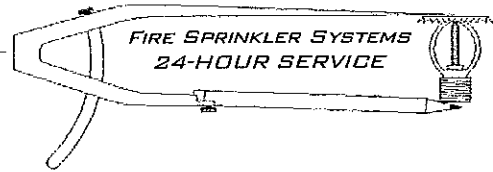


# HIGH TECH FIRE PROTECTION

PO BOX 156 • MINOT, ME 04258-0156

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



Date: February 27, 2017

To: Matthew Gagnon – Landry French Construction

From: Ed Pennell

Sprinkler System NFPA Compliance for 58 Alder Street in Portland Maine.

High Tech Fire Protection hereby guarantees the design, materials and workmanship on the project entitled **Bayside Bowl** in Portland, Maine to meet or exceed all requirements necessary for an approved NFPA #13 2016 edition Automatic Fire Sprinkler System. As of February 27, 2017 the wet system covering the interior of the building is fully operational and in service.

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*



## Corey Electric

609 Main Street STE # 3  
Westbrook, ME 04092  
Phone: 207-591-8151 Fax: 207-591-8153  
[www.coreyelectric.com](http://www.coreyelectric.com)

To: Landry French Construction  
From: Michael Corey  
Re: Bayside Bowl  
Date: 2.28.17

All Electrical wiring and terminations installed by Corey Electric Inc. have been executed using the current 2014 National Electrical Code NFPA 2014, in conjunction with the engineer drawings designed by Bennett Engineering and under purview and inspections by the local AHJ.

Respectfully,

Michael S Corey  
Vice President  
Corey Electric Inc  
[mcorey@coreyelectric.com](mailto:mcorey@coreyelectric.com)

# Structural Integrity

Consulting Engineers, Inc.

February 23, 2017

Ryan Senatore  
Ryan Senatore Architecture  
565 Congress St.  
Portland, Maine 04101

Reference:  
Final Structural Inspection  
Bayside Bowl  
58 Alder Street  
Portland, Maine

Structural Integrity Job Number: 15-0243

Dear Mr. Senatore,

This letter is to confirm that a representative of Structural Integrity has visited the above referenced site to observe the foundation and steel framing for the new structure at the above mentioned location.

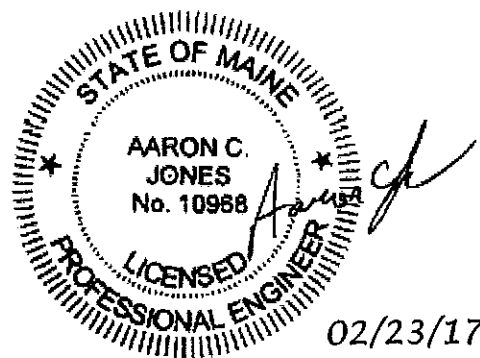
Based on our observations and reports from special inspectors, and instructions to the contractor, we are of the opinion that work has been completed in substantial conformance to the construction documents.

Please do not hesitate to call with any questions or if I can be of further assistance.

Sincerely,



Aaron C. Jones, P.E., SECB, LEED AP  
President



**Project: Bayside Bowl**  
**Date Prepared: 02/23/2017**

## Structural Statement of Special Inspections (Continued)

### Final Report of Special Inspections (SSIC/SI 1)

[To be completed by the Structural Special Inspections Coordinator (SSIC/SI 1). Note that all Agent's Final Reports must be received prior to issuance.]

Project: *Bayside Bowl*  
Location: *58 Alder St. Portland, Maine*  
Owner:  
Owner's Address:

Architect of Record: *Ryan Senatore* *Ryan Senatore Architecture*  
(name) (firm)  
Structural Registered Design  
Professional in Responsible Charge: *Aaron C. Jones* *Structural Integrity*  
(name) (firm)

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,  
Structural Special Inspection Coordinator

Aaron C. Jones, PE, SEBC  
(Type or print name)

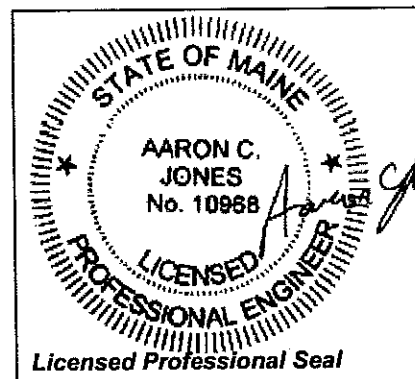
Structural Integrity Consulting Engineers, Inc.  
(Firm Name)

*Aaron C. Jones*

Signature

02/23/2017

Date



# 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: 02-27-17 Inspection/Test Completion Date/Time: 02-27-17

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

## 1. PROPERTY INFORMATION

Name of property: Bayside Bowl  
Address: 58 Adler Street Portland, ME  
Description of property: Bowling Alley  
Name of property representative: Charlie  
Address: same  
Phone: same Fax: unknown E-mail: unknown

## 2. TESTING AND MONITORING INFORMATION

Testing organization: RB Allen Co., inc.  
Address: 131 Lafayette Road North Hampton, NH 03862  
Phone: 6039648140 Fax: 6039648885 E-mail: rballen@rballen.com  
Monitoring organization: Cunningham Security / AND Portland, ME Fire Dept AES Box # 4775  
Address: 10 Princes Point Road Yarmouth, ME  
Phone: 2078463350 Fax: unknown E-mail: unknown  
Account number: 6300-1621 Phone line 1: 2077737994 Phone line 2: 2077737991  
Means of transmission: DACT  
Entity to which alarms are retransmitted: Portland Fire dept Phone: 207 874 8400

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: In doc box @ FACU

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: Edwards Model number: IO500

### 4.2 Software and Firmware

Firmware revision number: 3.5

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 6 Location: Electric Rm  
Overcurrent protection type: Ckt Brkr Amps: 20 Disconnecting means location: Breaker panel P1 #40

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

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

**4.3.2 Secondary Power**

Type: Batteries Location: Inside FACU  
 Battery type (if applicable): Sealed Lead Acid  
 Calculated capacity of batteries to drive the system:  
 In standby mode (hours): 24 In alarm mode (minutes): 15

**5. NOTIFICATIONS MADE PRIOR TO TESTING**

Monitoring organization	Contact: <u>Cunningham Securitiy</u>	Time: <u>2078463350</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire Dept</u>	Time: <u>2078748400</u>
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"/>	Operational Condition
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Operational Condition
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In place and operational
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lights and Sounds
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If applicable touch keys or software based
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Naturally tested as well as manually
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SLC's, NAC's, Batteries, City Connection
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Naturally Tested
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 checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Batteries are new
Discharge test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Batteries are new
Charger test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Batteries are new
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"/>	1000	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1015	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1015	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1015	

**6.7 Public Emergency Alarm Reporting System**

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1015	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1015	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

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

**7. NOTIFICATIONS THAT TESTING IS COMPLETE**

Monitoring organization	Contact: <u>Cunningham Security</u>	Time: <u>1530</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire Dept</u>	Time: <u>1530</u>
Other, if required	Contact: _____	Time: _____

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 022717 Time: 1529

**9. CERTIFICATION**

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

Signed: Tony DiFranco Printed name: Tony DiFranco Date: 022717  
Organization: RB Allen Co., inc. Title: Software Specialist Phone: 6039648140  
Qualifications (refer to 10.5.3): Factory Trained, IMSA Int Lev 2, IMSA Municipal, NICET III

**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: \_\_\_\_\_



# 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 **BAYSIDE BOWL**

DATE **2/27/17**

PROPERTY ADDRESS **58 ALDER STREET, Portland**

ACCEPTED BY **State Fire Marshal's Office**

PLANS 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? If no, explain?  Yes  No

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 **BAYSIDE BOWL ADDITION**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GLOBE	GL5615	2016	1/2"	182	200°
GLOBE	GL5615	2016	1/2"	30	155°	
GLOBE	GL5626	2016	1/2"	1	155°	
GLOBE	GL5635	2016	1/2"	2	155°	
GLOBE	GL5601	2016	1/2"	80	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
	<b>VANE</b>	<b>System Sensor</b>	<b>WFD 60N</b>		<b>30</b>

DRY PIPE TEST	Dry valve			Q.O.D.					
	Make	Model	Serial no.	Make	Model	Serial no.			
	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
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)

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

<b>TEST DESCRIPTION</b>	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.			
<b>TEST</b>	All piping hydrostatically tested at <u>200</u> psi ( <u>    </u> bar) for <u>2</u> hours Dry piping pneumatically tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Equipment operates properly <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state reason  <i>No dry piping</i>	
	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	Reading of gauge located near water supply test connection: <u>100</u> psi ( <u>    </u> bar).	Residual pressure with valve in test connection open wide: <u>25</u> psi ( <u>    </u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other, Explain <i>Existing Underground</i>
	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 <i>None used</i>	
<b>BLANK TESTING GASKETS</b>	Number used <u>0</u>	Locations <u>    </u>	Number removed <u>0</u>	
<b>WELDING</b>	Welding piping <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CUTOUTS (DISCS)</b>	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HYDRAULIC DATA NAMEPLATE</b>	Nameplate provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain		
<b>REMARKS</b>	Date left in service with all control valves open <u>2/28/2017</u>			
<b>SIGNATURES</b>	Name of sprinkler contractor <u>High Tech Fire Protection</u>			
	Test witnessed by			
	For property owner (signed) <i>[Signature]</i>	Title <u>Superintendent</u>	Date <u>2/28/17</u>	
For sprinkler contractor (signed) <i>[Signature]</i>	Title <u>Inspector 510</u>	Date <u>2/28/17</u>		
Additional Explanations and notes				

# Overhead Door Corporation

## ROLLING FIRE DOOR DROP TEST FORM AND ANNUAL INSPECTION

NOTE TO OWNER: NFPA-80 requires the annual testing of rolling fire doors to demonstrate proper and full closure. Resetting of the release mechanism must be done in accordance with the manufacturer's instructions. A written record must be maintained and made available to the authority having jurisdiction. NFPA-80 also requires that when damage impairs the door's proper emergency function, that it be repaired with parts obtained from the original door's manufacturer and upon completion of repairs that the door be tested to assure emergency operation and closing.

Drop testing, repair and/or maintenance should be performed by qualified personnel with a complete knowledge and understanding of this type of door. Before drop testing, conduct a visual inspection for damaged or missing parts that may create a hazard during testing or affect proper operation or resetting. Verify proper installation. Open and close the door to check for correct spring tension. ADDITIONAL INFORMATION ON DROP TESTING IS PROVIDED ON THE REVERSE SIDE OF THIS FORM, IN THE MANUFACTURER'S INSTALLATION/RESET INSTRUCTIONS, AND IN NFPA-80.

PROJECT Bayside Bowl CONTACT PERSON Jeff Reynolds  
 ADDRESS 58 Alder St. PHONE 207-713-4220  
Portland, Me DATE 2-21-17

Door # Location	Door Size	Door Serial No.	U.L. Tag No.	Visual Check		Operation Check		Reset Check	
				Pass	Fail	Pass	Fail	Pass	Fail
1. <u>Between Lanes</u>	<u>14x5'2"</u>	<u>71568 1531104-1</u>	<u>92090153</u>	✓		✓		✓	
2.									
3.									
4.									

New Installation  Annual Check

COMMENTS AND RECOMMENDED WORK (new form needed when work is completed)

Door #1 \_\_\_\_\_  
 Door #2 \_\_\_\_\_  
 Door #3 \_\_\_\_\_  
 Door #4 \_\_\_\_\_

The doors listed above (noted as "passed" for the drop test) have been installed in accordance with the manufacturer's installation instructions. The automatic release device has been tested to demonstrate proper operation and full closure. They have been reset in accordance with the manufacturer's reset instructions and left in proper working condition, unless otherwise noted above.

TESTED BY Aaron Manchester DATE 2-21-17

COMPANY Overhead Door Co. of Portland RECOMMENDED WORK IS: Authorized  Declined


ADDRESS 533 Riverside Ind. Parkway  
Portland, Me

SIGNATURE [Signature]

WITNESSED BY Scott Cristina

REPRESENTING Landy/French / Bayside Bowl BOPOLLC

SIGNATURE [Signature]

 **WARNING: SEVERE INJURY OR DEATH MAY RESULT THROUGH IMPROPER ATTEMPTS AT DROP TESTING, REPAIR AND/OR MAINTENANCE.**

## INSPECTION AND DROP TEST GUIDELINES

Refer to the manufacturer's installation/reset instructions and NFPA-80

### VISUAL INSPECTION

**CAUTION: EVERY COMPONENT OF A DOOR AND ITS INSTALLATION MUST BE CHECKED FOR DETERMINATION OF FACTORS THAT MAY AFFECT A DOOR'S INTENDED OPERATION AND PERFORMANCE. THE LIST BELOW MAY BE INCOMPLETE AND IS PROVIDED AS A GUIDELINE ONLY.**

#### A. Proper installation requirements

1. Curtain, barrel and guides must be aligned level, plumb, and true
2. Attachment to jambs must be with proper bolts, expansion anchors, or as otherwise required by the listing
3. Maintain expansion clearance (top of guides for FireKing Fire Door)
4. Fusible links must be located at top of door and within 1 foot of ceiling on both sides of wall

#### B. Check and repair damaged, incorrect or missing parts, such as:

1. Slats - bent slats, cracked beads, torn ends
2. End locks - missing, broken, bent, loose
3. Bottom bar - bent angles, loose bolts, missing washers on bolts (when required)
4. Guide assembly - bent angles, loose bolts, missing galvanized washers or bolts (when required), curtain entry or debris in guide
5. Hood and flame baffle (when baffle required) - bent, rubbing curtain in open position, holes, tears. Attachment to brackets and wall (when required), intermediate supports (when required)
6. Brackets and operating mechanisms - worn, misaligned or badly meshed gears, sprockets or chains, broken parts, and bent shafts
7. Automatic closing and governor mechanisms - missing or broken parts, drop or release arms tied, blocked, or wedged
8. Fusible links, sash chain, S-hooks, eyes, pulleys, etc. - links painted or coated with dust or grease, kinked or pinched cable, twisted or not flexible, obstructed eyes or raceways
9. Mounting and assembly bolts - missing or loose
10. Guide mounting bolts must all be in top of slot for upward expanding FireKing Fire Doors
11. Past replacement of parts not from the original door manufacturer - "homemade" or mismatched parts are not approved and must be replaced
12. Check balance and spring tension of door
13. If chain operated, check hand chain for damaged links. Replace or repair if necessary
14. If motor operated, check door operating jamb sprocket and chain, adjust and lubricate as necessary; readjust limits as necessary

#### C. Ancillary equipment

1. Smoke detectors/release devices - check continuity (all release devices must be tested)
2. Control panels - check function
3. Miscellaneous other equipment should be checked for proper function and operation

---

**WARNING: SERVICING OF MOTOR OPERATOR SHOULD BE DONE BY A QUALIFIED ELECTRICIAN WITH THE NECESSARY SCHEMATICS AND PROPER KNOWLEDGE OF THE OPERATOR.**

### OPERATIONAL INSPECTION

Roll door up and down in normal operation to check for spring tension and free movement of curtain in guides.

### DROP TEST

If the door does not roll up and down properly in normal operation, or if there are damaged or missing parts that will create a hazard or prevent proper operation or reset, THESE CONDITIONS MUST BE CORRECTED BEFORE CONDUCTING A DROP TEST.

Drop test per manufacturer's instructions. Drop test should provide for automatic closing of the curtain at an average speed not less than 6 inches per second, nor more than 24 inches per second, and full closure of the curtain with the bottom bar closing evenly across the floor.

Reset per manufacturer's instruction. Drop test the door a second time to verify that the reset was properly done, this is a requirement of NFPA 80. Complete drop test forms and forward copies to Overhead Door dealer and customers.

ULTIMATE ACCEPTABILITY OF A FIRE DOOR IS THE DECISION OF THE AUTHORITY HAVING JURISDICTION, AS DEFINED BY NFPA-80.



Overhead Door Corp.  
Pennsylvania Division  
23 Industrial Park Road  
Lewistown, PA 17044  
Phone 800-929-2553  
717-248-0131  
Fax 717-248-6447

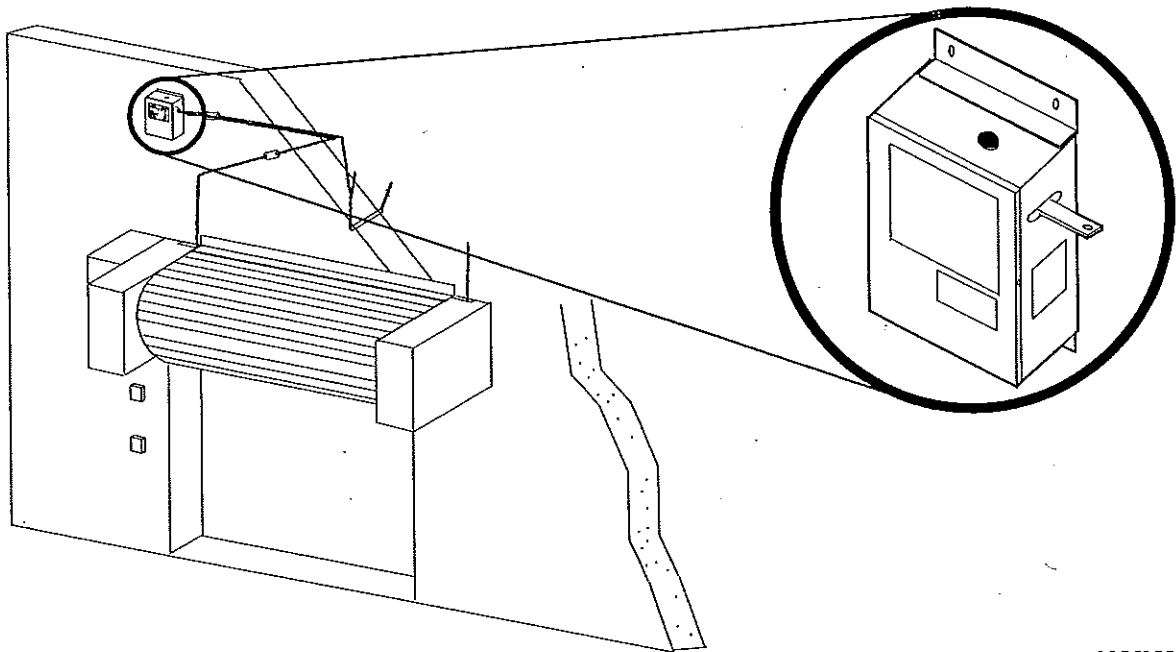
## OWNER'S MANUAL

# MODELS

## FIRE SENTINEL FSXPBB

## FIRE SENTINEL FSXPBBVB

## EXTENDED PERFORMANCE RELEASE DEVICE



SIGNALING

