

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
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.

Inspection/Test Start Date/Time: 2/1/2018 11 am Inspection/Test Completion Date/Time: 2/1/2018 1 pm

Supplemental Form(s) Attached: yess (yes/no)

1. PROPERTY INFORMATION

Name of property: 19 South Street LLC

Address: 608 and 610 Congress Street Portland, Maine

Description of property: Apartments, Restaurant and Tattoo Parlor

Name of property representative: Adam Flaherty

Address: N/A

Phone: 207-347-1909 Fax: N/A E-mail: N/A

2. TESTING AND MONITORING INFORMATION

Testing organization: Seacoast Security

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: N/A

Monitoring organization: Seacoast Security - West Rockport, ME 04865

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Account number: 4R-4720 Phone line 1: N/A Phone line 2: N/A

Means of transmission: AES Wireless Fire Radio 7788F

Entity to which alarms are retransmitted: Seacoast Security Phone: 1-800-432-1795

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Box

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Firelite Model number: MS9200UDLS

4.2 Software and Firmware

Firmware revision number: 7.1

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 123.8V Amps: _____ Location: In FACP

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: House Panel
Ckt 9

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: Battery Location: In FACP

Battery type (if applicable): Sealed Lead Acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Brian</u>	Time: <u>11 am</u>
Building management	Contact: <u>yes</u>	Time: <u>11 am</u>
Building occupants	Contact: <u>yes</u>	Time: <u>11 am</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
AES Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC -18.2V Charge - 13.4V Battery - New 1/25/2018

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEW 1/2018
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.4 V
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 pm	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Brian</u>	Time: <u>1 pm</u>
Building management	Contact: <u>yes</u>	Time: <u>1 pm</u>
Building occupants	Contact: <u>yes</u>	Time: <u>1 pm</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 2/1/2018 Time: 1 pm

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____ Printed name: Brian Green Date: 2/1/2018
Organization: Seacoast Security Title: Alarm Technician Phone: 800-654-8800
Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

Restaurant kitchen hood system not tied into fire alarm panel. There are no wire leads or switch in hood release.

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

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