|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Form Completion Date: | 7-19-18 | Supplemental Pages Attached: |  |  |

1. Property Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of property: | | | 492 CONGRESS ST | | | | | | |
| Address: | | PORTLAND | | | | | | | |
| Description of property: | | | | SAME | | | | | |
| Name of property representative: | | | | |  | | | | |
| Address: | | same | | | | | | | |
| Phone: |  | | | | | Fax: |  | E-mail: |  |

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Installation contractor: | | | | | | X | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | Fax: | | |  | | E-mail: | |  | | |
| Service organization: | | | | | RB Allen Co., inc. | | | | | | | | | | | | | |
| Address: | | | 131 Lafayette Road North Hampton, NH 03862 | | | | | | | | | | | | | | | |
| Phone: | 6039648140 | | | | | | | | Fax: | | | 6039648885 | | E-mail: | | rballen@rballen.com | | |
| Testing organization: | | | | | RB Allen Co., inc. | | | | | | | | | | | | | |
| Address: | | | 131 Lafayette Road North Hampton, NH 03045 | | | | | | | | | | | | | | | |
| Phone: | 6039648140 | | | | | | | | Fax: | | | 6039648885 | | E-mail: | | rballen@rballen.com | | |
| Effective date for test and inspection contract: | | | | | | | | | | | | FACP | | | | | | |
| Monitoring organization: | | | | | | | |  | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | Fax: | | |  | | E-mail: | |  | | |
| Account number: | | | |  | | | | | | | Phone line 1: | |  | | Phone line 2: | | |  |
| Means of transmission: | | | | | | |  | | | | | | | | | | | |
| Entity to which alarms are retransmitted: | | | | | | | | | |  | | | | | 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 | | | | Modification to existing system | | | Permit number: | | |  | | | |
| NFPA 72 edition: | | |  | | |
|  | | | | | |
| **4.1 Control Unit** | | | | | | | | | | | | | | | | |
| Manufacturer: | |  | | | | | | | | Model number: | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **4.2 Software and Firmware** | | | | | | | | | | | | | | | | |
| Firmware revision number: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **4.3 Alarm Verification** | | | | | | | | This system does not incorporate alarm verification. | | | | | | | |
| Number of devices subject to alarm verification: | | | | | | |  | | Alarm verification set for | | | |  | seconds | |

5. SYSTEM POWER

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1 Control Unit** | | | | | | | | | | | | |
| **5.1.1 Primary Power** | | | | | | | | | | | | |
| Input voltage of control panel: | | | 120VAC | | | | Control panel amps: | | |  | | |
| Overcurrent protection: Type: | | | Circuit Breaker | | | | Amps: | 20 | | | | |
| Branch circuit disconnecting means location: | | | | |  | | Number: | |  | | | |
|  | | | | | | | | | | | | |
| **5.1.2 Secondary Power** | | | | | | | | | | | | |
| Type of secondary power: | | Batteries (Sealed lead Acid) | | | | | | | | | |
| 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pathway Type** | **Dual Media Pathway** | **Separate Pathway** | **Class** | **Survivability Level** |
| Signaling Line |  |  |  |  |
| Device Power |  |  |  |  |
| Initiating Device |  |  |  |  |
| Notification Appliance |  |  |  |  |
| Other (specify): |  |  |  |  |
|  |

7. REMOTE ANNUNCIATORS

|  |  |
| --- | --- |
| **Type** | **Location** |
|  | NONE |
|  |  |

8. INITIATING DEVICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Quantity** | **Addressable or Conventional** | **Alarm or Supervisory** | **Sensing Technology** |
| Manual Pull Stations |  |  |  |  |
| Smoke Detectors | 5 |  |  |  |
| Duct Smoke Detectors |  |  |  |  |
| Heat Detectors |  |  |  |  |
| Gas Detectors |  |  |  |  |
| Waterflow Switches |  |  |  |  |
| Tamper Switches |  |  |  |  |

**9. NOTIFICATION APPLIANCES**

|  |  |  |
| --- | --- | --- |
| **Type** | **Quantity** | **Description** |
| Audible |  |  |
| Visible | 7 |  |
| Combination Audible and Visible | 6 |  |

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: | |  | Date: |  | | |
| Organization: | |  | | | | | Title: |  | | Phone: | |  | |
|  | | | | | | | | | | | | | |
| **12.2 System Operational Test** | | | | | | | | | | | | | |
| This system as specified herein has tested according to all NFPA standards cited herein. | | | | | | | | | | | | | |
| Signed: | JAMES GAILEY | | | | | | Printed name: | | Jim Gailey | Date: | 7-19-18 | | |
| Organization: | | RB Allen Co., inc. | | | | | Title: | Technician | | Phone: | | 6039648140 | |
|  | | | | | | | | | | | | | |
| **12.3 Acceptance Test** | | | | | | | | | | | | | |
| Date and time of acceptance test: | | | | |  | | | | | | | |
| Installing contractor representative: | | | | | |  | | | | | | |
| Testing contractor representative: | | | | | R B Allen Co | | | | | | | |
| Property representative: | | | |  | | | | | | | | |
| AHJ representative: | | |  | | | | | | | | | |