System Distributor Certificate of Installation

### To be Completed by Regional Office

Job Name _____	Job Number _____
Job Address _____	Type of System: Ansul <input type="checkbox"/>
_____	Pyrochem <input type="checkbox"/>
_____	Other _____

### To be Completed by Fire System Distributor

Company Name <u>ALL STATE FIRE EQUIPMENT</u>	System Model <u>1001</u>
Address <u>20 C Del Carmine St</u>	Serial Number _____
<u>Wakefield, MA 01880</u>	
Fuel/Energy Shut Off Device _____	Gas Valve: Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Size _____ Installed.
Tested on _____ Date	Electric Equipment Shut-down Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)</p>	
Technician's Name _____	
Signature _____	Date _____

### To be Completed by Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature [Signature] Date \_\_\_\_\_

### To be Completed by the Authority Having Jurisdiction

Functional tests have been witnessed and the system performs as designed.

Print Name [Signature] Jurisdiction PTD

Signature [Signature] Date 11



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Print Name \_\_\_\_\_ Jurisdiction \_\_\_\_\_ (PAU)

Signature \_\_\_\_\_ Date \_\_\_\_\_