

# 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: 11/4/2019 1 pm Inspection/Test Completion Date/Time: 11/4/19 3 pm

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

## 1. PROPERTY INFORMATION

Name of property: East End Realty

Address: 129/131 Park Street Portland, Maine

Description of property: Apartment Building

Name of property representative: Bricklight Property Management - Palo Pierce

Address: N/A

Phone: 207-835-0360 Fax: N/A E-mail: palo@bricklightproperties.com

## 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: service@seacoastsecurity.com

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-5682 Phone line 1: N/A Phone line 2: N/A

Means of transmission: AES 7788F ULP

Entity to which alarms are retransmitted: Seacoast Security UL Central Station Phone: 1-800-654-8800

## 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: ES-200X

### 4.2 Software and Firmware

Firmware revision number: 01.01.010

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 123.1V Amps: \_\_\_\_\_ Location: In FACP

Overcurrent protection type: Breaker Amps: 15 Disconnecting means location: 131 Basement House  
Panel Ckt. 5

## 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>Josh Dunham</u>	Time: <u>1 pm</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>yes</u>	Time: <u>1 pm</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 type="checkbox"/>	<input type="checkbox"/>	N/A
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
AES Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC 18.3V Charge - 13.7V

#### 6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	New 1/2019
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"/>	27.5V
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"/>	3 pm	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 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>Josh Dunham</u>	Time: <u>3 pm</u>
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>yes</u>	Time: <u>3 pm</u>
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 11/4/2019 Time: 3 pm

**9. CERTIFICATION**

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

Signed: \_\_\_\_\_ Printed name: Josh Dunham Date: 11/4/2019  
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**

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**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: \_\_\_\_\_