



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 12/22/2016 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property:
Address: 117 Preble St
Description of property:
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Corey Electric
Address:
Phone: Fax: E-mail:
Service organization: Norris Inc
Address: 2257 West Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Testing organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: United Central Monitoring
Address:
Phone: 1-800-299-9900 Fax: E-mail:
Account number: 9038-0149 Phone line 1: 1-866-491-6613 Phone line 2: 1-866-803-9175
Means of transmission: Digital Communicator
Entity to which alarms are retransmitted: Portland Fire Phone:

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Lower Level by AES box

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [X] New system [] Modification to existing system Permit number:
NFPA 72 edition:

4.1 Control Unit

Manufacturer: Notifier Model number: NFS-320

4.2 Software and Firmware

Firmware revision number: 24

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.
Number of devices subject to alarm verification: Alarm verification set for seconds



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SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 8
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: PHB Panel Number: 30

5.1.2 Secondary Power

Type of secondary power: Batteries 2 12v 18AH
 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	1			
Device Power	2			
Initiating Device				
Notification Appliance	2			
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
None	

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	7	Addressable	Alarm	Dual Action
Smoke Detectors	19	Addressable	Alarm	Photo Electric
Duct Smoke Detectors	3	Addressable	Supervisory	Photo Electric
Heat Detectors	1	Addressable	Alarm	135 Fixed temp
Gas Detectors	8	Addressable	Supervisory	1 stand alone in 1 st Floor 7 Combo corridor smokes
Waterflow Switches	7	Addressable	Alarm	Paddle
Tamper Switches	9	Addressable	Supervisory	



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible, and Combination Audible and Visible.

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown, Fire/Smoke Dampers, Door Unlocking, Elevator Recall, Elevator Shunt Trip, and Elevator Flashing Hat.

11. INTERCONNECTED SYSTEMS

- Checkboxes for interconnect status: 'This system does not have interconnected systems.' and '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: [Signature] Printed name: PAUL LAMONTAGNE Date: 12-22-16 Organization: CORET ELEC Title: FOREMAN Phone: [blank]

12.2 System Operational Test

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

Signed: [Signature] Printed name: Michael Todd Date: 12/22/16 Organization: Norris Inc Title: Technician Phone: 883-3473

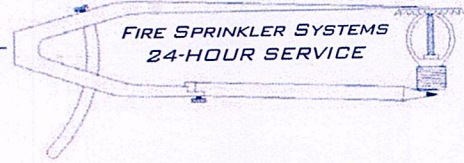
12.3 Acceptance Test

Date and time of acceptance test: 12/22/2016 11:30AM Installing contractor representative: Testing contractor representative: Michael Todd Property representative: AHJ representative:

HIGH TECH FIRE PROTECTION

PO Box 156 • MINOT, ME 04258-0156

PHONE: (207)998-2551 • FAX: (207)998-4187



Date: December 21, 2016

To: Matthew Gagnon – Landry French Construction

From: Ed Pennell

Sprinkler System NFPA Compliances for 117 Preble Street in Portland Maine.

High Tech Fire Protection hereby guarantees the design, materials and workmanship on the project entitled **117 Preble Street– Basement and First Floor** in Portland, Maine to meet or exceed all requirements necessary for an approved NFPA #13 2010 edition Automatic Fire Sprinkler System. Complete test certificates will be provided at the end of the project.

Sincerely,
Ed Pennell
High Tech Fire Protection
207-998-2551
EPennell@htfp.me

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

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 117 Preble Street Apartments DATE _____

PROPERTY ADDRESS 117 Preble 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 PARTIAL WET SYSTEM (BASEMENT AND FIRST FLOOR ONLY)

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GLOBE	GL5615	2016	1/2"	23	155°
GLOBE	GL5626	2016	1/2"	1	155°	
GLOBE	GL5635	2016	1/2"	1	155°	
GLOBE	GL4910	2016	7/16"	22	155°	
GLOBE	GL4431	2016	7/16"	2	155°	
VIKING	VK467	2016	7/16"	93	155°	

PIPING & FITTINGS
 Type of pipe SCHEDULE 10 / 40 STEEL
 Type of fittings CAST / MALLEABLE IRON

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds

DRY PIPE OPERATION TEST	Dry valve			Q.O.D.		
	Make	Model	Serial no.	Make	Model	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
	Minutes Seconds	Psi	Psi	Psi	Minutes Seconds	Yes No
Without Q.O.D.						
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)

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 200 psi (____bar) for 2 hours If no, state reason
 Dry piping pneumatically tested Yes No
 Equipment operates properly Yes No

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? Yes No

TEST
 Drain test Reading of gauge located near water supply test connection: 110 psi (____bar). Residual pressure with valve in test connection open wide: 97 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. 85B flushed by installer of underground sprinkler piping? Yes No No No
 Other Explain

If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? Yes No If no, explain

BLANK TESTING GASKETS
 Number used Locations _____ Number removed _____

WELDING
 Welding piping Yes No
 If Yes...
 Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? Yes No
 Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? Yes 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? Yes No

CUTOUTS (DISCS)
 Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? Yes No

HYDRAULIC DATA NAMEPLATE
 Nameplate provided Yes No If no, explain

REMARKS
 Date left in service with all control valves open

SIGNATURES
 Name of sprinkler contractor High Tech Fire Protection
 Test witnessed by _____
 For property owner (signed) [Signature] Title Superintendent -L/F Date 12/22/16
 For sprinkler contractor (signed) [Signature] Title Technician Date 12/22/16

Additional Explanations and notes