

SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 10-5-18 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: Yes No

1. PROPERTY INFORMATION

Name of property: Portland Fire Museum
Address:
Description of property: Museum
Name of property representative:
Address:
Phone: Fax: E-mail:

2. TESTING AND MONITORING INFORMATION

Testing organization: Guardian System of Maine (GSM)
Address:
Phone: Fax: E-mail:
Monitoring organization: City of Portland
Address:
Phone: Fax: E-mail:
Account number: Phone line 1: Phone line 2:
Means of transmission: AES radios
Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software: Junction box

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit
Manufacturer: Fire lite Model number: MRP-2001

4.2 Software Firmware
Firmware revision number:

4.3 System Power
4.3.1 Primary (Main) Power
Nominal voltage: Amps: Location: 1st Floor Storeroom
Overcurrent protection type: Amps: Disconnecting means location: #1



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: Paul
 Battery type (if applicable): _____ dated 3-11-11
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: Yes Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: _____ Time: _____
 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble 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"/>	
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"/>	<u>NA</u>
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Battery should be replaced.</u>
Load voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>



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"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		NA
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

6.7 Public Emergency Alarm Reporting System

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



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization Contact: Yes Time: _____
Building management Contact: _____ Time: _____
Building occupants Contact: _____ Time: _____
Authority having jurisdiction Contact: _____ Time: _____
Other, if required Contact: _____ Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 10-5-18 Time: _____

9. CERTIFICATION

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

Signed: [Signature] Printed name: Rick B. Whit Jr Date: 10-5-18
Organization: GSM Title: President Phone: 586 4900

Qualifications (refer to 10.5.3): NICET IV

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

Recommendations will be presented.
Current system functions properly.

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: [Signature] Printed name: Michael P. Quinn Date: 10-5-18
Organization: PFD Title: FA Tech Phone: 653-2450





Guardian Systems of Maine
21 Rice St., Unit #2
Portland, ME 04103
207-536-4800

To Whom It May Concern:

Please note that a fire alarm inspection is an assessment of the conditions of the fire alarm system at the date and time of the inspection. This is only a test of the existing devices and is not a code assessment. Some of the devices may not be tested because of accessibility or another vendor is required to provide a complete test such as a sprinkler vendor, suppression system vendor, or an elevator vendor. This should be noted on the inspection report.

If a device is listed as tested, then it has triggered the appropriate alarm condition at the fire panel as per manufacturing specifications and NFPA-72 only. All of the local audio/visual devices will be tested with one or more devices only. The audio/visual devices will not be activated for each individual initiating device unless noted on the inspection report accordingly.

If the device is only visually inspected, then the inspector has only examined the device from a distance to determine if it seems intact. This is no assessment of functionality.

If a device is not connected to the system at the time of the inspection, then this will be noted. This device has not been assessed for functionality on the current fire alarm system.

Lastly a fire alarm device can fail at any time. It is important that the user of the system check the alarm panel's display once week as a minimum as per NFPA-72. Any trouble conditions should be reported to the service provider as soon as possible. Any physical change to the system such as removal of a device or damage to a device should be reported to your service provider immediately. In addition, depending on the physical change, the fire department should be notified immediately.

Please note we would be happy to provide an assessment of the existing conditions of the building for an additional fee. Please call our office and make arrangements.

Thank you for the chance to be your service provider.