

CPP

April 28, 2015

Brian LaFlamme
Code Enforcement Officer
389 Congress Street
Portland, Maine 04101

RE: Cumberland Park Place
CBL: 036 F020001

Dear Mr LaFlamme:

Thank you for sending us your evaluation report on the inspection conducted on April 14, 2015. As a result of the inspection, the following corrective action has been taken:

Laundry Facilities-

Dryer receptacle in Laundry Room broken

-Receptacle was replaced 4.27.2015

Fire Stopping Laundry Room

-Repaired 4.15.2015

Sprinkler System-

Sprinkler needs inspection and tested to be current

-Inspection was held 4.27.2015. Please see attached inspection report.

Fire Alarm System-

Fire Alarm needs inspection current.

-Eastern Fire originally placed an incorrect date on the tag after the inspection. Eastern Fire returned on 4.24.15 and corrected the issue. Please see attached inspection report.

Unit #6-

Receptacle unsecured

-Receptacle secured/repared 4.15.2015

Unit #15-

Proof from pest control that bed bug issue has been treated effectively.

-Please see attached letter & work orders of completed treatment. -Letter will arrive today 4/28/15

East side of roof leaking and needs repair immediately, wet sheetrock and insulation in affected areas need to be replaced and checked for mold.

(Help)-Currently receiving bids on deck repairs/roof repairs. Once decks are removed, we will be able to take a closer look into the leak issues. In the meantime, we are sealing holes within the damaged roof. (Help)



I need help w/ this one. →

If you should have any questions or should you require any additional information, please do not hesitate to contact me.

Sincerely

Leah Atwood
Property Manager

INVOICE # 9848

Remit to:
5 Tripp Lane
Gray, ME 04039

COMMAND PEST SERVICES

(207) 657-7144
Cell: 207-632-4894
Fax: 207-433-7929

RETURN YELLOW COPY WITH PAYMENT
RETAIN PINK COPY FOR YOUR RECORDS

ADDRESS	ADDRESS	PAID	AMOUNT
Western Associates 206 State St. Portland, ME	Cumberland Park Place #15	CASH	
		CHECK #	

SERVICE DESCRIPTION/REPORT		THIS SERVICE	AMOUNT
CUMBERLAND APPROVED 16490-001 Exterminating DATE 4/6/15 125			
Bedbug Control			\$125.00
		PREVIOUS AMT DUE	
		ADDTL. SERVICES	
		EQUIPMENT	
		TAX	
		TOTAL DUE	125.00

RESIDENTIAL SERVICE COMMERCIAL SERVICE Weekly Bi-Weekly Monthly

TARGET PEST: Ants Bedbugs Cockroaches Flies Spiders Termites Carpenter Ants Cluster Flies Mice Rats Wasps Silverfish Other

AREAS SERVICED: (I) Inspected (T) Treated

Bar	Offices	Breakroom	Basement	All Rooms	Warehouse
Dining Room	Porch/Deck	Storage	Exterior	Bath	
Kitchen	Boiler Room	Laundry	Attic	Bedroom	
Living Room	Restroom	Family Room	Closet	Pantry	

MATERIAL	EPA-REG#	CON %	AI	Equip.	Method	AMOUNT	MATERIAL	EPA-REG#	CON %	AI	Equip.	Method	AMOUNT
Temprid SC	432-1483	.075/.025	Cyfluthrin				Advanced Compressed Termiticide Bait	499-488	.25				
Bell Contrace Blox	12455.79	.005	Bromadiolone				Maxforce FC Select	432-1259	.01				
Bell Ditrac Blox	12455.80	.005	Diphacinone				Tempo Ultra WP	3125-390	.025/.5				
Suspend SC	432-763	.03/.06	Deltamethrin				Tempo 1% Dust	3125-569	1				
Generation	7173-211	0.0025	Difethialone				Termidor	7969-210	.06 / .09				
Genrol	2724-351	.12	Hydroprene				Kicker	432-1145	.25 / .05				
Phantom	241-392	.25 / .125	Chorphenapyr										
Advion	100-1484	.06%	Indoxacarb										
Delta Dust	432-772	.05%	Deltamethrin										

BROADCAST APPLICATION (Outside, Foundation, Fleas)	KEY Equip. - EQUIPMENT USED (Indicate Equipment Used Per Application)	METHOD OF APPLICATION	OUTDOOR APPLICATIONS WIND WIND VEL. AIR TEMP. DIRECTION (mph) (Fahrenheit)
Liquid Granular sq. ft.	A = Aerosol Can P = Paint Brush B = B&G Compressed R = Rodent Station Air Sprayer SP = Hand Spreader D = Bulb Duster S = Solo (manual) F = Fogger T = Termite Rig G = Bait Gun	B = Broadcast C = Crack & Grvice R = Rodenticide S = Spot U = Sapce UV V = Void Treatment	35-15 10:30 Date Time In Time Out Associate Signature/Lic # Client Signature
VOLUMETRIC APPLICATIONS (ULV, Space Treatments)			SKY CONDITIONS <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Foggy <input type="checkbox"/> Rainy
cubic ft.			1.5% per month (.50 minimum interest charged on all items 30 days past due.)

INVOICE # 9912

CUMBERLAND PARK PLACE 100-

COMMAND PEST SERVICES

(207) 657-7144
 Cell: 207-632-4894
 Fax: 207-433-7929

Remit to:
 5 Tripp Lane
 Gray, ME 04039

RETURN YELLOW COPY WITH PAYMENT
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ADDRESS WESTON ASSOCIATES 207-433-7929 NEW HAVEN, CT	ADDRESS CUMBERLAND 6490 Ext. 100 PAID AMOUNT 4/6/02 100 CASH CHECK #
---	---

SERVICE DESCRIPTION/REPORT

LONGFELLOW COMMONS. INSPECTED UNIT #15. NO EVIDENCE
 TREATED UNIT #15. FLYS
 CUMBERLAND PARK PLACE INSPECTED #15. NO EVIDENCE
 CARLTON COURT - Redbury Central unit #1

THIS SERVICE	\$300
PREVIOUS AMT DUE	
ADDTL. SERVICES	
EQUIPMENT	
TAX	
TOTAL DUE	\$300

LONGFELLOW COMMONS
 APPROVED
 DATE 4/6/02 100

RESIDENTIAL SERVICE COMMERCIAL SERVICE Weekly Bi-Weekly Monthly

TARGET PEST: Ants Bedbugs Cockroaches Flies Spiders Termites Carpenter Ants Cluster Flies Mice Rats Wasps Silverfish Other

AREAS SERVICED - (I) Inspected (T) Treated

Bar	Offices	Breakroom	Basement	All Rooms	Warehouse
Dining Room	Porch/Deck	Storage	Exterior	Bath	
Kitchen	Boiler Room	Laundry	Attic	Bedroom	
Living Room	Restroom	Family Room	Attic	Pantry	

CARLTON COURT
 APPROVED
 DATE 4/6/02 100

MATERIAL	EPA REG#	CON %	AP	Equip	Method	AMOUNT	MATERIAL	EPA REG#	CON %	AP	Equip	Method	AMOUNT
Temprid SC	432-1483	.075/.025	Cyfluthrin				Advanced Compressed Termite Gel	499-488	.25				
Bell Contrac Blox	12455.79	.005	Bromadiolone				Maxforce FC Select	432-1259	.01				
Bell Ditrac Blox	12455.80	.005	Diflucanone				Tempo Ultra WP	3125-390	.025/.5				
Suspend SC	432-763	.03/.06	Deltamethrin				Tempo 1% Dust	3125-569	1				
Generation	7173-211	0.0025	Difethialone				Termidor	7969-210	.06/.09				
Gentrol	2724-351	.12	Hydroprene				Kicker	432-1145	.25/.05				
Phantom	241-392	.25/.125	Chorphenapyr										
Advion	100-1484	.06%	Indoxacarb										
Delta Dust	432-772	.05%	Deltamethrin										

BROADCAST APPLICATION (Outside, Foundation, Fleas)	KEY	OUTDOOR APPLICATIONS	3-27715 Date Time In Time Out Associate Signature/Lic # Client Signature
Liquid Granular sq. ft.	Equip. - EQUIPMENT USED (Indicate Equipment Used Per Application)	METHOD OF APPLICATION	
VOLUMETRIC APPLICATIONS (ULV. Space Treatments)			
cubic ft.			

SKY CONDITIONS
 Sunny Partly Cloudy Overcast
 Foggy Rainy

1.5% per month (50 minimum interest charged on all items 30 days past due.)

INVOICE # 9612



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 Fax: 207-433-7929

Remit to:
 5 Tripp Lane
 Gray, ME 04039

RETURN YELLOW COPY WITH PAYMENT
 RETAIN PINK COPY FOR YOUR RECORDS

ADDRESS	ADDRESS	PAID	AMOUNT
Wockat Cumberland Park 457 Cumberland Ave Portland, ME	JLaffin@W.A.Boston.com Weston Associates Units 15 + 38	CASH	
		CHECK #	

SERVICE DESCRIPTION/REPORT

Inspection and treatment for Bedbugs - Inspected unit 38
 Found old evidence only
 Treated unit 15 - Found many dead Bedbugs and 2 live.

Unit Inspection	25.00	THIS SERVICE	150.00
1 One Bedroom	125.00	PREVIOUS AMT DUE	
		ADDTL. SERVICES	
		EQUIPMENT	
		TAX	
			150.00

CUMBERLAND

APPROVED [Signature] 1/23/15

DATE LA 2/23/15 150-

RESIDENTIAL SERVICE COMMERCIAL SERVICE Weekly Bi-Weekly Monthly

TARGET PEST: Ants Bedbugs Cockroaches Flies Spiders Termites Carpenter Ants Cluster Flies Mice Rats Wasps Silverfish Other _____

AREAS SERVICED (i) Inspected (T) Treated

Bar	Offices	Breakroom	Basement	All Rooms	Warehouse
Dining Room	Porch/Deck	Storage	Exterior	Bath	
Kitchen	Boiler Room	Laundry	Attic	Bedroom	
Living Room	Restroom	Family Room	Closet	Pantry	

MATERIAL	EPA REG#	CON %	AI	Equip	Method	AMOUNT	MATERIAL	EPA REG#	CON %	AI	Equip	Method	AMOUNT
Tempid SC	432-1483	.075/.025	Cyfluthrin				Advanced Compressed Irrigate Salt	499-488	.25				
Bell Conrac Blox	12455.79	.005	Bromadiolone				Maxforce FC Select	432-1259	.01				
Bell Ditrac Blox	12455.80	.005	Diphacinone				Tempo Ultra WP	3125-390	.025/.5				
Suspend SC	432-763	.03/.06	Deltamethrin				Tempo 1% Dust	3125-569	.1				
Generation	7173-211	0.0025	Difethialone				Termidor	7969-210	.06 / .09				
Gentrol	2724-351	.12	Hydroprone				Kicker	432-1145	.25 / .05				
Phantom	241-392	.25 / .125	Chorphenapyr										
Advion	100-1484	.06%	Indoxacarb										
Delta Dust	432-772	.05%	Deltamethrin										

BROADCAST APPLICATION	KEY	OUTDOOR APPLICATIONS	2-19-15	10:00	
(Outside, Foundation, Fleas)	Equip. - EQUIPMENT USED (Indicate Equipment Used Per Application)	METHOD OF APPLICATION	Date	Time In	Time Out
Liquid Granular	A = Aerosol Can P = Paint Brush B = B&G Compressed R = Rodent Station Air Sprayer SP = Hand Spreader D = Bulb Duster S = Solo (manual) F = Fogger T = Termite Rig G = Bait Gun	B = Broadcast C = Crack & Crevice R = Roenticide S = Spot U = Sapce ULV V = Void Treatment	Associate Signature/Lic # _____ Client Signature _____		
VOLUMETRIC APPLICATIONS (ULV, Space Treatments)		SKY CONDITIONS	1.5% per month (.50 minimum interest charged on all items 30 days past due.)		
cubic ft.		<input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Foggy <input type="checkbox"/> Rainy			

Pest Management Service Agreement

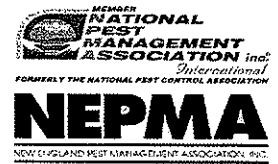
Atlantic
PEST SOLUTIONS
 COMPANIES

133399 TP



P.O. BOX F KENNEBUNKPORT, ME 04046
 (800) 439-7716 (207) 985-7716
 FAX (207) 985-8565

www.atlanticpestsolutions.net



A Registered Integrated Pest Management Company Protecting Health, People and Property since 1939

CUSTOMER Weston Associates Management Office			SERVICE CONTACT Jennifer or Laura		
STREET 206 State Street			SERVICE LOCATION 457 Cumberland Ave		
CITY Portland	STATE Me	ZIP 04101	CITY Portland	STATE ME	ZIP 04101
PHONE 207-828-1274	FAX		TYPE OF PROPERTY TO BE SERVICED apartments		<input type="checkbox"/> RENEWAL
CELL PHONE	SERVICE PHONE		SERVICE TO BE PERFORMED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> OTHER <u>Bed Bugs</u>		
EMAIL ADDRESS jlafin@waboston.com			DATE SERVICE BEGINS upon acceptance		EXPIRATION DATE N/A

SERVICE AGREEMENT : The Atlantic Pest Solutions Companies, as the CONTRACTOR, agrees to manage the below named pests in accordance with the terms and conditions of this Service Agreement. All labor and materials will be furnished to provide the most efficient pest management.

PESTS TO BE MANAGED:
 HEAT REMEDIATION OF BED BUGS IN UNIT 15 and C/C . C/C in Entrance Hall and units 13 and 25. Monitor unit 38 (place out 4 interceptor cups \$18.99 and a follow up Visual \$75.00)

SPECIAL INSTRUCTIONS:
 This Service Contract for remedial treatment only of Bed Bugs (the "Contract") is entered into by and between the Customer named above (the "Customer") and Atlantic Pest Solutions Companies ("APS"). All terms and conditions of the Contract are contained herein and are limited only to the treatment of Bed Bugs (Cimex Lectularius), and DO NOT apply either to the treatment of or protection against any other pests nor to the provision of any other service whatsoever.

1. **SERVICES PROVIDED.** For purposes of this Contract, "control" is defined as the periodic reduction of existing bed bug infestations within practical limits. Customer acknowledges that, while the methods used by APS are effective for the purposes intended, there is no guarantee that the Bed Bugs will be eradicated completely or permanently. New infestation can appear if Bed Bugs are reintroduced into the structure. The treatments and services provided hereunder apply only to the infestation detected by APS at the initial inspection. Treatment of new or additional infestations, if any, that appear after the initial inspection and treatment, shall be subject to a separate Agreement and fee.

2. **AREAS SERVICED.** APS will attempt to detect and treat potential Bed Bug infestation and activity within the structure of the premises as it deems appropriate in its sole discretion. Customer agrees to provide access to all areas and contents of

TERMS AND CONDITIONS: The CUSTOMER warrants full cooperation with the CONTRACTOR during the life of the agreement and agrees to maintain the service areas free from any condition contributing to infestation. The CUSTOMER agrees to pay cash upon completion of initial work unless otherwise specified herein. The CONTRACTOR agrees to furnish the services indicated herein. The CONTRACTOR accepts this agreement by performing services, or offering to perform services specified herein. It is further agreed that in the event of default by the CUSTOMER in the payment of the contract price, or any part thereof under this agreement, the CONTRACTOR shall be released from guarantees, further inspections and servicing as herein provided, and the CUSTOMER agrees to pay costs, including attorney's fees, of collecting monies due for services rendered. All bills not paid within 30 days are subject to a late payment service charge of 18% per annum (1.5% per month).

THE ATLANTIC PEST SOLUTIONS COMPANIES, INC. IS EXPRESSLY WAIVED AND RELEASED FROM ANY CLAIM FOR PERSONAL INJURY OR DAMAGES TO THE STRUCTURE OR ITS CONTENTS CAUSED BY WOOD INFESTING ORGANISMS, INSECTS, RODENTS OR OTHER PESTS.

INITIAL SERVICE CHARGE	Heat	\$ 900.00	BY		DATE	1-21-15
	C/C		CONTRACTOR	(AUTHORIZED SIGNATURE)		
ANNUAL AGREEMENT CHARGE	Unit 38	\$ 285.00		Terri Pabst		
				(PRINT SIGNER'S NAME AND TITLE)		
<input type="checkbox"/> MONTHLY	PAYMENTS	\$ 93.99	FOR		DATE	2/3/15
<input type="checkbox"/> QUARTERLY			CUSTOMER	(AUTHORIZED SIGNATURE)		
Total Due		\$ 1278.99		Jennifer Lafin		
				(PRINT SIGNER'S NAME AND TITLE)		

THANK YOU FOR GIVING US THE OPPORTUNITY TO PRESENT THIS PROPOSAL

Pest Management Service Agreement

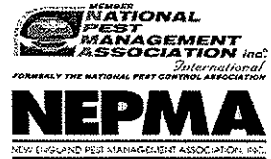


133399 TP



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CUSTOMER Weston Associates Management Office			SERVICE CONTACT Jennifer or Laura		
STREET 206 State Street			SERVICE LOCATION 457 Cumberland Ave		
CITY Portland	STATE Me	ZIP 04101	CITY Portland	STATE ME	ZIP 04101
PHONE 207-828-1274	FAX		TYPE OF PROPERTY TO BE SERVICED apartments		<input type="checkbox"/> RENEWAL
CELL PHONE	SERVICE PHONE		SERVICE TO BE PERFORMED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> OTHER Bed Bugs		
EMAIL ADDRESS jlafin@waboston.com			DATE SERVICE BEGINS upon acceptance		EXPIRATION DATE N/A

SPECIAL INSTRUCTIONS:

its contents, APS may not provide treatment and Customer agrees to pay a service of \$500.00 plus will be charged for a return visit (when it is determined to be ready) to provide treatment to the unit as priced on agreement. APS requires a 24 Hr cancellation notification otherwise the above charge will apply.

3. CUSTOMER'S OBLIGATIONS. Customer agrees to ensure that all preparation from attached is completed and to maintain the premises subject to this Contract in a condition which doesn't promote further infestations of Bed Bugs. Specifically, Customer agrees to maintain the premises in a clutter free condition and to keep the structure in such a state of repair so as to avoid providing easily accessible means of access to Bed Bugs.

4. PERFORMING THE WORK. APS will perform the work in a workmanlike manner consistent with established industry practices. APS will exercise reasonable care while performing any work hereunder to try to avoid damaging any part of the structure(s), plants or animals. Under no circumstances or conditions shall APS be responsible for damage caused by APS at the time the work is performed except those damages resulting from its gross negligence.

Customer acknowledges that its failure to adhere to APS's treatment recommendations may interfere with the effectiveness of APS's treatments. Customer specifically accepts sole responsibility for the consequences of the following: (a) failure or refusal to clean, treat, or, where necessary, discard known contaminated/infested property (including without limitation mattresses, furniture, clothing, suitcases or other personal property); (b) failure or refusal to seal, clean, or where necessary, repair known or potential sources of insect harborage (such as sealing cracks and crevices in walls and floors or securing loose wallpaper); and (c) failure to remove excessive debris.

5. Heat Remediation is a very effective tool and the use of a portable generator is necessary to perform the work. Noise is kept as low as possible and it is with the understanding that this process uses a portable generator and also the uses of heating units inside a room are necessary. Window access has to be allowed for the cords to be brought into a unit.

6. On site parking spaces for the duration of the service must be arranged by owner. Once equipment is established it cannot be moved until service is complete.

7. K-9 inspection included at 30 days after heat treatment. Canine inspection will determine if additional service needed. APS will determine type of service up to one (1) additional heat treatment at no charge.

8. In the event that APS is asked to appear in court for any legal action in any Bed bug related issue pertaining to this unit(s), APS will be compensated at a rate of \$90.00 per person per hour.

9. PAYMENT: 50 % down at time appointment is booked; remaining balance due on day of treatment.

10. PICTURES MAY BE TAKEN FOR OUR RECORDS, NOT TO BE SHARED BUT FOR INTERNAL AND LEGAL ISSUES.

BY CONTRACTOR

FOR CUSTOMER

DATE 1-21-15
(AUTHORIZED SIGNATURE)

DATE 2/3/15
(AUTHORIZED SIGNATURE)

Terri Pabst

Jennifer Lafin

(PRINT SIGNER'S NAME AND TITLE)

(PRINT SIGNER'S NAME AND TITLE)

THANK YOU FOR GIVING US THE OPPORTUNITY TO PRESENT THIS PROPOSAL



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

TEST AND INSPECT JOB# 323-F	CENTRAL STATION ACCOUNT# City of Portland Box #4461
-----------------------------	---

Date(s) of this inspection or test: 3/30/15

Time of inspection or test: 08:30AM

1. PROPERTY INFORMATION

Name of property: Cumberland Park Place

Address: 457 Cumberland Ave. Portland ME 04101

Description of property: 5 story Apartment building with an elevator

Occupancy type: Apartment

Name of property representative: Leah Atwood-Weston Associates

Address: 206 State St. Portland ME 04101

Phone: 207-828-1274

Fax: 207-828-0627

E-mail:

Authority having jurisdiction over this property: City of Portland Fire Dept.

Phone: 207-828-1274

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Eastern Fire Services Inc.

Address: 170 Kittyhawk Ave. Auburn ME 04210

Phone: 207-795-6314

Fax: 207-782-0566

E-mail:

Service technician or tester: Robert Castonguay/Caleb Burgess

Qualifications of technician or tester: IMSA II

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number: 323F

Frequency of tests and inspections: Annual

Monitoring organization for this equipment: City of Portland Box #4461

Address:

Phone: 207-874-8576

Fax:

E-mail:

Entity to which alarms are retransmitted:

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

NFPA 72 edition:

Additional description of system(s): Coventional

3.1 Control Unit

Manufacturer: Autocall

Model number: FS

Location of control unit: Basement



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

3. TYPE OF SYSTEM OR SERVICE (continued)

3.2 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location:

3.3 System Software This system does not have alterable site-specific software.

Software revision number: Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 2 Amp

Location of primary power: Westinghouse Breaker-Painted Red-in FACP/Electric Room

4.1.2 Batteries

Location: In FACP Type: SLA Nominal voltage: 12 VDC Amp/hour rating: 7 AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 15

Batteries are marked with date of installation 1/26/11.

5. DIGITAL ALARM COMMUNICATOR PANEL

A digital alarm communicator test results sheet is attached listing all control units tested and the results of the testing.

6. ANNUNCIATORS

This system does not have annunciators.

6.1 Location and Description of Annunciators

Annunciator 1: Aduible/Visual-LAMP type w/No control-(8) Zones. Located in the main foyer entrance on level 2

Annunciator 2:

Annunciator 3:

7. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: City of Portland Fire Dept.	Time: 08:45AM
Building management	Contact: Leah Atwood	Time: 08:30AM
Building occupants	Contact: All	Time: 08:30
Authority having jurisdiction	Contact: City of Portland	Time: 08:45AM
Other, if required	Contact:	Time:



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

8. TESTING RESULTS

8.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit - FACP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Disconnect switches/buttons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	121.8 VAC
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery #1=Pass Battery #2=Pass
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery#1=12.86 VDC #2=12.81 VDC
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery #1=100% Battery #2=100%
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.9 VDC
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.3 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	Flow switch - Tested by Others
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

8. TESTING RESULTS (continued)

8.4 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

8.5 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.6 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	Not Tested this inspection
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	Not Tested this inspection
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

8.7 Alarm Initiating Device

A device test results sheet is attached listing all devices tested and the results of the testing.

8.8 Supervisory Alarm Initiating Device

A device test results sheet is attached listing all devices tested and the results of the testing.

8.9 Alarm Notification Appliances

An appliance test results sheet is attached listing all appliances tested and the results of the testing.



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

8. TESTING RESULTS (continued)

8.10 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

9. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization Contact: City Box 4461 Time:

Building management Contact: Leah Atwood Time:

Building occupants Contact: All Time:

Authority having jurisdiction Contact: City of Portland Time: 11:25AM

Other, if required Contact: Time:

10. SYSTEM RESTORED TO NORMAL OPERATION

Date: 3/30/15 Time: 11:15AM

11. CERTIFICATION

11.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: Robert Castonguay Printed name: Robert Castonguay Date: 3/30/15

Organization: EFSI Title: Systems Technician Phone: 207-795-6314

11.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: Printed name: Leah Atwood Date: 3/30/15

Organization: Weston Associates Title: General Manager Phone: 207-828-1274



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

FIRE ALARM SYSTEM INITIATING DEVICE LIST

TEST AND INSPECT JOB# 323-F		CENTRAL STATION ACCOUNT#		City of Portland Box #4461			
Device Type	Model Number	Address /Zone	Location/Description	Visual	Functional	Test Method	Test Results
Water Flow		1	Level 1 Shop Area	X		Visual	Pass
Water Flow		1	Level 1 Shop Area	X		Visual	Pass
Pull Station	40/50	2	Level 1 North Hall By 6	X	X	Activated	Pass
Smoke Detector	PSD-7125	2	Level 1 North Hall By 6	X	X	Smoke	Pass
Pull Station	40/50	2	Level 1 Storage/Shop	X	X	Activated	Pass
Smoke Detector	PSD-7125	7	Level 1 Elevator Machine Room	X		Visual	Pass
Smoke Detector	PSD-7125	7	Level 1 Elevator Lobby	X	X	Smoke	Pass
Smoke Detector	PSD-7125	2	Level 1 South Hallway #1 By 4	X	X	Smoke	Pass
Smoke Detector	PSD-7125	2	Level 1 South Hallway #2 By 3	X	X	Smoke	Pass
Smoke Detector	PSD-7125	2	Level 1 South Hallway #3 By 1	X	X	Smoke	Pass
Pull Station	40/50	2	Level 1 South Hallway By 1	X	X	Activated	Pass
Pull Station	40/50	3	Level 2 Stairwell	X	X	Activated	Pass
Pull Station	40/50	3	Level 2 North Hallway	X	X	Activated	Pass
Smoke Detector	PSD-7125	3	Level 2 North Hallway	X	X	Smoke	Pass
Smoke Detector	PSD-7125	8	Level 2 Elevator Lobby	X		Visual	Pass
Pull Station	40/50	3	Level 2 Foyer	X	X	Activated	Pass
Smoke Detector	PSD-7125	3	Level 2 Foyer	X	X	Smoke	Pass
Pull Station	40/50	3	Level 2 South Stairwell	X	X	Activated	Pass
Smoke Detector	PSD-7125	3	Level 2 South Hallway #1	X	X	Smoke	Pass
Smoke Detector	PSD-7125	3	Level 2 South Hallway #2 By 9	X	X	Smoke	Pass
Smoke Detector	PSD-7125	3	Level 2 South Hallway #3 By 7	X	X	Smoke	Pass
Pull Station	40/50	4	Level 3 North Hallway By 22	X	X	Activated	Pass
Smoke Detector	PSD-7125	4	Level 3 North Hallway By 22	X	X	Smoke	Pass
Smoke Detector	PSD-7125	7	Level 3 Elevator Lobby	X		Visual	Pass
Smoke Detector	PSD-7125	4	Level 3 Front Hallway By 25	X	X	Smoke	Pass
Smoke Detector	PSD-7125	4	Level 3 South Hallway #1 BY 20	X	X	Smoke	Pass
Smoke Detector	PSD-7125	4	Level 3 South Hallway #2 By 19	X	X	Smoke	Pass
Smoke Detector	PSD-7125	4	Level 3 South Hallway #3 By 17	X	X	Smoke	Pass
Pull Station	40/50	4	Level 3 South Hallway By 17	X	X	Activated	Pass
Pull Station	40/50	5	Level 4 North Hallway By 32	X	X	Activated	Pass
Smoke Detector	PSD-7125	5	Level 4 North Hallway By 32	X	X	Smoke	Pass
Smoke Detector	PSD-7125	7	Level 4 Elevator Lobby	X		Visual	Pass



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

FIRE ALARM SYSTEM INITIATING DEVICE LIST

TEST AND INSPECT JOB# 323-F		CENTRAL STATION ACCOUNT# City of Portland Box #4461					
Device Type	Model Number	Address /Zone	Location/Description	Visual	Functional	Test Method	Test Results
Smoke Detector	PSD-7125	5	Level 4 Front Hallway By 33	X	X	Smoke	Pass
Smoke Detector	PSD-7125	5	Level 4 South Hallway #1 By 30	X	X	Smoke	Pass
Smoke Detector	PSD-7125	5	Level 4 South Hallway #2 By 29	X	X	Smoke	Pass
Smoke Detector	PSD-7125	5	Level 4 South Hallway #3 By 27	X	X	Smoke	Pass
Pull Station	40/50	5	Level 4 South Hallway By 27	X	X	Activated	Pass
Pull Station	40/50	6	Level 5 North Hallway By 41	X	X	Activated	Pass
Smoke Detector	PSD-7125	6	Level 5 North Hallway By 41	X	X	Smoke	Pass
Smoke Detector	PSD-7125	7	Level 5 Elevator Lobby	X		Visual	Pass
Smoke Detector	PSD-7125	6	Level 5 North Stairwell	X	X	Smoke	Pass
Smoke Detector	PSD-7125	6	Level 5 South Hallway #1 By 39	X	X	Smoke	Pass
Smoke Detector	PSD-7125	6	Level 5 South Hallway #2 By 38	X	X	Smoke	Pass
Smoke Detector	PSD-7125	6	Level 5 South Hallway #3 By 36	X	X	Smoke	Pass
Pull Station	40/50	6	Level 5 South Hallway By 36	X	X	Activated	Pass
Smoke			Level 5 Front Hallway	X	X	Smoke	Pass
Smoke			Level 5 South Stairs	X	X	Smoke	Pass



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

FIRE ALARM SYSTEM NOTIFICATION APPLIANCE/LIFE SAFETY DEVICE LIST

TEST AND INSPECT JOB# 323-F		CENTRAL STATION ACCOUNT# City of Portland Box #4461					
Device Type	Model Number	Circuit/ Address	Location/Description	Visual	Functional	Device Setting Audible/Visual	Test Results
Horn/Strobe			Level 1 Storage/Shop	X	X		Pass
Horn/Strobe			Level 1 North Hall	X	X		Pass
Horn/Strobe			Level 1 South Hall	X	X		Pass
Horn/Strobe			Level 2 North Hall	X	X		Pass
Horn/Strobe			Level 2 Foyer	X	X		Pass
Horn/Strobe			Level 2 South Hall	X	X		Pass
Horn/Strobe			Level 3 North Hall	X	X		Pass
Horn/Strobe			Level 3 Front Hall	X	X		Pass
Horn/Strobe			Level 3 South Hall	X	X		Pass
Horn/Strobe			Level 4 North Hall	X	X		Pass
Horn/Strobe			Level 4 Front Hall	X	X		Pass
Horn/Strobe			Level 4 South Hall	X	X		Pass
Horn/Strobe			Level 5 North Hall	X	X		Pass
Horn/Strobe			Level 5 Front Hall	X	X		Pass
Horn/Strobe			Level 5 South Hall	X	X		Pass
Door Holder			Level 1 South/North Hall Door	X	X		Pass
Door Holder			Level 2 South/North Hall Door	X	X		Pass
Door Holder			Level 3 South/North Hall Door	X	X		Pass
Door Holder			Level 4 South/North Hall Door	X	X		Pass
Door Holder			Level 5 South/North Hall Door	X	X		Pass



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FIRE ALARM SYSTEM EQUIPMENT LIST

TEST AND INSPECT JOB# 323-F		CENTRAL STATION ACCOUNT# City of Portland Box #4461		
Manufacturer	Part Type	Model Number	Quantity	Comments
AutoCall	FACP	FS	1	Conventional-(8) Zones (2) NAC's w/Meter Box Tie (2) 12V 7 AH Batteries
AutoCall	Annunciator		1	Visual/Audible LED w/No Control (8) Zones
	Smoke Detector	PSD-7125	30	Conventional-Photoelectric-4 Wire
AutoCall	Pull Station	40/50	13	Conventional-Single Action
	Door Holder		5	24 VDC
Wheelock	Horn/Strobe		15	24 VDC- Not Synced



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

FIRE ALARM SYSTEM INSPECTION COMMENTS/DEFICIENCIES

TEST AND INSPECT JOB#	CENTRAL STATION ACCOUNT#
1.	
2.	
3.	
4.	
5.	

OTHER SYSTEM VENDORS

Vendor	Company Information
Elevator Company:	
Sprinkler Company:	
Suppression Company:	

Sprinkler System Inspection

Sprinkler Systems Inspection Co.

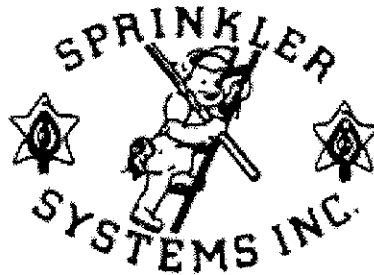
A Division of Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, ME 04243-1285

Ph: 207-782-0104 Fax: 783-4865

www.sprinklersystemsinc.com



Inspector: Tony Siderio, Inspector # 304

Inspection Date: 4/27/2015

Inspection conducted at:

Cumberland Park Place

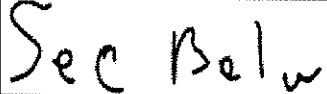
457 Cumberland Ave

Portland ME

*Inspection performed in accordance with
NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection
Systems, 2011 edition. Individual code references shown in () for this standard.
2013 Environment of Care; Elements of Performance for EC.02.03.05 in [].*

Administrative Information

Inspection Location	Customer
Cumberland Park Place - 1273-002	Weston Associates - 1273
457 Cumberland Ave	206 State Street
Portland ME	Portland Maine 04101
Phone:	Phone: 828-1274 / 945-9342
Contact:	Email:

Building Owner/Representative			
Building currently occupied?	Yes	All fire protection systems in service? (4.5.4)	Yes
Building occupancy, hazard, water supply or building arrangement affecting system effectiveness remained the same since last inspection? (4.1.6.1)			Yes
Areas containing water-filled piping used for fire sprinkler systems, maintain a minimum temperature of 40 ⁰ F, and are not exposed to freezing conditions. (4.1.1.1)			Yes
Owner/Representative signature			

Summary List of Fire Protection Systems			
System	Total	System	Total
Antifreeze System	0	StandPipe System	0
Dry System	0	Fire Pump	0
Wet System	1	Foam System	0
Deluge System	0	Hydrants	0
Preaction System	0	Water Tank	0

The following is a summary of the Wet Sprinkler System(s) Inspection/Testing results. This is a summary of all **yes/no** answers and other testing values. Specific questions for system(s) asked during inspection are shown below. If there are any **no** answers, they are noted in summary and explained in the Deficiency section of this report.

Wet Sprinkler System

Wet System Equipment Summary							
	Total	Tested	Failed		Total	Tested	Failed
Alarm Valve	1	1	1	Wet Riser, with check valve	0	0	0
Wet Riser, no check valve	0	0	0	Antifreeze System	0	0	0

System Location			
Area	Location	Mfr	Model
Entire System	Basement/Maintenance	Gem-4"-1982	F2001

Alarm Valve
Water pressure gauges operating properly? (13.4.1.1)
Exterior of valve in good condition all trim valves in normal position, valve seat not leaking and any electrical parts in service? (13.4.1.1)
System control valve have proper signs, is accessible and free of leaks, has appropriate wrench and properly secured? (13.3.2.2)
Retard chamber and alarm drains free from leakage? (13.4.1.1)
Hydraulic nameplate, if applicable, securely attached to sprinkler system and is legible? (5.2.6)
Is there adequate drainage available? (13.2.4)
Internal inspection - all components operate properly and move freely, valve cleaned and in good condition? (13.4.2.1)
Internally inspect valve strainers, filters, and restriction orifices; free from obstructions, operating properly and in good condition? (13.4.1.2)
Gauges on valve, when compared to calibrated gauge, is error less than 3% full or gauge has been recalibrated or replaced? (5.3.2)

Wet System - Main Drain Test [EP9]					
Area/Location	Initial Static (13.2.5)	Residual (13.2.5)	Static (13.2.5)	Seconds to return initial static (A-13.2.5)	Compare favorably to last inspection (13.2.5.2)
Entire System Basement/Maintenance	85	80	85	1	----

Valves

Control Valves

Valve Type	Area/Location	Size	Signs/Accessible (13.3.2.2)	Condition (13.3.2.2)	Normal Position (13.3.2.2)	Secured (13.3.2.2)	Exercised (13.3.3.1)	Seal
Locked/Tamper OS and Y	Entire System Basement/Maintenance	4"	Yes	Yes	Yes	Yes	----	48740

Check Valve

Area	Location	Mfr/Model	External Insp (13.4.1.1)	Internal Insp (13.4.2)
Entire System-FDC	Basement/Maintenance	Grinnell Corp-4"/Wafer	Yes	

Supervisory and Alarm

Supervisory and Alarm Device Summary							
	Total	Tested	Failed		Total	Tested	Failed
Air Pressure Alarm Device	0	0	0	High/Low Air Pressure Switch	0	0	0
Electric Bell	1	1	0	Low Air Pressure Switch	0	0	0
Horn/Strobe	0	0	0	Water Motor Alarm	0	0	0
Fire Pump Phase Reversal	0	0	0	Water Pressure Switch	1	0	0
Fire Pump Power	0	0	0	Tamper Switch	1	1	0
Fire Pump Running	0	0	0	Waterflow Alarm Switch	0	0	0
Fire Pump Supervision	0	0	0				

Supervisory and Alarm Devices						[EP1 and EP2]
Device	Area	Location	Mfr/Model	Visual	Operational	
Tamper Switch	Entire System	Basement/Maintenance	Potter OSYS-U	----	Yes	
Electric bell	Entire System	Rt.Front Side	System Sensor SSV 120-6	Yes	----	
Code references for Supervisory and Alarm Devices						
Electric Bell 5.3.3.1	Tamper Switch 5.2.5 (visual)	13.3.3.5. (op)	Water Motor Alarm 5.3.3.3	Waterflow Alarm Switch 5.3.3.1		
Fire Pump Supervision 8.3.3.5	Air Pressure Switch 13.4.4.2.6 (dry);	13.4.3.2.13 (preaction/deluge)	Horn/Strobe 5.3.3.1			

The following is a summary of the Miscellaneous Component(s) Inspection/Testing results. This is a summary of all **yes/no** answers and other testing values. Specific questions for system(s) asked during inspection are shown below. If there are any **no** answers, they are noted in summary and explained in the Deficiency section of this report.

Other Components

Miscellaneous Equipment Summary

	Total	Tested	Failed		Total	Tested	Failed
Backflow Device	0	0	0	Ice Obstruction	0	0	0
Fire Department Connection	1	1	0	Obstruction Investigation	1	0	0
Gauge	0	0	0				

Fire Department Connection

[EP10]

Area/Location	Visible and accessible, without damage and signs in place? (13.7.1)	Couplings and swivels free of damage and rotate smoothly? (13.7.1)	Caps, plugs and gaskets in place and free from damage? (13.7.1)	Check valve clapper w/o leaks, automatic drain valve in place and operating properly? (13.7.1)	Check valve components operate properly, cleaned/repaired as needed? (13.4.2.1)
Entire System-FDC Rt.Front Side	Yes	Yes	Yes	Yes	N/I

Internal Pipe Exam

Internal pipe exam - System free of evidence of foreign organic and inorganic material needing to be removed by checking flushing connection end of one main and removing one sprinkler near end of branch line? (14.2.1)

Area	Location	Date Last Internal Inspection
		1982

Deficiencies

**PAR response indicates "Pass After Repair". Technician notes a deficiency of a device, and repairs the deficiency during inspection.*

Alarm Valve Entire System Basement/Maintenance Gem-4"-1982 F2001

Gauges on valve, when compared to calibrated gauge, is error less than 3% full scale or gauge has been recalibrated or replaced? (5.3.2)

Answer: **No** FIVE YEAR SERVICES ARE NOT INCLUDED IN CONTRACT/INSPECTION - SHOULD YOU DESIRE TO HAVE THIS SERVICE PERFORMED, PLEASE CALL FOR AN ESTIMATE

Not Inspected

Internal Pipe Exam

Internal pipe exam - System free of evidence of foreign organic and inorganic material needing to be removed by checking flushing connection end of one main and removing one sprinkler near end of branch line? (14.2.1)

Reason not inspected: Five year services are not included in contract inspection. Should you desire to have this service performed, please call for an estimate.

Alarm Valve Entire System Basement/Maintenance

Internal inspection - all components operate properly and move freely, valve cleaned and in good condition? (13.4.2.1)

Reason not inspected: Five year services are not included in contract inspection. Should you desire to have this service performed, please call for an estimate.

Alarm Valve Entire System Basement/Maintenance

Internally inspect valve strainers, filters, and restriction orifices; free from obstructions, operating properly, and in good condition? (13.4.1.2)

Reason not inspected: Five year services are not included in contract inspection. Should you desire to have this service performed, please call for an estimate.

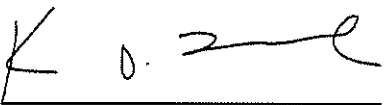
Fire Department Connection Entire System-FDC Rt.Front Side

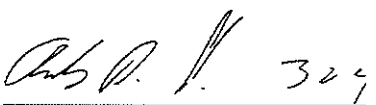
Internal inspection of check valve - components operate properly, cleaned/repared as needed? (13.4.2.1)

Reason not inspected: Five year services are not included in contract inspection. Should you desire to have this service performed, please call for an estimate.

Liability Release Statement:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

Customer Signature  4/27/2015
Customer KEVIN

Technician Signature  4/27/2015
Technician Tony Siderio, Inspector # 304