

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: 9-2-15 10:00 Inspection/Test Completion Date/Time: 9-2-15 12:30

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

1. PROPERTY INFORMATION

Name of property: MARLBOROUGH BUILDING

Address: 180-188 HIGH STREET, PORTLAND, ME 04102

Description of property: CONDOS

Name of property representative: KAREN WALKER - MAINE PROPERTIES, LLC

Address: 197 US ROUTE 1, SCARBOROUGH, ME 04074

Phone: 207-883-3753 Fax: 207-883-2135 E-mail: karen@meproplc.com

2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS

Address: 325 US ROUTE ONE, FALMOUTH, ME 04105

Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net

Monitoring organization: RAPID RESPONSE

Address: 400 W DIVISION STREET, SYRACUSE, NY 13204

Phone: 1-800-932-3822 Fax: NA E-mail: NA

Account number: T510030 Phone line 1: AES RADIO Phone line 2: AES RADIO

Means of transmission: RADIO

Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 207-874-8576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: BOSCH Model number: 7024

4.2 Software and Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 2.5 Location: IN house panel #2

Overcurrent protection type: CB # 10 Amps: 20 Disconnecting means location: CB

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: SLA Location: IN PANEL

Battery type (if applicable): 12-12

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>RAPID RESPONSE</u>	Time: <u>10:00</u>
Building management	Contact: <u>KAREN WALKER</u>	Time: <u>10:00</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>10:00</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPARTMENT</u>	Time: <u>10:00</u>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AES: 100% NAC#2 80% NAC#1 failed

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

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>RAPID RESPONSE</u>	Time: <u>12:10</u>
Building management	Contact: <u>KAREN WALKER</u>	Time: <u>12:30</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>12:30</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPARTMENT</u>	Time: <u>12:20</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 9-2-15 Time: 12:30

9. CERTIFICATION

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

Signed: Miranda Filipiak Printed name: Miranda Filipiak Date: 9-2-15
Organization: PROTECTION PROFESSIONALS Title: INSPECTOR/TECHNICIAN Phone: 207-775-5755
Qualifications (refer to 10.5.3): NICET MSA LICENSED

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

Pull station #30 (rear stairwell 'C') outside units 12+14 failed and needs to be repaired. Batteries in the top altronic NAC (12-12) failed when tested and need to be repaired.

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: _____

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

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

Inspection/Test Start Date/Time: 9-2-15 12:00 Inspection/Test Completion Date/Time: 9-2-15 12:30
Number of Supplemental Pages Attached: 3

1. PROPERTY INFORMATION

Name of property: MARLBOROUGH BUILDING ACCT# T510030
Address: 180 - 188 HIGH STREET, PORTLAND, ME 04102

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
SMOKE		BASEMENT ELEVATOR LOBBY	N/A
SMOKE		BASEMENT ELEVATOR MACHINE ROOM	PASS
SMOKE		BASEMENT STORAGE ROOM EAST	PASS
SMOKE		BASEMENT HALL BY LAUNDRY	PASS
HEAT		BASEMENT STORAGE ROOM WEST	VIS
HEAT		BASEMENT STORAGE ROOM WEST	VIS
SMOKE		BASEMENT STORAGE ROOM SOUTH	PASS
SMOKE		BASEMENT STORAGE ROOM SOUTH	PASS
SMOKE		BASEMENT SOUTH STAIRWELL	PASS
SMOKE		BASEMENT STORAGE SOUTH	PASS
SMOKE		BASEMENT STORAGE SOUTH	PASS
PULL		BASEMENT SOUTH STAIRWELL	PASS
SMOKE		BASEMENT ABOVE FACP	PASS
SMOKE	45	1 ST FLR IN FOYER AREA	PASS
HEAT		1 ST FLR UNIT #12	N/A
HEAT		1 ST FLR UNIT #14	N/A
PULL		1 ST FLR LOBBY	PASS
SMOKE	34	1 ST FLR LOBBY/ ELEVATOR	PASS
HEAT		1 ST FLR UNIT #11	N/A
HEAT		1 ST FLR UNIT #10	N/A
PULL	30	1 ST FLR STAIR C BY UNITS 12/14	FAILED
PULL		1 ST FLR STAIR D BY UNIT 6	PASS
PULL		1 ST FLR EAST EXIT	FAIL
HEAT		1 ST FLR UNIT #15	N/A
HEAT		1 ST FLR UNIT #16	N/A
HEAT		1 ST FLR UNIT #22	N/A
HEAT		1 ST FLR UNIT #24	N/A

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

PULL		2 ND FLR LOBBY	PASS
SMOKE	44	2 ND FLR LOBBY/ ELEVATOR	PASS
HEAT		2 ND FLR UNIT #21	N/A
HEAT		2 ND FLR UNIT #25	N/A
HEAT		2 ND FLR UNIT #26	N/A
HEAT		2 ND FLR UNIT #32	N/A
HEAT		2 ND FLR UNIT #34	N/A
HEAT		2 ND FLR UNIT #20	N/A
SMOKE	53	3 RD FLR ROOM OFF LOBBY	PASS
PULL		3 RD FLR LOBBY/ ELEVATOR	PASS
SMOKE	62	3 RD FLR ELEVATOR LOBBY	PASS
HEAT		3 RD FLR UNIT #31	N/A
HEAT		3 RD FLR UNIT #30	N/A
HEAT		3 RD FLR UNIT #35	N/A
HEAT		3 RD FLR UNIT #36	N/A
HEAT		3 RD FLR UNIT #42	N/A
HEAT		3 RD FLR UNIT #44	N/A
SMOKE	62	4 TH FLR ROOM OFF LOBBY	PASS
PULL		4 TH FLR LOBBY	PASS
SMOKE	61	4 TH FLR LOBBY / ELEVATOR	PASS
HEAT		4 TH FLR UNIT #41	N/A
HEAT		4 TH FLR UNIT #40	N/A
HEAT		4 TH FLR UNIT #45	N/A
HEAT		4 TH FLR UNIT #46	N/A
HEAT		4 TH FLR UNIT #54	N/A
PULL		5 TH FLR LOBBY	PASS
SMOKE	70	5 TH FLR ROOM OFF LOBBY	PASS
SMOKE	24	5 TH FLR ELEVATOR LOBBY	
HEAT		5 TH FLR UNIT #51	N/A
HEAT		5 TH FLR UNIT #50	N/A
HEAT		5 TH FLR UNIT #55	N/A
HEAT		5 TH FLR UNIT #56	N/A
SMOKE		5 TH FLR TOP OF SOUTH STAIRS	PASS
HEAT		5 TH FLR UNIT #62	N/A
HEAT		5 TH FLR UNIT #64	N/A
PULL		6 TH FLR LOBBY	PASS
SMOKE		6 TH FLR CENTER STAIRWELL	PASS

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
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Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: 9-2-15 10:00 Inspection/Test Completion Date/Time: 9-2-15 12:30

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: MARLBOROUGH BUILDING ACCT# T510030

Address: 180 - 188 HIGH STREET, PORTLAND, ME 04102

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
CEILING A/V	1 ST FLR LOBBY CEILING	PASS
CEILING A/V	2 ND FLR LOBBY CEILING	PASS
CEILING A/V	3 RD FLR LOBBY CEILING	PASS
CEILING A/V	4 TH FLR LOBBY CEILING	PASS
CEILING A.V	5 TH FLR LOBBY CEILING	PASS
CEILING A/V	6 TH FLR LOBBY CEILING	PASS
A/V	BASEMENT BOILER ROOM	PASS
A/V	BASEMENT STORAGE LEFT	PASS
A/V	BASEMENT STORAGE RIGHT	PASS
A/V	BASEMENT HALL BY LAUNDRY	PASS

**INTERFACE COMPONENT
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

This form is a supplement to the System Record of Inspection and Testing.

It includes an interface component test record for circuit interfaces, signaling line circuit interfaces, and fire alarm control interfaces.

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

Inspection/Test Start Date/Time: 9.2.15 10:00 Inspection/Test Completion Date/Time: 9.2.15 12:30

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: MARLBOROUGH BUILDING ACCT# T510030

Address: 180 - 188 HIGH STREET, PORTLAND, ME 04102

2. INTERFACE COMPONENT TEST RESULTS

Interface Component Type	Address	Location	Test Results
ALTRONICS NAC PWR SUPPLY		TOP NAC BY PANEL	PASS
ALTRONICS NAC PWR SUPPLY		BOTTOM NAC BY PANEL	PASS
AES BOX 4685		BY BOTTOM NAC PANEL	PASS
AES BOX T510030		BY TOP NAC PANEL	PASS