

DEAN & ALLYN, INC.

FIRE PROTECTION • SPECIAL HAZARD

116 LEWISTON ROAD
P.O. BOX 709 • GRAY, ME 04039-0709
TEL: (207) 657.5646 • FAX: (207) 657.5647

June 19, 2012

Votze Butler Associates
44 Stedman Street
Suite 8
Lowell MA, 01851

Re: 2 Portland Square - 7th Floor

To Whom it May Concern,

This letter is to confirm that the fire protection system at the above referenced location has been installed and tested in accordance with NFPA #13, City of Portland and Maine State Fire Marshal's requirements.

Very truly yours,

Chris Stewart
Dean & Allyn, Inc.



INSPECTION AND TESTING FORM

Project #: 37391XX
 Date: 5/18
 Time: 17:00

Building Name

Name: 2 Portland Square Floors 3, 5, Garage
 Address: 2 Portland Square, Portland ME
 Building Contact: Mike McDonald
 Telephone: RREEF 874-6000

Property Owner

Name: _____
 Address: _____
 Owner Contact: _____
 Telephone: _____
 Email: _____

Monitoring Entity

Contact: Portland Fire
 Telephone: 874-8576
 Account N 4518/4519

Approving Agency

Contact: Portland Fire
 Telephone: 874-8576

Type of Transmission:

Master Box

Service:

Quarterly

Panel:

Control Unit Manufacturer _____
 Notifier _____

Model 5000

Circuit Styles: _____

ALARM INITIATING DEVICES

<u>Device Type</u>	<u>Total Quantity</u>	<u>Tested Quantity</u>
Manual Stations	<u>9</u>	_____
Ion Detectors	_____	_____
Photo Detectors	<u>65</u>	_____
Duct Detectors	_____	_____
Heat Detectors	<u>79</u>	_____
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	<u>22</u>	_____
Horns	_____	_____
Chimes	_____	_____
Speaker/Strobes	<u>25</u>	_____
Mini Horn	_____	_____
Other (Specify)	_____	_____

Are circuits Supervised? Yes No _____



NOTIFICATIONS MADE PRIOR:

Monitoring Entity Yes No
 Building Management Yes No
 Building Occupants Yes No

WHO **TIME**
PORTLAND FIRE 17:00
CECIL 17:00
PRIOR _____

TYPE

Control Unit
 Interface Equipment
 Lamps/ LED's
 Fuses
 Trouble Signals
 Disconnect Switches
 Ground Fault Monitoring

VISUAL	FUNCTIONAL	COMMENTS
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____

SECONDARY POWER

Battery Condition
 Load Voltage
 Amperes

VISUAL	FUNCTIONAL	COMMENTS
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Pass	<u>12V 26AHx2</u>
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<u>NEW 2/17/11</u>
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<u>NEW 2/17/11</u>

REMOTE ANNUNCIATOR

VISUAL	FUNCTIONAL	COMMENTS
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<u>N/A</u>

NOTIFICATION APPLIANCES

Audible
 Visual

VISUAL	FUNCTIONAL	COMMENTS
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	<u>5TH,3RD & BASEMENT</u>
<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Pass	<u>SEE FAILED LIST</u>

EMERGENCY COMMUNICATION EQUIPMENT

Phone Set
 Phone Jacks
 Off-Hook Indicator
 Amplifier(s)
 Tone Generator(s)
 Call In Signal
 System Performance

VISUAL	FUNCTIONAL	COMMENTS
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<u>N/A</u>
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____
<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	_____

ON/OFF PREMISES MONITORING

Alarm Signal Yes No
 Alarm Restoral Yes No
 Trouble Signal Yes No
 Trouble Restoral Yes No
 Supervisory Signal Yes No
 Supervisory Restoral Yes No

TIME
 _____ N/A

NOTIFICATION OF COMPLETION:

Monitoring Entity Yes No
 Building Management Yes No
 Building Occupants Yes No

WHO **TIME**
PORTLAND FIRE 21:15
CECIL 21:15



SYSTEM SECONDARY POWER

	<u>SIZE</u>	<u>LOAD VOLTAGE</u>	<u>AMPERES</u>	<u>DATE TESTED</u>	<u>PASS</u>	<u>FAIL</u>
FACP	26 AH					
Left Battery	_____	_____	_____	2/17/2011	<input type="checkbox"/>	<input type="checkbox"/>
Right Battery	_____	_____	_____	2/17/2011	<input type="checkbox"/>	<input type="checkbox"/>
POWER SUPPLY	7AHx2	5TH FL TEL COM RM				
Left Battery	_____	_____	_____	2/17/2011	<input type="checkbox"/>	<input type="checkbox"/>
Right Battery	_____	_____	_____	2/17/2011	<input type="checkbox"/>	<input type="checkbox"/>
POWER SUPPLY						
Left Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Right Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
POWER SUPPLY						
Left Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Right Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
POWER SUPPLY						
Left Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Right Battery	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



THE FOLLOWING DID NOT OPERATE CORRECTLY:

ALL TESTED DEVICES IN THE BASEMENT LEVEL TESTED NORMAL.
LABELED DEVICES IN THE BASEMENT.

THE FOLOWING DEVICES ON THE 5TH FLOOR FAILED:
HEAT DETECTORS# 24,41,45,62
3 SPEAKER STROBES - 1 OUTSIDE STAIRWELL AT PULL STATION# 3
2 INSIDE THE VACANT AREA. MARKED WITH DOT.
ALL THREE FAILED ON THE STROBE.
LABELED DEVICES ON THIS FLOOR.

ALL TESTED DEVICES ON THE 3RD FLOOR TESTED NORMAL.
DEVICES WERE LABELED.

SYSTEM RESTORED TO NORMAL OPERATION:

DATE: 5/18/11

TIME: 21:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH
APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: RICHARD FANNING AND GALEN LIGHT

INSPECTOR SIGNATURE: _____

CUSTOMER SIGNATURE: _____

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NORRIS INC.

INSPECTIONS AND TESTING FORM

PROPERTY NAME

2 Portland Square Floors 6, 7

ADDRESS:

Portland Square

OWNER CONTACT:

Mike McDonald

TELEPHONE:

RREEF 874-6000

MONITORING ENTITY:

NAME:

Portland Fire Department

TELEPHONE:

874-8576

MONITORING ACCOUNT REF. NO.:

4518/4519

TYPE TRANSMISSION

() Digital Communicator

() Reverse Polarity

(X) Masterbox

SERVICE

() Monthly

(X) Quarterly

() Semi-annually

() Annually

PANEL MANUFACTURER:

Notifier

MODEL NO.:

5000

CIRCUIT STYLES:

Class B

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

8
10
75
10

ALARM ZONES
MANUAL STATIONS
ION DETECTORS
PHOTO DETECTORS
DUCT DETECTORS
HEAT DETECTORS
WATERFLOW SWITCHES
SUPERVISORY SWITCHES
OTHER (SPECIFY):

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF

36

HORN/STROBES
BELLS
HORN
CHIMES
STROBES
SPEAKERS
OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: 8

ARE CIRCUITS SUPERVISED? (X) YES () NO

SIGNALING LINE CIRCUITS

Quantity

Style(s)

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:

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

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	12V 26AH x2
LOAD VOLTAGE	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHARGER TEST	<input type="checkbox"/>	<input type="checkbox"/>	_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTIFICATIONS APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	_____
AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____

Emergency Communications Equipment

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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 type="checkbox"/>	<input type="checkbox"/>	_____	N/A
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION	DEVICE TYPE	PASS	FAIL
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**REFER TO FLOOR PLANS FOR DEVICES TESTED.

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION: DATE: _____ TIME: _____

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

NAME OF INSPECTOR: _____

INSPECTOR SIGNATURE: _____

CUSTOMER SIGNATURE: _____

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NORRIS INC.

INSPECTIONS AND TESTING FORM

PROPERTY NAME

2 Portland Square Floors 1, 2, 4

ADDRESS:

Portland Square

OWNER CONTACT:

Mike McDonald

TELEPHONE:

RREEF 874-6000

MONITORING ENTITY:

NAME:

Portland Fire Department

TELEPHONE:

874-8576

MONITORING ACCOUNT REF. NO.:

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PANEL MANUFACTURER:

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CIRCUIT STYLES:

Class B

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

8
10
75
10

ALARM ZONES
MANUAL STATIONS
ION DETECTORS
PHOTO DETECTORS
DUCT DETECTORS
HEAT DETECTORS
WATERFLOW SWITCHES
SUPERVISORY SWITCHES
OTHER (SPECIFY):

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF

36

HORN/STROBES
BELLS
HORN
CHIMES
STROBES
SPEAKERS
OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: 8

ARE CIRCUITS SUPERVISED? (X) YES () NO

SIGNALING LINE CIRCUITS

Quantity

Style(s)

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:

	YES	NO	WHO	TIME
MONITORING ENTITY	X		PORTLAND FIRE	5:30
BUILDING OCCUPANTS	X		ALL	5:30
BUILDING MANAGEMENT	X		SECURITY	5:30

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	X	X	
INTERFACE/EQ.			
LAMPS/LEDS	X	X	
FUSES	X	X	
TROUBLE SIGNALS	X	X	
GROUND FAULT MONITORING			

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	X		12V 26AH x2
LOAD VOLTAGE		X	#1 17 AH
CHARGER TEST		X	#2 17 AH
REMOTE ANNUNCIATORS			N/A
NOTIFICATIONS APPLIANCES			
AUDIBLE	X	X	SEE LIST
VISUAL	X	X	

Emergency Communications Equipment

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set			N/A
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-In Signal			
System Performance			

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
ALARM SIGNAL				N/A
ALARM RESTORAL				
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION	DEVICE TYPE	PASS	FAIL
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SEE ATTACHED FLOOR PLANS FOR DEVICE LOCATIONS

THE FOLLOWING DID NOT OPERATE CORRECTLY:

WAS NOT ABLE TO GET ACCESS TO THE RETAIL SPACES ON FLOOR 1
AND WE WILL HAVE TO RESCHEDULE TO TEST THOSE AREAS.

DID NOT HAVE A FLOOR PLAN FOR FLOOR 2.
TESTED ALL DEVICES FOUND.WILL NEED TO OBTAIN A FLOOR PLAN AND
MARK DEVICE LOCATIONS.

STROBE IN CONFERENCE ROOM ON 4TH FLOOR FAILED.

ALL OTHER TESTED SYSTEMS WERE NORMAL.

SYSTEM RESTORED TO NORMAL OPERATION: DATE: 2/7/2011 TIME: 10:00

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

NAME OF INSPECTOR: RICHARD FANNING AND GALEN LIGHT

INSPECTOR SIGNATURE: _____

CUSTOMER SIGNATURE: _____

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