



DATE: 9/15/2016
TIME: 3:00 PM

SERVICE ORGANIZATION

Name: Securadyne Systems
Address: 4 Thomas Drive, Westbrook, Maine
Representative: John Kimball
License No: LM50011890
Telephone: (207) 828-0022

PROPERTY NAME (USER)

Name: Catherine Morrill Day Nursery
Address: 96 Danforth Street
City, State & ZIP: Portland, Me
Owner Contact: Lori Moses
Telephone: (207) 874-1115

MONITORING ENTITY

Contact: Securadyne Systems
Telephone: (207) 828-0022
Monitoring Account Number: 5670-3377
Transmission Type: City Box 4617 / Digital Dialer

ALT PROPERTY MGMT CO.

Contact: _____
Telephone: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style / Class	QNTY	DEVICE	MFG & MODEL#
_____	_____	11	Manual Fire Alarm Boxes	SK-PULL DA
_____	_____	6	CO/Photo Detectors	SK-FIRE-CO
_____	_____	42	Photo Detectors	SK PHOTO
_____	_____	1	F/T Heat Detectors	Sys Sens 194 Deg Fixed
_____	_____	3	ROR Heat Detectors	SK HEAT
_____	_____	0	Duct Smoke Detector	SK DUCT
_____	_____	0	Duct Shutdown	_____
_____	_____	1	Waterflow	_____
_____	_____	1	Ansul	_____
_____	_____	_____	Other (Specify):	_____
_____	_____	_____	Other (Specify):	_____

Alarm verification feature is disabled enabled _____

SIGNALING LINE CIRCUIT INFORMATION

Quantity _____ Circuit Style _____

ALARM NOTIFICATION DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	QNTY	DEVICE	MFG & MODEL#
_____	_____	6	Horn / Strobes	System Sensor
_____	_____	2	Strobes	System Sensor
_____	_____	17	Horn / Strobes	Faraday
_____	_____	7	Strobes	Faraday
_____	_____	_____	Speaker / Strobes	_____
_____	_____	_____	Other (Specify)	_____

Number of Alarm Notification Alarm Circuits (NAC): _____

Are Circuits Monitored for Integrity? Yes No

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	QNTY	DEVICE	MFG & MODEL#
_____	_____	_____	Water Flow	_____
_____	_____	_____	Sprinkler Low Pressure	_____
_____	_____	1	Sprinkler Low Air Pressure	_____
_____	_____	1	Sprinkler Gate Valve Tamper	_____
_____	_____	_____	Building Temp.	_____
_____	_____	_____	Other (Specify):	_____
_____	_____	_____	Other (Specify):	_____

Securadyne Systems.
Fire Alarm System Test Inspection Form

CONTROL PANEL

Control Unit Mfg. Silent Knight Model # 5820XL

SYSTEM POWER SUPPLIES

Location Bsmt Utilities Serial # _____ Mfg Date _____

(a.) Primary (Main): Nominal Voltage 120 VAC Amps: 2.5
Overcurrent Protection: Type: Circuit Breaker Amps: 20
Location of Primary Supply Panel Board: Basement Center towards Sprinkler
Disconnecting Means Location: Breaker 4

Battery Testing Batt #1 Mfg Date _____ Batt #2 Mfg Date _____
Charging Voltage 27.15 Discharge Voltage 25.93 Load AH Rating _____

(b.) Secondary (Standby): Battery Type: Lead Acid
Stand by - 0.308 A Alarm - 4.980 A Storage Battery: Amp-Hour Rating 18.00 Ah
Calculated capacity to operate system, in hours: 47.0 Hours Standby + 5 Minutes Alarm

NOTIFICATION APPLIANCE #1

Control Unit Mfg. N/A Model # _____

SYSTEM POWER SUPPLIES

Location _____ Serial # _____ Mfg Date _____

(a.) Primary (Main): Nominal Voltage 120VAC Amps: _____
Overcurrent Protection: Type: Circuit Breaker Amps: 20
Location of Primary Supply Panel Board: _____
Disconnecting Means Location: _____

Battery Testing Batt #1 Mfg Date _____ Batt #2 Mfg Date _____
Charging Voltage _____ Discharge Voltage _____ Load AH Rating _____

(b.) Secondary (Standby): Battery Type: Lead Acid
Stand by - A Alarm - A Storage Battery: Amp-Hour Rating 7.20 Ah
Calculated capacity to operate system, in hours: _____ Hours Standby + 5 Minutes Alarm

NOTIFICATION APPLIANCE #2

Control Unit Mfg. N/A Model # _____

SYSTEM POWER SUPPLIES

Location _____ Serial # _____ Mfg Date _____

(a.) Primary (Main): Nominal Voltage 120VAC Amps: _____
Overcurrent Protection: Type: Circuit Breaker Amps: 20
Location of Primary Supply Panel Board: _____
Disconnecting Means Location: _____

Battery Testing Batt #1 Mfg Date _____ Batt #2 Mfg Date _____
Charging Voltage _____ Discharge Voltage _____ Load AH Rating _____

(b.) Secondary (Standby): Battery Type: _____
Stand by - A Alarm - A Storage Battery: Amp-Hour Rating 7.20 Ah
Calculated capacity to operate system, in hours: _____ Hours Standby + 5 Minutes Alarm

AUXILIARY POWER SUPPLY

Control Unit Mfg. _____ Model # _____

SYSTEM POWER SUPPLIES

Software Rev. _____ Serial # _____ Mfg Date _____

(a.) Primary (Main): Nominal Voltage _____ Amps: _____
Overcurrent Protection: Type: _____ Amps: _____
Location of Primary Supply Panel Board: _____
Disconnecting Means Location: _____

Battery Testing Batt #1 Mfg Date _____ Batt #2 Mfg Date _____
Charging Voltage _____ Discharge Voltage _____ Load AH Rating _____

(b.) Secondary (Standby): Battery Type: _____
Stand by - A Alarm - A Storage Battery: Amp-Hour Rating 7.20 Ah
Calculated capacity to operate system, in hours: _____ Hours Standby + 5 Minutes Alarm

(c.) Emergency or Stand-by system used as a backup to primary power supply instead of using secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional stand-by system described in NFPA 70, Article 702, also meets the performance requirements of Article 700 or 701.

Securadyne Systems.
Fire Alarm System Test Inspection Form
SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps / LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supplies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

Loc & # :	CIRCUIT CURRENT	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEASURED SETTING	Pass	Fail
NAC #1 BSMT	0.772	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.7K Ω	4.63K Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAC #2 1st	2.064	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.7K Ω	4.64K Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAC #3 2nd+3rd	1.619	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.7K Ω	4.64K Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAC #4	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.7K Ω	N/A Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAC #5	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.7K Ω	n/a Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAC #6 Mbox		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		14.1 Ω	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc & # :	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEASURED SETTING	Pass	Fail
IDC #1		<input type="checkbox"/>	<input type="checkbox"/>	Ω		<input type="checkbox"/>	<input type="checkbox"/>
IDC #2		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #3		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #4		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #5		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #6		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #7		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
IDC #8		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Securadyne Systems.
Fire Alarm System Test Inspection Form

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"/>	
Communications with Off premise Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION	COMMENTS
(Specify): <u>Master Box</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Master box tested to dispatch 29 Aug 16 @ 14:55
Tested to COPS Monitoring 26 Sep 16

Note; Existing horn/strobes do not have strobe active with horns silenced capability. All NACs shut down on silence

The Following did not operate properly:

System restored to normal operation: Date: 9/26/2016 Time: 8:49 PM

Name of Inspector (s) John Kimball, Andy Pride Date: _____ Time: _____

Signature: _____

Printed Name & TITLE of Owner Representative: Lori Moses, Director

Date: _____ Time: _____

Point Testing Report

Catherine Morrill

POINT NUMBER	Point Text	Point	Visual	Test	Point Notes
D60	Library 3rd floor	Smoke	✓	✓	
D61	Front Stair Hall 3rd floor	Smoke	✓	✓	
D62	Right Rear Area 3rd floor	Smoke	✓	✓	
D63	Left Rear Area 3rd floor	Smoke	✓	✓	
D64	HVAC Area 3rd floor	Smoke	✓	✓	
D70	Right Side Attic	Heat	✓	✓	
D71	Left Side Attic	Heat	✓	✓	
M01	Sprinkler Waterflow	Waterflow	✓	✓	
M02	Sprinkler Low Air Pressure	Low Air	✓	✓	
M03	Sprinkler Gate Valve	Tamper	✓	✓	
M04	Pull Kitchen Stair Basement	Pullstation	✓	✓	
M05	Pull Building Connector Basement	Pullstation	✓	✓	
M06	Pull Rear Stair Basement	Pullstation	✓	✓	
M07	Pull Front Door 1st Floor	Pullstation	✓	✓	
M08	Pull Main Entry 1st Floor	Pullstation	✓	✓	
M09	Pull Building Connector Hall 1st floor	Pullstation	✓	✓	
M10	Pull Kitchen 1st Floor	Pullstation	✓	✓	
M11	Pull Building Connector 1st floor	Pullstation	✓	✓	
M12	Ansul 1st Flr Kitchen	Ansul	✓	✓	
M13	Pull Cafeteria 1st Floor	Pullstation	✓	✓	
M14	Pull Rear Stair 1st Floor	Pullstation	✓	✓	
M15	Pull Front Stair 2nd Floor	Pullstation	✓	✓	
M16	Pull Rear Stair 2nd Floor	Pullstation	✓	✓	
M17	Pull 3rd Floor	Pullstation	✓	✓	
M18	Heat 1st Flr Kitchen	Heat	✓	✓	Conventional Heat with Mini monitor



Print this page

C.O.P.S. Monitoring - Print Account Information

Print Account #5670-3377

Authorities:

Police 1 - 207-874-8575
Fire 1 - 207-874-8576
Medical 1 - 207-874-8576

Code / Zones:
Code List Legend

COND = Condition , CTV = Call to Verify, NP = Notify Premises, NRP = Notify RP List
 NSEC = Notify Security Company, CTVP = Call to Verify Phone, ABC? = Able to Cancelled?, VP = Verify Premises during
 Delay of Dispatch
 CA = Comment Associations, CTVA = Call to Verify Comment Associations

CODE	EXPANSION MODULE	Type	COND	CTV?	AUTH	NP	NRP	NSEC	CTVP	CANCEL?	ABC?	RPCTV	VP	CA	CTVA	E-Notify
602		Code	DAILY TEST													
DNT		Code	DID NOT TEST					Y								
NCF		Code	NO CODE ON FILE					Y								

Zone Descriptions:

Zone	001		SMOKE BASEMENT SPRINKLER ROOM
Zone	001	Expansion Module 34	BASEMENT NAC
Zone	002		SMOKE BASEMENT FURNITURE ROOM
Zone	002	Expansion Module 34	1ST FLOOR NAC
Zone	003		SMOKE BASEMENT FURNITURE ROOM
Zone	003	Expansion Module 34	2ND/3RD FLOOR NAC
Zone	004		SMOKE BASEMENT WOOD ROOM
Zone	004	Expansion Module 34	UNUSED NAC
Zone	005		SMOKE BASEMENT STORAGE ROOM
Zone	005	Expansion Module 34	UNUSED NAC
Zone	006		SMOKE BASEMENT WOOD ROOM
Zone	006	Expansion Module 34	MASTER BOX OUTPUT
Zone	007		SMOKE BASEMENT LAUNDRY STORAGE
Zone	008		HEAT BASEMENT LAUNDRY
Zone	009		SMOKE BASEMENT TUNNEL
Zone	010		SMOKE BASEMENT UNDER KITCHEN
Zone	011		SMOKE BASEMENT BUILDING CONNECTOR
Zone	012		SMOKE BASEMENT YELLOW ROOM
Zone	013		SMOKE BASEMENT YELLOW ROOM
Zone	014		SMOKE BASEMENT YELLOW ROOM
Zone	020		SMOKE 1ST FLOOR AT FACP
Zone	021		SMOKE 1ST FLOOR FRONT STAIR LOBBY
Zone	022		SMOKE 1ST FLOOR GREEN ROOM
Zone	023		SMOKE 1ST FLOOR GREEN ROOM
Zone	024		SMOKE 1ST FLOOR ENTRY HALL
Zone	025		SMOKE 1ST FLOOR OFFICE HALL
Zone	027		SMOKE 1ST FLOOR BUILDING CONNECTOR
Zone	028		SMOKE 1ST FLOOR IN KITCHEN STAIR
Zone	029		SMOKE 1ST FLOOR CAFETERIA
Zone	030		SMOKE 1ST FLOOR CAFETERIA
Zone	031		SMOKE 1ST FLOOR CAFETERIA CONFERENC
Zone	040		SMOKE 2ND FLOOR FRONT STAIR LOBBY
Zone	041		SMOKE 2ND FLOOR ORANGE ROOM
Zone	042		SMOKE 2ND FLOOR ORANGE ROOM
Zone	043		SMOKE 2ND FLOOR PURPLE ROOM
Zone	044		SMOKE 2ND FLOOR PURPLE ROOM
Zone	045		SMOKE 2ND FLOOR FRONT STAIR HALL
Zone	046		SMOKE 2ND FLOOR PURPLE RM EXTENSION

Zone	047	SMOKE 2ND FLOOR BUILDING CONNECTOR
Zone	048	SMOKE 2ND FLOOR EMPLOYEE LOUNGE
Zone	049	SMOKE 2ND FLOOR BLUE ROOM
Zone	050	SMOKE 2ND FLOOR BLUE ROOM
Zone	051	SMOKE 2ND FLOOR BLUE ROOM
Zone	052	SMOKE 2ND FLOOR REAR STAIR
Zone	060	SMOKE 3RD FLOOR LIBRARY
Zone	061	SMOKE 3RD FLOOR FRONT STAIR HALL
Zone	062	SMOKE 3RD FLOOR RIGHT REAR
Zone	063	SMOKE 3RD FLOOR LEFT REAR
Zone	064	SMOKE 3RD FLOOR HVAC AREA
Zone	070	HEAT 3RD FLOOR RIGHT SIDE ATTIC
Zone	071	HEAT 3RD FLOOR LEFT SIDE ATTIC
Zone	201	SPRINKLER SYSTEM WATERFLOW
Zone	202	SPRINKLER SYSTEM LOW AIR PRESSURE
Zone	203	SPRINKLER SYSTEM GATE VALVE
Zone	204	PULL BASEMENT KITCHEN STAIR
Zone	205	PULL BASEMENT BUILDING CONNECTOR
Zone	206	PULL BASEMENT REAR STAIR
Zone	207	PULL 1ST FLOOR FRONT DOOR
Zone	208	PULL 1ST FLOOR MAIN ENTRY
Zone	209	PULL 1ST FLOOR CONNECTOR HALL
Zone	210	PULL 1ST FLOOR KITCHEN
Zone	211	PULL 1ST FLOOR BUILDING CONNECTOR
Zone	212	KITCHEN HOOD ANSUL
Zone	213	PULL 1ST FLOOR CAFETERIA
Zone	214	PULL 1ST FLOOR REAR STAIR
Zone	215	PULL 2ND FLOOR FRONT STAIR
Zone	216	PULL 2ND FLOOR REAR STAIR
Zone	217	PULL 3RD FLOOR STAIR
Zone	218	HEAT 1ST FLOOR KITCHEN