

HIGH TECH FIRE



PROTECTION

P.O. BOX 156, MINOT, ME 04258

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

FIRE SPRINKLER SYSTEM INSP. - Friday, October 02, 2015 8:21:18 AM (Alan Schwartz)

User Name	Alan Schwartz
User #	2076894028
Form Started	10/2/2015 8:21:18 AM
Contract - Report #	2261SQ14
Name of Property	DIRIGO MANAGEMENT - JB BROWN BLOCK
Address of property	537 CONGRESS STREET PORTLAND, MAINE
Inspectors Name	ALAN SCHWARTZ
License Number	380
Date	Friday, October 02, 2015
Inspection Frequency	Quarterly
Inspection Number	4 of 4

System Info - [CLICK HERE](#)

1 System Type	Wet
Stat. PSI	80
Ris. PSI	72
Air Pressure PSI	N/A
Valve Type	RISER #1 1988 6" VIKING H-2 ALARM VALVE WITH VANE FLOW SWITCH
Time to ring Water flow alarm	12 SECONDS
2 System Type	Wet
Stat. PSI	81
Ris. PSI	70
Air Pressure PSI	N/A
Valve Type	RISER #2 1989 6" VIKING H-2 ALARM VALVE WITH VANE FLOW SWITCH
Time to ring Water flow alarm	10 SECONDS
3 System Type	Dry
Stat. PSI	78
Ris. PSI	65
Air Pressure PSI	43
Valve Type	1993 4" CENTRAL MODEL AG DRY VALVE WITH PRESSURE SWITCH
Time to ring Water flow alarm	3 SECONDS

System in service on inspection	Yes
Valve assembly appears free of damage	Yes
Dry Valve Trip	Yes
Dry Valve Report - CLICK HERE	
1 Size, Make, Model, Year	1993 4" CENTRAL AG S/N 813
Controls/Sprinklers located in	PARKING GARAGE
Air Pressure (lbs)	43
Water Pressure (lbs)	78
Control Valve Wide Open?	NO
How Many Turns	5
Dry valve test	YES
Test Frequency	Annual
Air Pressure (lbs.)	11 LBS
min. sec.	54 SECONDS
Operation Was:	Satisfactory
Valve Assembly Reset Dry	Yes
Any Repairs Made	No
Condition of Valve Assembly	Ok
Condition of Moving Parts & Seats	Ok
Condition of Rubber Facing	Ok
Alarms Operated	Yes
Trim Valves in appropriate position	Yes
Intermediate chamber leak tight	Yes
Compressor operational	Yes
Oil level full upon Inspection	Yes
High/Low pressure switches operational	Yes
Automatic air maintenance device operational	Yes
Control Valve locked/tamper/seal open	Yes
Yes	Tamper, Seal open
Backflow valve locked/open/tamper/seal	N/A
Valves excised	No- Done on different date
Tamper switches appear operational	Yes
Tampers tested	Yes

How many?	3
Valve area accessible	Yes
Main Check Valve holding pressure	Yes
Fire Dept. Connection plainly visible	Yes
FDC easily accessible	Yes
FDC swivels non-binding rotation	Yes
Fire Dept. Connection caps/plugs in place	Yes
Fire Dept. Connection gaskets/signs in place	Yes
Fire Dept. Connection ball drip drain drip free	Yes
Exterior alarms properly identified	N/A -Fully Monitored System
Exterior alarms appear operational	N/A
Interior alarms appear operational	Yes
Extra heads in spare head cabinet	Yes
Head wrench for each type of head	Yes
Pump in Service	N/A
Full walk thru done this inspection	No- Done on a different date
Wet pipe areas appear properly heated	Yes
Know Auxiliary Drains checked	N/A - checked on different date
All valves identified with signage	Yes
System design nameplate attached	No
Report to Jerry	jbosse2@htfp.me
Water flow alarm devices activated	Yes
Gauges appear operating properly	Yes
Did alarm supervisory co. receive signal properly?	Yes
Did alarm panel reset properly?	Yes
Alarm Panel Clear after inspection completed?	Yes
System left in service	Yes
Anti-Freeze Loops checked	N/A - Checked on different date
5yr obstruction investigation & gauges due	No

Date last done

Friday, July 01, 2011

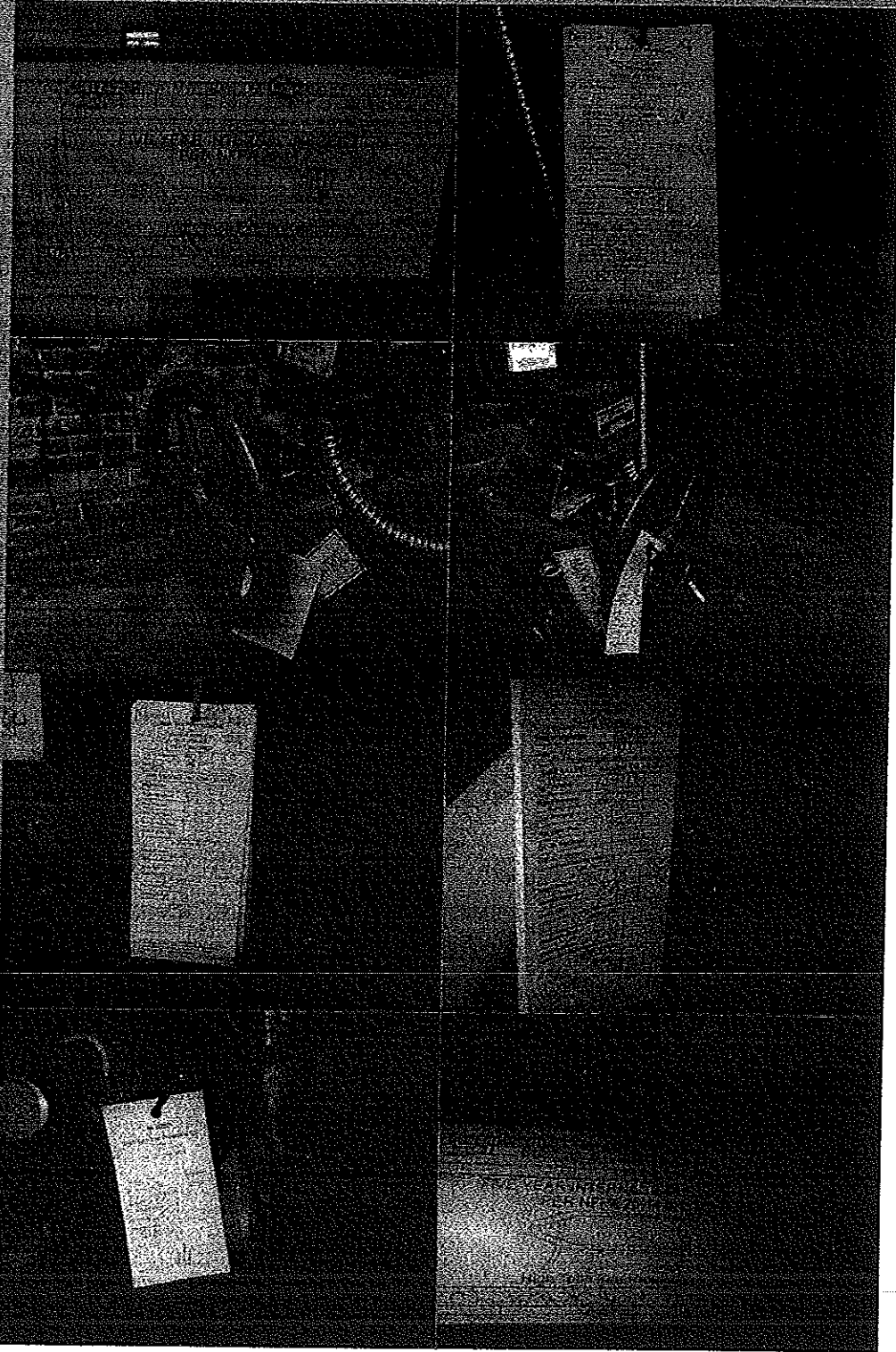
Comments

Report to Jerry

jbosse2@htfp.me

Photos - If needed

[image]



Date last done

Friday, July 01, 2011

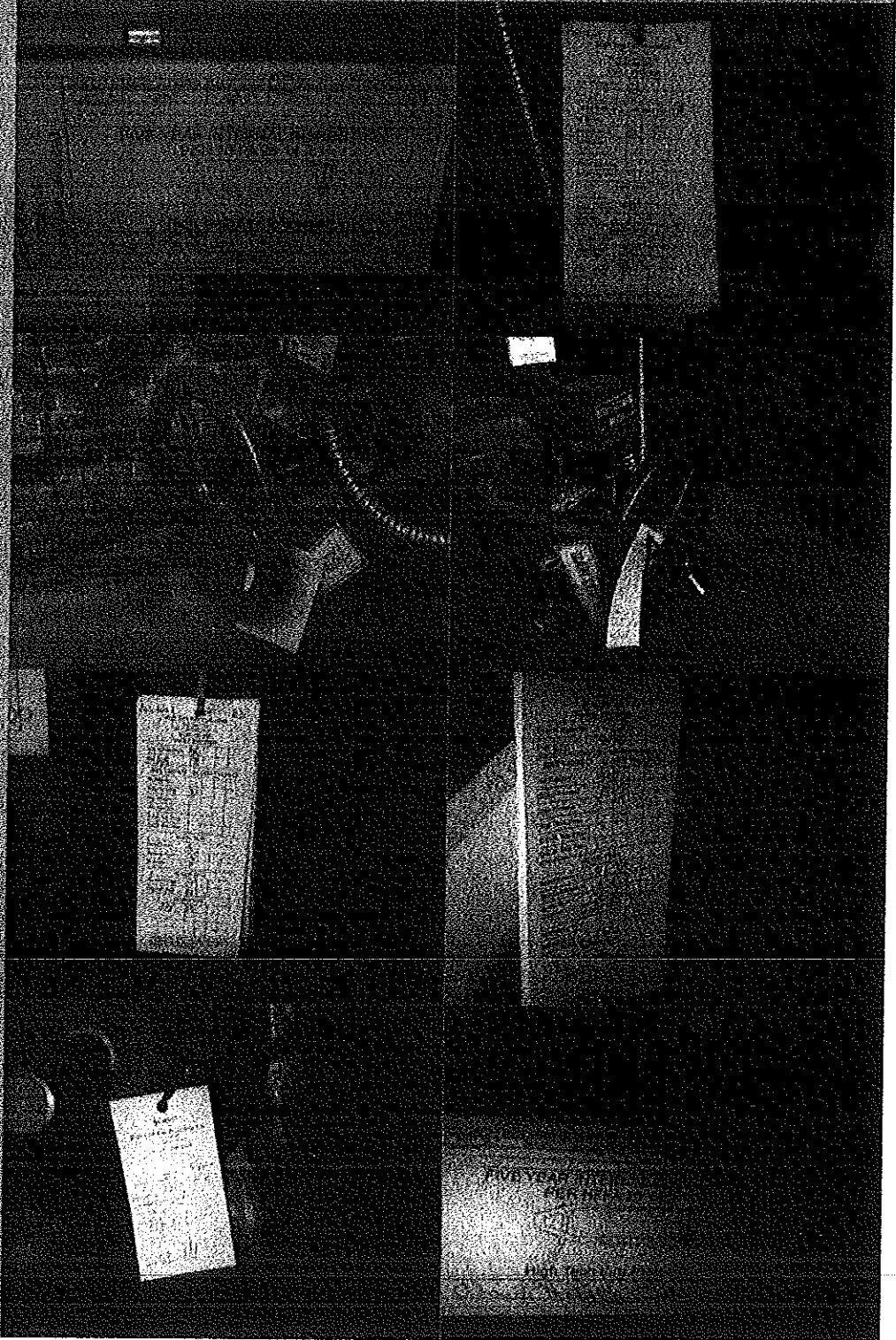
Comments

Report to Jerry

jbosse2@htfp.me

Photos - if needed

[Image]



Disclaimer-Per NFPA25-2014 Edition

4.1.1 Responsibility for inspection, testing, maintenance, and impairment. - The property owner or designated representative shall be responsible for properly maintaining a water-based fire protection system. 4.1.6 Changes in the occupancy, use, process, or materials. - The property owner or designated representative shall not make changes in the occupancy, the use or process, or the materials used or stored in the building without evaluation of the fire protection systems for their capability to protect the new occupancy, use, or materials. PLEASE CONTACT US IF YOU WISH TO DISCUSS OR REQUEST A QUOTE TO CORRECT ANY OF THE NOTED DEFICIENCIES ON THIS REPORT. Thank you

Owner/Representative
Signature:

[Signature]



Printed Name/Title

AL FOLSOM

Email Owner or person
responsible for reviewing this
report:

phannigan@dirigoimgmt.com