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November 19, 2012

574 Associates
Peter Hoglund
1976 Washington Ave
Portland, ME 04103

Subject: 574 Congress St, Portland

Dear Peter,

As requested, I am writing to confirm the fire alarm system add for the above mentioned subject, was inspected and tested and at the time of inspection the system was found to be operational and to the best of our knowledge, met or exceeded all of the requirements as established by the plans and specifications for the project and all applicable local codes including NFPA 72.

It was a pleasure working with you on this project. Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. W. Driesen', written in a cursive style.

Douglas W. Driesen
Service Manager



INSPECTION AND TESTING FORM

Project #: 312437SP
Date: 11-13
Time: _____

Building Name

Name: 574 Congress Street
Address: 574 Congress St Portland Maine
Building Contact: Peter Hoglund
Telephone: 207-232-9575

Property Owner

Name: Peter Hoglund
Address: _____
Owner Contact: _____
Telephone: 207-232-9575
Email: _____

Monitoring Entity

Contact: HSMC
Telephone: 1800-933-4762
Account No.: 202-8042

Approving Agency

Contact: _____
Telephone: _____

Type of Transmission:

Cellular Dialer

Service:

Teleguard

Panel:

Control Unit Manufacturer
Notifier _____

Model
NFW2-100

Circuit Styles: B

ALARM INITIATING DEVICES

<u>Device Type</u>	<u>Total Quantity</u>	<u>Tested Quantity</u>
Manual Stations	<u>7</u>	<u>7</u>
Ion Detectors	_____	_____
Photo Detectors	<u>3</u>	<u>3</u>
Duct Detectors	_____	_____
Heat Detectors	_____	_____
Waterflow Switches	<u>1</u>	<u>1</u>
Supervisory Switches	<u>1</u>	<u>1</u>
Low Air	<u>1</u>	<u>1</u>
Other (Specify)	_____	_____

ALARM NOTIFICATION APPLIANCES

<u>Device Type</u>	<u>Total Quantity</u>	<u>Tested Quantity</u>
Horn/Strobes	<u>16</u>	_____
Strobes	<u>7</u>	_____
Horns	_____	_____
Chimes	_____	_____
Speaker/Strobes	_____	_____
Mini Horn	<u>2</u>	_____
Other (Specify)	_____	_____

Are circuits Supervised? Yes No _____

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE/EQ.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEW
LOAD VOLTAGE	<input type="checkbox"/>	<input type="checkbox"/>	NEW
CHARGER TEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

REMOTE ANNUNCIATORS N/A

NOTIFICATIONS APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISUAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Emergency Communications Equipment

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

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUPERVISORY SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUPERVISORY RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATIONS THAT TESTING IS COMPLETE:

YES	NO	WHO	TIME
-----	----	-----	------

BUILDING MANAGEMENT
MONITORING AGENCY
BUILDING OCCUPANTS

x	
x	



SYSTEM SECONDARY POWER

	<u>SIZE</u>	<u>LOAD VOLTAGE</u>	<u>AMPERES</u>	<u>DATE TESTED</u>	<u>PASS</u>	<u>FAIL</u>
FACP						
Left Battery	12 AH	12 VDC	NEW		NEW	
Right Battery	12 AH	12 VDC	NEW		NEW	
Dialer						
Battery	7 AH	12VDC	NEW		NEW	
POWER SUPPLY						
Left Battery						
Right Battery						
POWER SUPPLY						
Left Battery						
Right Battery						
POWER SUPPLY						
Left Battery						
Right Battery						



THE FOLLOWING DID NOT OPERATE CORRECTLY

NORRIS INC

All Devices operated properly at the time of test.

SYSTEM RESTORED TO NORMAL OPERATION:

DATE: 11/13/12

TIME: 11:00

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

NAME OF INSPECTOR: Dana Champagne

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INSPECTOR SIGNATURE: *Dana Champagne*

CUSTOMER SIGNATURE: _____

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.
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.

1. PROPERTY INFORMATION

Name of property: 574 Congress Street
Address: 574 Congress Street Portland Maine
Description of property: Business/Apartments
Occupancy type: Commercial
Name of property representative: Peter Hoglund
Address: N/A
Phone: 207-232-9575 Fax: _____ E-mail: _____
Authority having jurisdiction over this property: Portland FD
Phone: 207-874-8576 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: Norris Inc
Address: 2257 West Broadway South Portland Maine
License or certification number: _____
Phone: 207-883-3473 Fax: _____ E-mail: _____
Service organization for this equipment: Norris Inc
Address: 2257 West Broadway South Portland Maine
License or certification number: _____
Phone: 207-883-3473 Fax: _____ E-mail: _____
A contract for test and inspection in accordance with NFPA standards is in effect as of: N/A
Contracted testing company: N/A
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Contract expires: _____ Contract number: _____ Frequency of routine inspections: _____

3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
 Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
 Mass notification system (MNS)
 Combination system, with the following components:
 Fire alarm EVACS MNS Two-way, in-building, emergency communication system
 Other (specify): _____

NFPA 72, Fig. 10.18.2.1.1 (p. 1 of 12)

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: _____ Additional description of system(s): _____

3.1 Control Unit

Manufacturer: Notifier

Model number: NFW2-100

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone Wide-area MNS Distributed recipient MNS

Other (specify): _____

3.2.2 System Features:

Combination fire alarm/MNS MNS autonomous control unit Wide-area MNS to regional national alerting interface

Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify): _____

3.3 System Documentation

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

3.4 System Software

This system does not have alterable site-specific software.

Operating system (executive) software revision level: N/A

Site-specific software revision date: N/A Revision completed by: Factory

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

3.5 Off-Premises Signal Transmission

This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: HSMC Phone: 1800-933-4762

Supervisory: HSMC Phone: 1800-933-4762

Trouble: HSMC Phone: 1800-933-4762

Entity to which alarms are retransmitted: Portland FD Phone: 207-874-8576

Method of retransmission: _____

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

Cellular Dialer

If Chapter 27, specify the type of auxiliary alarm system: Local energy Shunt Wired Wireless

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: _____ Survivability level: _____ Quantity: 1
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: _____ Description: _____

4.1.3 Device Power Pathways

- No separate power pathways from the signaling line pathway
- Power pathways are separate but of the same pathway classification as the signaling line pathway
- Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity: 0

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: N/A Quantity: N/A
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: N/A Description: _____

4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: N/A Quantity: N/A
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: _____ Description: _____

4.3.3 Device Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 7 Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

5.1.2 Other Alarm Boxes

This system does not have other alarm boxes.

Description: _____

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors

This system does not have smoke detectors.

Type and number of devices: Addressable: 3 Conventional: _____

Other (specify): _____

Type of coverage: Complete area Partial area Nonrequired partial area

Other (specify): _____

Type of smoke detector sensing technology: Ionization Photoelectric Multicriteria Aspirating Beam

Other (specify): _____

5.2.2 Duct Smoke Detectors

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

5.2.3 Radiant Energy (Flame) Detectors

This system does not have radiant energy detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

5.2.4 Gas Detectors

This system does not have gas detectors.

Type of detector(s): _____

Number of devices: Addressable: _____ Conventional: _____

Type of coverage: _____

5.2.5 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Type of coverage: Complete area Partial area Nonrequired partial area Linear Spot

Type of heat detector sensing technology: Fixed temperature Rate-of-rise Rate compensated

5. ALARM INITIATING DEVICES (continued)

5.2.6 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices: 3

5.2.7 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: 1 Conventional: Coded: Transmitter:

5.2.8 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 3

Alarm verification set for: 30 seconds

5.2.9 Presignal

This system does not incorporate pre-signal.

Number of devices subject to presignal:

Describe presignal functions:

5.2.10 Positive Alarm Sequence (PAS)

This system does not incorporate PAS.

Describe PAS:

5.2.11 Other Initiating Devices

This system does not have other initiating devices.

Describe:

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: 1 Conventional: Coded: Transmitter:

Other (specify):

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump: Electric pump Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2.1 Fire Pump Functions Supervised

Power Running Phase reversal Selector switch not in auto Engine or control panel trouble Low fuel

Other (specify):

6.3 Duct Smoke Detectors (DSDs)

This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

6.4 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: Low Air

7. MONITORED SYSTEMS

7.1 Engine-Driven Generator

This system does not have a generator.

7.1.1 Generator Functions Supervised

- Engine or control panel trouble Generator running Selector switch not in auto Low fuel
- Other (specify): _____

7.2 Special Hazard Suppression Systems

This system does not monitor special hazard systems.

Description of special hazard system(s): _____

7.3 Other Monitoring Systems

This system does not monitor other systems.

Description of special hazard system(s): _____

8. ANNUNCIATORS

This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: N/A

Location 2: N/A

Location 3: N/A

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS.

Number of single voice alarm channels: _____

Number of multiple voice alarm channels: _____

Number of speakers: _____

Number of speaker circuits: _____

Location of amplification and sound-processing equipment: _____

Location of paging microphone stations: _____

Location 1: _____

Location 2: _____

Location 3: _____

9.2 Nonvoice Notification Appliances

This system does not have nonvoice notification appliances.

Horns: _____ With visible: _____

Bells: _____ With visible: 16

Chimes: _____ With visible: _____

Visible only: 8 Other (describe): _____

9.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

Quantity: _____

Locations: _____

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS This system does not have an MNS.

10.1 MNS Local Operating Consoles

Location 1:

Location 2:

Location 3:

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3:

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances:

MNS-only visible appliances:

Textual signs:

Other (describe):

Supervision class:

10.3.1 Special Hazard Notification

This system does not have special suppression pre-discharge notification.

MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System

This system does not have a two-way telephone system.

Number of telephone jacks installed:

Number of warden stations installed:

Number of telephone handsets stored on site:

Type of telephone system installed: Electrically powered Sound powered

11.2 Two-Way Radio Communications Enhancement System

This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: _____ % General building areas: _____ %

Amplification component locations:

Inbound signal strength: _____ dBm Outbound signal strength: _____ dBm

Donor antenna isolation is: _____ dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS (continued)

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

11.4 Elevator Emergency Communications Systems

This system does not have an elevator emergency communications system.

Number of elevators with stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

11.5 Other Two-Way Communication Systems

Describe: _____

12. CONTROL FUNCTIONS

This system activates the following control functions:

Hold-open door releasing devices Smoke management HVAC shutdown F/S dampers

Door unlocking Elevator recall Fuel source shutdown Extinguishing agent release

Elevator shunt trip Mass notification system override of fire alarm notification appliances

Other (specify): _____

12.1 Addressable Control Modules

This system does not have control modules.

Number of devices: _____

Other (specify): _____

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: 120 VAC

Control panel amps: _____

Overcurrent protection: Type: Circuit Breaker

Amps: 20 Amps

Location (of primary supply panel board): Basement Main Panel

Disconnecting means location: Breaker

13.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____

Type of fuel: _____

13. SYSTEM POWER (continued)

13.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

13.1.4 Batteries

Location: FACP

Type: Lead

Nominal voltage: 12VDC

Amp/hour rating:

12 AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A

In alarm mode (minutes): N/A

Batteries are marked with date of manufacture

Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

13.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

13.2.4 Batteries

Location:

Type:

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture

Battery calculations are attached

13. SYSTEM POWER (continued)

13.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s):

Power extender panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

13.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

13.3.4 Batteries

Location:

Type:

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture

Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

This is a: New system Modification to an existing system Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

NFPA 72, Edition:

NFPA 70, National Electrical Code, Article 760, Edition:

Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed:



Printed name: Dana Champagne

Date: 11-13-12

Organization: Norris Inc

Title: Installer/Technician

Phone: 207-883-3473

15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:


NFPA 72, Edition: _____

NFPA 70, National Electrical Code, Article 760, Edition: _____

Manufacturer's published instructions

Other (specify): _____


Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:  Printed name: Dana Champagne Date: 11-13-12
Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

16. CERTIFICATIONS AND APPROVALS


16.1 System Installation Contractor:

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

Signed:  Printed name: Dana Champagne Date: 11-13-12
Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

16.2 System Service Contractor:

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

Signed:  Printed name: Dana Champagne Date: 11-13-12
Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: HSMC Title: _____ Phone: 1-800-933-4762

16. CERTIFICATIONS AND APPROVALS (continued)

16.4 Property or Owner Representative:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

16.5 Authority Having Jurisdiction:

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____