

SYSTEM RECORD OF COMPLETION

Form Completion Date: 1ernoon Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Goodwill Building

Address: 35 Preble Street, Portland Maine

Description of property: Office Building

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Deblois Electric

Address: _____

Phone: (207) 783-6512 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: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: _____ Phone line 1: _____ Phone line 2: _____

Means of transmission: Digital communicator

Entity to which alarms are retransmitted: Portland Fire department Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document box below fire alarm control panel

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: Silent Knight Model number: 5808

4.2 Software and Firmware

Firmware revision number: _____

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: 120VAC Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: Batteries

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	3	Addressable	Alarm	
Smoke Detectors	6	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	2	Addressable	Alarm	Photoelectric
Heat Detectors	1	Addressable	Alarm	
Gas Detectors				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	15	Strobes
Combination Audible and Visible	7	Horn/strobe units

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	2
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	2
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: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: _____ Printed name: Glenn Gurney Date: 3/6/15
 Organization: Norris Inc. Title: Training Manager Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____



EASTERN FIRE PROTECTION

FIRE SPRINKLER CONTRACTORS AND DESIGNERS

March 5, 2015

Mr. Charles Baillargeon
Wright-Ryan
Portland, Maine

RE: Bayside Elevator Project
Compliance & Warranty -- First Floor Lobby / Elevator & Machine Rm

This letter certifies that the modifications made to the existing sprinkler system located at on the above referenced project in the areas noted, are in compliance with NFPA 13, NFPA 14, State, and local codes.

Eastern Fire Protection warranties that the fire sprinkler system modifications performed to be free from defects in materials and workmanship for a period of one year beginning on **March 15th 2015.**

Signed: _____

Paul A. Tardif - Vice President

Date: _____



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Signed: _____

A handwritten signature in black ink, appearing to read 'P. Tardif', is written over a horizontal line.

Paul A. Tardif - Vice President

Date: _____

March 5, 2015

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 Goodwill Fit-up First Floor DATE 3/6/15

PROPERTY ADDRESS 200 Lancaster St. PORTLAND, ME

PLANS	ACCEPTED BY <u>State of Maine Fire Marshal's Office</u>				
	ADDRESS <u>45 Commerce Drive Suite 1</u>		Augusta, ME 04330		
	Installation conforms to accepted plans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment used is approved if no, explain deviations. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <u>No new equipment</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has copies of the following been left on the premises? 1. System components instructions <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Care and maintenance instructions <input type="checkbox"/> Yes <input type="checkbox"/> No 3. NFPA 25 (Owners Manual) <u>Existing System</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			

LOCATION OF SYSTEM Supplies buildings 1st Floor Tenant Fit-Up NFPA 13 (WET SYSTEM)

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE/K-FACTOR	QUANTITY	TEMPERATURE RATING
		GLOBE	GL5601	2015	K 5.6	68

PIPING & FITTINGS
 Type of pipe BLACK IRON
 Type of fittings BLACK IRON

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	<u>Pressure</u>	<u>System Sensor</u>	<u>EPS 10-2</u>		<u>3</u>

DRY PIPE OPERATION TEST	Dry valve				Q.O.D.							
	Make		Model		Serial no.		Serial no.					
	Time to trip through test connection ¹		Water pressure		Air pressure		Trip point air pressure		Time water reached test outlet ¹		Alarm operated properly	
	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									
	Does valve operate from the manual trip, remote, or both 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 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)

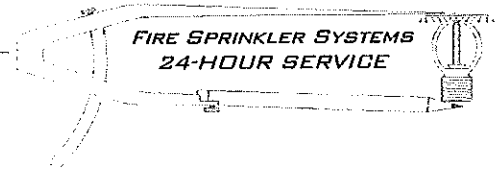
¹ Measured from time inspector's test connection is opened.

copy

HIGH TECH FIRE PROTECTION

PO Box 156 • Minot, ME 04258-0156

Phone: (207)998-2551 • Fax: (207)998-4187



NFPA Compliance Letter

Date: March 5, 2015

To: Charlie Baillargeon / Portland Fire Department

From: Richard Smith

Project: 200 Lancaster St 1st floor, Portland, ME. Goodwill tenant fit-up

High Tech Fire Protection hereby guarantees the design, materials and workmanship to meet the necessary requirements for the sprinkler system rework per NFPA #13 Automatic Fire Sprinkler System.

Sincerely,
Richard Smith
High Tech Fire Protection
207-998-2551
RSmith@htfp.me

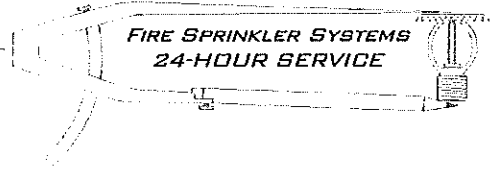
*Specializing in Commercial and Residential Fire Sprinkler Systems
Design • Installation • Inspection • Service*

copy

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