

FIRE ALARM/ELEVATOR RECALL INSPECTION

TYPE OF INSPECTION: Fire	TECHNICIAN(S): <i>ROLF</i>
DATE: <i>5-19-16</i>	ACCOUNT # 50-9720
CUST. NAME: 2 Portland Fish Pier Assoc.	ADDRESS: 2 Portland Fish Pier, Portland, ME

1. Was a copy of the inspection left on site? <i>no</i> If so, where?	
2. Is panel clear? <i>yes</i>	
3. Are horns tied back in? <i>yes</i>	
4. Was inspection sticker applied? If so, where?	
5. What is the inspection sticker number? <i>16-0317</i>	
6. Did system pass or fail?	
7. Was system taken out of test? <i>yes</i>	
8. Is there a Knox box at this location? <i>yes</i>	
9. Were smoke detectors cleaned? <i>no</i> If no, customer initials here : How Many Smokes Were Cleaned?	
<i>If yes, check off which ones were cleaned from the zone list page.</i>	

MINOR DISCREPANCIES
A.
B.
C.
D.
E.

MATERIALS USED/TIME SPENT

LABOR HOURS:	TRAVEL TIME: <i>.25</i>
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CLIENT'S SIGNATURE:

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or 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.

Date of this inspection or test: 5-19-16

Time of inspection or test: 1:30

1. PROPERTY INFORMATION

Name of property: 2 Portland Fish Pier Associates

Address: 2 Portland Fish Pier; Portland, ME

Description of property:

Occupancy type:

Name of property representative: Greg Davidson

Address:

Phone:

Fax:

E-mail:

Authority having jurisdiction over this property: Portland FD

Phone:

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Cunningham Security Systems

Address: 10 Princes Point Road, Yarmouth, ME 04096

Phone: (207) 846-3350

Fax: (207) 846-6080

E-mail: info@cunninghamsecurity.com

Service technician or tester: ROLF HENKE

Qualifications of technician or tester: IMSA CERTIFIED, LICENSED

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number:

Frequency of tests and inspections: Annual

Monitoring organization for this equipment: Centra-Larm Monitoring, Inc.

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Address: 994 Candia Road, Manchester, NH 03109

Phone: 1-800-639-2066

Fax: (603) 668-1117

E-mail: inputting@centragroup.net

Entity to which alarms are retransmitted:

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify):

NFPA 72, Fig. 14.6.2.4 (p. 1 of 13)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: FireLite

Model number: MS9200UDL

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone

Wide-area MNS

Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS

MNS ACU only

Wide-area MNS to regional national alerting interface

Local operating console (LOC)

Direct recipient MNS (DRMNS)

Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface

In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location:

3.4 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 VAC

Control panel amps:

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.1.3 Uninterruptible Power System

This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: *IN FACP* Type: *S.L.A.* Nominal voltage: *12VDC x 2* Amp/hour rating: *12AH x 2*

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): *120 VAC* Power extender panel amps:

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: *IN PANEL* Type: *S.L.A.* Nominal voltage: *12 VDC* Amp/hour rating: *12 AH*

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: *ENTRY, L.C.D.*

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization

Contact: *CENTRALARM*

Time:

Building management

Contact:

Time:

Building occupants

Contact:

Time:

Authority having jurisdiction

Contact: *PORTLAND F.D.*

Time:

Other, if required

Contact:

Time:

7. TESTING RESULTS

7.1 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"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Power extender panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Secondary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.5 Mass Notification Equipment *(continued)*

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure pre-discharge notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: CENTRALARM	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact: PORTLAND F.D.	Time:
Other, if required	Contact:	Time:

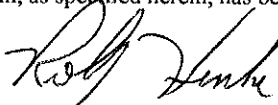
9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 5-19-16 Time:

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:  Printed name: ROLF HENKE Date: 5-19-16
Organization: Cunningham Title: Technician Phone: 207-846-3350

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: Printed name: Date: 5-19-16
Organization: Title: Phone:

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Smoke	1	FACP	Pass
Smoke	2	Elev. Mach. Rm	Pass
Heat	3	Elev. Mach Rm	Pass
Smoke	4	1 st FL Lobby	Pass
Heat	6	Small Shop	Pass
Heat	7	Casco Bay Weld	Pass
Heat	8	Rear Hall	Pass
Smoke	9	Front Hall	Pass
Smoke	10	2 nd FL by Lobby	Pass
Smoke	11	2 nd FL Elev. Lobby	Pass
Smoke	12	2 nd FL Front hall	Pass
Smoke	13	2 nd FL Front hall	Pass
Smoke	14	2 nd FL Front hall	Pass
Smoke	15	2 nd FL Rear hall	Pass
Smoke	16	2 nd FL Rear hall	Pass
Smoke	17	2 nd FL Rear hall	Pass
Smoke	18	2 nd FL Rear hall	Pass
Heat	19	2 nd FL Break RM	Pass
Smoke	21	3 rd FL Lobby	Pass
Smoke	22	3 rd FL Lobby Elev.	Pass
Smoke	23	3 rd FL Front hall	Pass
Smoke	24	3 rd FL Front hall	Pass
Smoke	25	3 rd FL Front hall	Pass
Smoke	26	3 rd FL Front hall	Pass
Smoke	27	3 rd FL Front hall	Pass
Smoke	28	3 rd FL Front hall	Pass
Smoke	29	3 rd FL Front hall	Pass
Smoke	30	3 rd FL Rear hall	Pass
Smoke	31	3 rd FL Rear stairs	Pass
Smoke	32	3 rd FL Mech. R.M.	Pass
Smoke	33	3 rd FL Front stairs	Pass
	34		

Pull	1	Main Entry	Pass
Pull	2	stairs main entry	Pass
Pull	3	harbor master	Pass
Pull	4	Ripple	Pass
Pull	5	Atlantic Trollers	Pass
Pull	6	END UNIT	Pass
Pull	7	END UNIT	Pass
Pull	8	Atlantic Trollers	Pass
Pull	9	Rear hall	Pass
Pull	10	Small shop	Pass
Pull	11	Casco bay weld	Pass
Pull	12	2 nd FL Front	Pass
Pull	13	2 nd FL Rear	Pass
Pull	14	3 rd FL Front	Pass
Pull	15	3 rd FL Rear	Pass
Pull	16	Rear stairs	Pass

