

Conditional For Ansul and heat install 3/14/2019

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: 03/14/2019 Inspection/Test Completion Date/Time: 03/14/2019
Supplemental Form(s) Attached: YES (yes/no)

1. PROPERTY INFORMATION

Name of property: YMCA OF SOUTHERN MAINE
Address: 70 FOREST AVENUE, PORTLAND, ME 04101

Description of property: APPARTMENTS & MEMBERSHIP
Name of property representative: LISSETTE ROSADO
Address: 70 FOREST AVENUE, PORTLAND, ME 04101

Phone: 207-874-1111 Fax: NA E-mail: lrosado@ymcaofsouthernmaine.org

2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE, FALMOUTH, MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Monitoring organization: PORTLAND CITY DISPATCH
Address: 380 CONGRESS STREET, PORTLAND, ME 04101
Phone: 207-874-8576 Fax: NA E-mail: NA
Account number: LOC5544 Phone line 1: NA Phone line 2: NA
Means of transmission: CITY AES RADIO 2193
Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: FARADAY / THORNE Model number: MPC 6000 / FIREQUEST 200

4.2 Software and Firmware

Firmware revision number: 2.14 FARADAY THORNE REV L4

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120V Amps: 2.4 Location: PANEL H
Overcurrent protection type: C-B Amps: 2.0 Disconnecting means location: CKT #4

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: SEALED LEAD ACID Location: IN PANEL

Battery type (if applicable): 12-7

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>CITY DISPATCH</u>	Time: <u>yes</u>
Building management	Contact: <u>LISSETTE ROSADO</u>	Time: <u>NA</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>NA</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPT.</u>	Time: <u>NA</u>
Other, if required	Contact: <u>NA</u>	Time: <u>NA</u>

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"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FRONT LOBBY GYM SIDE
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	THORNE 90%

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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		TO DISPATCH
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		TO FACP ONLY
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		TO FACP ONLY
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

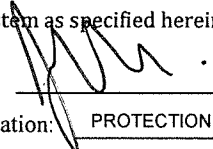
Monitoring organization Contact: CITY DISPATCH Time: _____
Building management Contact: LISSETTE ROSADO Time: NA
Building occupants Contact: ALL Time: NA
Authority having jurisdiction Contact: PORTLAND FIRE DEPT. Time: _____
Other, if required Contact: _____ Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

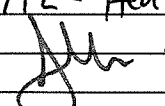
Date: 3/14/2019 Time: NA

9. CERTIFICATION

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

Signed:  Printed name: Jordan Valliere Date: 3/14/2019
Organization: PROTECTION PROFESSIONALS Title: INSPECTOR/TECHNICIAN Phone: 207-775-5755
Qualifications (refer to 10.5.3): NICET IMSA LICENSED

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE - other

* Installation and testing of Following Devices
* 8702-Module - address 1017 - Kitchen hood Ansvl
* 8712- Heat detector - address 1018 - Heat Kitchen


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: _____

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

HEAT	N/A	5TH FLR BY RM #520	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #521	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #522	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #523	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #524	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #525	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #526	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #528	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #530	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #532	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #534	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #535	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #536	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #537	VISUAL ONLY
HEAT	N/A	5TH FLR BY RM #538	VISUAL ONLY
HEAT	N/A	5TH FLR RM #539	VISUAL ONLY
HEAT	N/A	5TH FLR RM #540	VISUAL ONLY
8702 / Ansul	Address 1017	1st Floor Kitchen Ansul System	Pass
8712 / Heat	Address 1018	1st Floor Above Stove in Kitchen	Pass