

**High Tech Fire Protection
P.O. Box 156
Minot, Maine 04258
Tel: (207) 998-2551**

Date: May 26, 2009
To: Ganneston Construction
From: Jerry Bosse
Re: Guarantee/fire sprinklers

CYB: 032-K-012

MSG: High Tech Fire Protection hereby warrants and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project called the 1 Monument Square, Key Bank Space in Portland, Maine for a period of one year from the date of substantial completion, May 18, 2009 (to May 18, 2010).

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

The sprinkler system meets or exceeds all requirements necessary to satisfy the requirements of NFPA #13 and the Local Authority Having Jurisdiction.

High Tech Fire Protection
Jerry Bosse, President

MAY 26 2009

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

ONE MONUMENT SQUARE

DATE 5-22-09

PROPERTY ADDRESS

PORTLAND, ME.

PLANS

ACCEPTED BY State Fire Marshal's Office

ADDRESS 45 Commerce Drive, Suite 1 Augusta, ME 04330

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? If no, explain?

☐ Yes☒ No

Has copies of the following been left on the premises?

1. System components instructions
2. Care and maintenance instructions
3. NFPA 25 (Owners Manual)

☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No

LOCATION OF SYSTEM

Supplies buildings ENTIRE

SPRINKLERS

MAKE

MODEL

YEAR OF MANUFACTURE

ORIFICE SIZE

QUANTITY

TEMPERATURE RATING

KICTAULIC

2008

1/2"

7

155°

PIPING & FITTINGS

Type of pipe STEEL
Type of fittings CAST IRON

ALARM VALVE OR FLOW INDICT.

Alarm Device

Maximum time to operate through test connection.

Type

Make

Model

Minutes

Seconds

VALE FLOW

POTTER

VSR

—

30

DRY PIPE OPERATION TEST

Dry valve

O.O.D.

Make

Model

Serial no.

Make

Model

Serial no.

Time to trip through test connection¹

Water pressure

Air pressure

Trip point air pressure

Time water reached test outlet¹

Alarm operated properly

Minutes

Seconds

Psi

Psi

Psi

Minutes

Seconds

Yes

No

Without O.O.D.

With O.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)

¹ Measured from time inspector's test connection is opened.

TEST DESCRIPTION	Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped. Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) 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 bar) in 24 hours.		
TEST	All piping hydrostatically tested at <u>200</u> psi (<u>13.6</u> bar) for <u>2</u> hours Dry piping pneumatically tested <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment operates properly <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, state reason:
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems of stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Drain test <u>2"</u>	Reading of gauge located near water supply test connection: <u>76</u> psi (____ bar).	Residual pressure with valve in test connection open wide: <u>73</u> psi (____ bar).
	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?		
	Verified by copy of the U Form No. 850 flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Explain <u>EXISTING</u>
If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain	
BLANK TESTING CHECKETS	Number used <u>— 0 —</u>	Locations	Number removed
WELDING	Welding piping <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes...		
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input 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 B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure 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 type="checkbox"/> Yes <input type="checkbox"/> No		
CUTOUTS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HYDRAULIC DATA NAMEPLATE	Nameplate provided <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain <u>EXISTING</u>
REMARKS	Date left in service with all control valves open <u>May 18, 2009</u>		
SIGNATURES	Name of sprinkler contractor <u>High Tech Fire Protection</u>		
	Test witnessed by		
	For property owner (signed)	Title	Date
	For sprinkler contractor (signed) <u>[Signature]</u>	<u>president</u>	<u>5/22/09</u>
Additional Explanations and notes			

		
R.B. Allen Co., Inc.		
131 Lafayette Rd. North Hampton, NH 03862		
Phone: (603) 964-8140	TOLL FREE: (800) 258-7264	Fax: (603) 964-8885

Mailing Address: P.O Box 770
Email Address: Rballen @Rballen.com

May 22, 2009

To: BH Milliken
Attn: Frank Lemelin
Re: Key Bank at 1 Monument Square 1st Floor

CBC: 032-1C-012

Frank:

The Gamewell/FCI Fire Alarm System located at the address above has been programmed, tested and is working per the manufacturer's specifications with reference to NFPA 72,101 and local ordinances.

Thank you,

Tim Biron
R.B. Allen Co., Inc.
Project Manager

Systems: Municipal Fire Alarm and Security- Industrial Fire Alarm & Security

ISO 9001 Certified

Fire Alarm System Record of Completion

Name of Protected Property : 1 MONUMENT ST (KEY BANK 1ST FLOOR)
Address : PORTLAND MAINE
Representative of protected property (name/phone) : _____
Authority having jurisdiction : _____
Address/telephone number : _____

Organization name/phone

Representative name/phone

Installer: B. H. MILLIKEN ELECTRIC
Supplier: R.B.ALLEN
Service Organization: R.B.ALLEN
Location of record (as built) drawings: FACP
Location of operation and maintenance manuals: _____
Location of test reports: _____

A contract for test and inspection in accordance with NFPA standard(s)

Contract No(s): _____ Effective Date: _____ Expiration Date: _____

System Software

a) Operating system (executive) software revision level(s): 1.4
b) Site-specific software revision date: 1.4
c) Revision completed by: _____

1. Type(s) of System or Service

 NFPA 72, Chapter 6 -Local

If alarm is transmitted to location(s) off premises, list where received : _____

 NFPA 72, Chapter 8 -Remote Station

Telephone numbers of the organization receiving alarm:

Alarm: _____

Supervisory: _____

Trouble: _____

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____

Indicate how alarm is retransmitted: _____

 NFPA 72,Chapter 8- Proprietary:

Telephone numbers of the organization receiving alarm:

Alarm: _____

Supervisory: _____

Trouble: _____

If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____

Indicate how alarm is retransmitted: _____

x **NFPA 72, Chapter 8- Central Station**

Prime contractor: Protection 1

Central station location: Portland Maine

Means of transmission signals from the protected premises of the central station:

<u> </u> McCulloh	<u> </u> Multiplex	<u> </u> One-way radio
<u>x</u> Digital alarm communicator	<u> </u> Two-way radio	<u> </u> Others

Means of transmission of alarms to the public fire service communications center:

(a) _____

(b) _____

System location: _____

NFPA 72, Chapter 9- Auxillary

Indicate type of connection: _____ Local Energy _____ Shunt _____ Parallel Telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring check for opens, shorts, ground faults and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with NFPA standards as shown below, was inspected by:

B.H. MILLIKEN on 5/21/2009, includes the devices shown in 5 and 6, and has been in service since _____.

☒ **NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply).**

☒ NFPA 70, National Electrical Code, Article 760

☒ Manufacturer's Instructions

Other (specify) _____

Signed: _____ Date: 5/21/2009

Organization: R.B.ALLEN

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____

All operational features and functions of this system were tested by R.B.ALLEN Date 5/21/2009 and found to be operating properly in accordance with the requirements of.

☒ **NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)**

☒ NFPA 70, National Electrical Code, Article 760

☒ Manufacturer's Instructions

Other (specify) _____

Signed: _____ Date: 5/21/2009

Organization: R.B.ALLEN

4. Signaling Line Circuits

Quantity and class of signaling line circuits (see NFPA 72, Table 6.6.1):

Quantity- 2 Style- A Class _____

5. Alarm-initiating Devices and Circuits

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity- _____ Style- _____ Class _____

MANUAL

(a) Manual stations Noncoded 1 Transmitters _____ Coded _____ Addressable X

(b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC Complete _____ Partial _____

Coverage Selective _____ Nonrequired _____

- a) Smoke detectors _____ Ion _____ Photo _____ Addressable _____
 b) Duct detectors _____ Ion _____ Photo _____ Addressable _____
 c) Heat detectors _____ RR _____ FT/RR _____ RC _____ Addressable _____
 d) Sprinkler waterflow indicators: Transmitters _____
 e) The alarm verification feature is disabled _____ or enabled _____ changed from _____ seconds to _____ seconds.
 f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

- (a) _____ Coded stations
 (b) _____ Noncoded stations, activating _____ transmitters
 (c) _____ Compulsory guard tour system comprised of _____ transmitter stations and intermediate stations.

Note: Combination devices are recorded under 5(b), Manual and 6(a), Guard's Tour.

SPRINKLER SYSTEM

Check if provided

- (a) _____ Valve supervisory switches
 (b) _____ Building temperature points
 (c) _____ Site water temperature points
 (d) _____ Site water supply level points

Electric fire pump :

- (e) _____ Fire pump power
 (f) _____ Fire pump running
 (g) _____ Phase reversal

Engine-driven fire pum

- (h) _____ Selector in auto position
 (i) _____ Engine or control panel trouble
 (j) _____ Fire pump running

Engine-driven generator

- (k) _____ Selector in auto position
 (l) _____ Control panel trouble
 (m) _____ Transfer switches
 (n) _____ Engine running

Other supervisory functions(s) (specify): _____

7. Annunciator(s)

Number: _____ Type: _____ Location: _____

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 -Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of Speaker Zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and the class of notification appliance circuits connected to system (see NFPA 72, Table 6.7)

Quantity : _____ Style: _____ Class: _____

Types and quantities of notification appliances installed:

- (a) Bells _____ With Visible _____
(b) Speakers 3 With Visible X
(c) Horns _____ With Visible _____
(d) Chimes _____ With Visible _____
(e) _____
(f) Visible appliances without audible: 6

9. System Power Supplies

- (a) Fire Alarm Control Panel: Nominal Voltage: 120 Current Rating: 20
Overcurrent Protection: Type: CIRCUIT BREAKER Current Rating: 20
Location: _____
(b) Secondary (standby):
Storage battery: X Amp-hour rating: X
Calculated capacity to drive system, in hours : _____
Engine-driven generator dedicated to fire alarm system : _____
Location of fuel storage : _____
(c) Emergency system used as backup to primary power supply: _____
Emergency system described in NFPA 70, Article 700: _____

10 Comments :

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are :

ONE SPEAKER STROBE WAS EXISTING.

Tested only KeyBank Devices

(signed) for installation contractor/supplier

(title)

(date) 5/21/2009

TECHNICIAN

(signed) for alarm service company

(title)

(date) 5/21/2009

JIM GAILEY

(signed) for central station

(title)

(date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title)

(date)