|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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: |       |