



531 Congress

FIRE ALARM INSPECTION REPORT

October 13 2015

**JB Brown Building
537 Congress St
Portland Me**

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH
APPLICABLE NFPA STANDARDS.**

**NORRIS INC
2257 WEST BROADWAY
SOUTH PORTLAND, ME 04106
(800) 370-3473**



INSPECTION AND TESTING FORM

Project #: 321407SP
Date: 10/13/2015
Time: 11:30

Building Name

Name: JB Brown Building
Address: 537 Congress St, Portland ME
Building Contact: _____
Telephone: _____

Property Owner

Name: Dirigo
Address: _____
Owner Contact: Pete Hannigan
Telephone: 229-2742
Email: _____

Monitoring Entity

Contact: Pro one
Telephone: _____
Account No.: 506-295

Approving Agency

Contact: _____
Telephone: _____

Type of Transmission:

Service:

Panel:

Control Unit Manufacturer
Notifier _____

Model
640

Circuit Styles: _____

ALARM INITIATING DEVICES

<u>Device Type</u>	<u>Total Quantity</u>	<u>Tested Quantity</u>
Manual Stations	_____	_____
Ion Detectors	_____	_____
Photo Detectors	<u>1</u>	<u>1</u>
Duct Detectors	_____	_____
Heat Detectors	_____	_____
Waterflow Switches	_____	_____
Supervisory Switches	_____	_____
Low Air	_____	_____
Other (Specify)	_____	_____

ALARM NOTIFICATION APPLIANCES

<u>Device Type</u>	<u>Total Quantity</u>	<u>Tested Quantity</u>
Horn/Strobes	_____	_____
Strobes	_____	_____
Horns	_____	_____
Chimes	_____	_____
Speaker/Strobes	<u>9</u>	<u>9</u>
Mini Horn	_____	_____
Other (Specify)	_____	_____

Are circuits Supervised? Yes No _____



NOTIFICATIONS MADE PRIOR:

Monitoring Entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WHO	TIME
Building Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	11:30
Building Occupants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	11:30
			_____	prior

<u>TYPE</u>	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
Control Unit	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Interface Equipment	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Lamps/ LED's	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Fuses	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Trouble Signals	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Disconnect Switches	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Ground Fault Monitoring	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____

<u>SECONDARY POWER</u>	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
Battery Condition	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Load Voltage	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Amperes	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____

REMOTE ANNUNCIATOR	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
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<u>NOTIFICATION APPLIANCES</u>	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
Audible	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____
Visual	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____

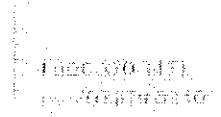
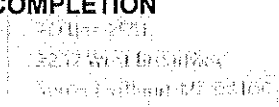
<u>EMERGENCY COMMUNICATION EQUIPMENT</u>	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
Phone Set	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Phone Jacks	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Off-Hook Indicator	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Amplifier(s)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Tone Generator(s)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
Call In Signal	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
System Performance	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____

<u>ON/OFF PREMISES MONITORING</u>	<u>YES</u>	<u>NO</u>	<u>TIME</u>	<u>COMMENTS</u>
Alarm Signal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Alarm Restoral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Trouble Signal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Trouble Restoral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Supervisory Signal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Supervisory Restoral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

<u>NOTIFICATION OF COMPLETION:</u>	<u>YES</u>	<u>NO</u>	<u>WHO</u>	<u>TIME</u>
Monitoring Entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	12:00
Building Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	12:00
Building Occupants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____



SYSTEM RECORD OF COMPLETION



Form Completion Date: 10/13/2015 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: JB Brown Building
Address: 537 Congress St, Portland Me
Description of property: Commercial, Residential, Judicial
Name of property representative: AI - Dirigo Management
Address:
Phone: 207-229-2742 Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Dirigo - Dave Leach
Address: 170 Eight Rod Rd, Waterville ME
Phone: 207-314-1277 Fax: 207-873-3435 E-mail:
Service organization: Norris Inc
Address: 257 West Broadway, South Portland Me
Phone: 207-883-3473 Fax: E-mail:
Testing organization: Norris Inc
Address: 2257 West Broadway, South Portland Me
Phone: 207-883-3473 Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: Protection One
Address:
Phone: 877-357-1808 Fax: E-mail:
Account number: 506 295 Phone line 1: Phone line 2:
Means of transmission: Digital Dialer
Entity to which alarms are retransmitted: PFD Box Phone:

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

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

4.1 Control Unit

Manufacturer: Notifier Model number: CPU-640

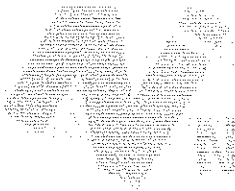
4.2 Software and Firmware

Firmware revision number: 3.0

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)

2017 North Carolina
Fire Alarm Code

USG 390 3473
SAFETY

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 Control panel amps: 3.0
Overcurrent protection: Type: Breaker Amps: 20
Branch circuit disconnecting means location: House Panel B1 Number: #3

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): 24 In alarm mode (minutes): 5

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

Table with 5 columns: Pathway Type, Dual Media Pathway, Separate Pathway, Class, Survivability Level. Rows include Signaling Line, Device Power, Initiating Device, Notification Appliance, and Other (specify).

7. REMOTE ANNUNCIATORS

Table with 2 columns: Type, Location. Row: Analog, Main Entry

8. INITIATING DEVICES

Table with 5 columns: Type, Quantity, Addressable or Conventional, Alarm or Supervisory, Sensing Technology. Rows include Manual Pull Stations, Smoke Detectors (1), Duct Smoke Detectors, Heat Detectors, Gas Detectors, Waterflow Switches, Tamper Switches

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	9	Speaker Strobes Added

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

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: Dave Leach Date: 10/13/15
 Organization: DL Electric Title: _____ Phone: 207-873-3435

12.2 System Operational Test

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

Signed: _____ Printed name: Anthony Morris Date: 10/13/2015
 Organization: Norris Inc Title: Technician Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: 10/13/15 11:30am

Installing contractor representative: Dave LEach

Testing contractor representative: _____
Tony Morris

Property representative: Dirigo Management

AHJ representative: PFD



NOTIFICATION APPLIANCE POWER PANEL SUPPLEMENTARY RECORD OF COMPLETION

FORM 903
NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF COMPLETION

FORM 903-1403
7/15/2013

Form Completion Date: 10-13-2015 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: JB Brown Building

Address: 537 Congress St

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Notifier FCPS 24S8	4 th Fir Electrical Rm	4 th Fir	

See Main System Record of Completion for additional information, certifications, and approvals.