

# 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: 6-3-2020 Inspection/Test Completion Date/Time: 6-3-2020

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

## 1. PROPERTY INFORMATION

Name of property: Fiatbread Wharf

Address: 72 Commercial Street Portland, Me

Description of property: Commercial

Name of property representative: Anthony Grenon

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

Phone: 603-498-9312 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. TESTING AND MONITORING INFORMATION

Testing organization: Bk Systems Inc

Address: 27 Sheep Davis Road Pembroke, Nh

Phone: 603-647-8775 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Monitoring organization: Centralarm

Address: 994 Candia Rd Manchester, NH

Phone: 800-639-2066 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: 62401408 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: Udact

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: Notifier Model number: NFS2640

### 4.2 Software and Firmware

Firmware revision number: 27

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 20 Location: \_\_\_\_\_

Overcurrent protection type: \_\_\_\_\_ Amps: \_\_\_\_\_ Disconnecting means location: \_\_\_\_\_

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

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

**4.3.2 Secondary Power**

Type: \_\_\_\_\_ Location: \_\_\_\_\_

Battery type (if applicable): \_\_\_\_\_

Calculated capacity of batteries to drive the system:

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

**5. NOTIFICATIONS MADE PRIOR TO TESTING**

Monitoring organization Contact: \_\_\_\_\_ 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 type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<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 type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

**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"/>		Verified on Boldnet App.
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Verified on Boldnet App.
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Verified on Boldnet App.
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Verified on Boldnet App.
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Verified on Boldnet App.
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Verified on Boldnet App.

**6.7 Public Emergency Alarm Reporting System**

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: _____	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: 6-3-2020 Time: \_\_\_\_\_

9. CERTIFICATION

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

Signed: Rich Veilleux Printed name: Rich Veilleux Date: 6-3-2020

Organization: BK Systems Inc Title: Service Tech Phone: 603-647-8775

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: \_\_\_\_\_



LOOP	Device ADDR	FlashScan Type	Custom Label	Extended Label
1	1	PHOTO	ABOVE FIRE PANEL	RI'RA' PUB
1	2	PHOTO	ELEVATOR MACH. RM	RI'RA' PUB
1	3	HEAT	ELEVATOR MACH. RM	RI'RA' PUB
1	4	PHOTO	FL-1 ELEVATOR LOBBY	RI'RA' PUB
1	5	PHOTO	TOP OF ELEV. SHAFT	RI'RA' PUB
1	6	HEAT	TOP OF ELEV. SHAFT	RI'RA' PUB
1	7	HEAT	ELVATOR PIT	RI'RA' PUB
1	10	PHOTO	FL-2 ELEVATOR LOBBY	RI'RA' PUB

All Modules

LOOP	Device ADDR	Type Code Label	Custom Label	Extended Label
1	1	Relay	PRIMARY ELEVATOR	RECALL
1	2	Relay	ALTERNATE ELEVATOR	RECALL
1	3	Relay	ELEVATOR SHUNT TRIP	
1	5	Pull Station	MAIN EMTRANCE	RI'RA' PUB
1	6	Pull Station	LOUNGE	RI'RA' PUB
1	7	Pull Station	LOUNGE	RI'RA' PUB
1	8	Pull Station	KITCHEN EXIT	RI'RA' PUB
1	9	Pull Station	DISHWASHER RM	FLAT BREAD
1	10	Monitor	OVEN-1 ANSUL	FLAT BREAD
1	11	Monitor	OVEN-2 ANSUL	FLAT BREAD

1	12	Pull Station	WATER EXIT	FLAT BREAD
1	14	Pull Station	MAIN ENTRANCE	FLAT BREAD
1	15	Track Superv	WET SYSTEM TAMPER	SPRINKLER
1	16	Waterflow	WET SYSTEM FLOW	SPRINKLER
1	17	Track Superv	LOW AIR PRESSURE	SPRINKLER
1	20	Pull Station	FL-2 REAR EXIT	R'RA' PUB
1	21	Monitor	FL-2 KITCHEN ANSUL	R'RA' PUB
1	22	Pull Station	FL-2 SIDE STAIRWELL	R'RA' PUB
1	23	Pull Station	FL-2 ELEVATOR LOBBY	R'RA' PUB
1	24	Pull Station	FL-1 WATER SIDE	R'RA' PUB
1	25	Waterflow	DRY SYSTEM FLOW	SPRINKLER

## SYSTEM RECORD OF COMPLETION

*This form is 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.*

Form Completion Date: 6-3-2020 Supplemental Pages Attached: 1

### 1. PROPERTY INFORMATION

Name of property: Flatbread Wharf  
Address: 72 Commercial Street Portland Me  
Description of property: Commercial  
Name of property representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Longchamps Electric  
Address: 700 Harvey Road Manchester, NH  
Phone: 603-625-5954 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Service organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Testing organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Effective date for test and inspection contract: \_\_\_\_\_  
Monitoring organization: Centralarm  
Address: 994 Candia Road Manchester, NH  
Phone: 800-639-2266 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 62401408 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_  
Means of transmission: \_\_\_\_\_  
Entry to which alarms are retransmitted: Same as Above Phone: \_\_\_\_\_

### 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

### 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: \_\_\_\_\_

NFPA 72 edition: 2013

#### 4.1 Control Unit

Manufacturer: Notifier Model number: NFS2640

#### 4.2 Software and Firmware

Firmware revision number: 27

#### 4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: \_\_\_\_\_ Alarm verification set for \_\_\_\_\_ seconds

## SYSTEM RECORD OF COMPLETION (continued)

### 5. SYSTEM POWER

#### 5.1 Control Unit

##### 5.1.1 Primary Power

Input voltage of control panel: \_\_\_\_\_ Control panel amps: \_\_\_\_\_  
 Overcurrent protection: Type: \_\_\_\_\_ Amps: \_\_\_\_\_  
 Branch circuit disconnecting means location: \_\_\_\_\_ Number: \_\_\_\_\_

##### 5.1.2 Secondary Power

Type of secondary power: \_\_\_\_\_  
 Location, if remote from the plant: \_\_\_\_\_  
 Calculated capacity of secondary power to drive the system:  
 in standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

#### 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				
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

### 7. REMOTE ANNUNCIATORS

Type	Location

### 8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	11	Addressable	Alarm	
Smoke Detectors	5	Addressable	Alarm	
Duct Smoke Detectors				
Heat Detectors	3	Addressable	Alarm	
Gas Detectors				
Waterflow Switches	2	Addressable	Alarm	
Tamper Switches	2	Addressable	Supervisory	



**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible	10	
Combination Audible and Visible	16	

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	3
Elevator Shunt Trip	1

**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: \_\_\_\_\_ Printed name: Matt Date: 6-3-2020  
 Organization: Longchamps Electric Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

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

Signed: Rich Veilleux Printed name: Rich Veilleux Date: 6-3-2020  
 Organization: BK Systems Inc Title: Service Tech Phone: 603-851-5129

**12.3 Acceptance Test**

Date and time of acceptance test: \_\_\_\_\_  
 Installing contractor representative: \_\_\_\_\_  
 Testing contractor representative: \_\_\_\_\_  
 Property representative: \_\_\_\_\_  
 AFI representative: \_\_\_\_\_

**NOTIFICATION APPLIANCE  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.  
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/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.*

Inspection/Test Start Date/Time: 6-3-2020 Inspection/Test Completion Date/Time: 6-3-2020

Number of Supplemental Pages Attached: \_\_\_\_\_

**1. PROPERTY INFORMATION**

Name of property: Flatbread Wharf

Address: 72 Commercial Street Portland, Me

**2. NOTIFICATION APPLIANCE TEST RESULTS**

Appliance Type	Location/Identifier	Test Results
P2RL	1 <sup>ST</sup> FLOOR R'I'RA' PUB KITCHEN	PASS
SRL	1 <sup>ST</sup> FLOOR R'I'RA' PUB WOMEN'S ROOM	PASS
SRL	1 <sup>ST</sup> FLOOR R'I'RA' PUB MENS ROOM	PASS
P2RL	1 <sup>ST</sup> FLOOR R'I'RA' PUB KITCHEN	PASS
P2RL	1 <sup>ST</sup> FLOOR R'I'RA' PUB BAR	PASS
P2RL	1 <sup>ST</sup> FLOOR R'I'RA' PUB DINNING ROOM	PASS
P2RL	1 <sup>ST</sup> FLOOR R'I'RA' PUB DINNING ROOM	PASS
SRL	1 <sup>ST</sup> FLOOR R'I'RA' PUB HALL	PASS
P2RL	2 <sup>ND</sup> FLOOR R'I'RA' PUB KITCHEN	PASS
P2RL	2 <sup>ND</sup> FLOOR R'I'RA' PUB DINNING ROOM	PASS
P2RL	2 <sup>ND</sup> FLOOR R'I'RA' PUB DINNING ROOM	PASS
P2RL	2 <sup>ND</sup> FLOOR R'I'RA' PUB DINNING ROOM	PASS
SRL	2 <sup>ND</sup> FLOOR R'I'RA' PUB WOMEN'S ROOM	PASS
SRL	2 <sup>ND</sup> FLOOR R'I'RA' PUB MENS ROOM	PASS
P2RL	2 <sup>ND</sup> FLOOR EEVATOR LOBBY	PASS
P2RL	2 <sup>ND</sup> FLOOR SIDE STAIRWELL	PASS
P2RL	PORTLAND FLATBREAD WAITING AREA	PASS
P2RL	PORTLAND FLATBREAD DINNING ROOM	PASS
P2RL	PORTLAND FLABREAD DININNG ROOM	PASS
P2RL	PORTLAND FLATBREAD KITCHEN	PASS
SRL	PORTLAND FLATBREAD DISHWASHING RM	PASS
SRL	PORTLAND FLATBREAD OFFICE	PASS
SRL	PORTLAND FLATBREAD WOMEN'S ROOM	PASS
SRL	PORTLAND FLATBREAD MENS ROOM	PASS