

108 Sherman, LLC - LEASE AGREEMENT
PO Box 15430 Portland, ME 04112-15430

THIS LEASE, made and executed this 4 day of September, 2015, by and between

108 Sherman, LLC, of Maine, hereinafter collectively called "Lessor", and _____
Nicole Holmes
Portland, ME, hereinafter collectively called "Lessee".

WITNESSETH

1. **DESCRIPTION OF PREMISES:** The Lessor leases to the Lessee and the Lessee leases from the Lessor the premises known as 108 Sherman Street, Portland, Maine and designated as Apartment 2 (hereinafter "the leased premises").

2. **TERM:** The lease term commences September 1, 2015 and ends at 12:00 p.m. May 31, 2016 unless earlier terminated as provided herein. Nothing prevents the Lessor from terminating this Lease Agreement for breaches of this Lease Agreement by Lessee.

OPTION: Subject to approval by Lessor, the Lessee must give Lessor thirty (30) days' written notice of Lessee's intent to renew the lease. If Lessor approves of said renewal of the lease, a new lease will be negotiated by the Lessor and Lessee. Lessor has the absolute discretion to renew the Lease. If Lessee determines not to exercise Lessee's right to give notice of intention to renew the Lease, Lessee must give Lessor thirty (30) days' written notice of Lessee's intent to vacate the premises. If no notice is given of an intent to renew the Lease according to this paragraph, this Lease shall terminate in accordance with paragraph 2 above.

3. **RENT:** The lessee promises to pay to the Lessor as rent the sum of Eight thousand five hundred fifty 00/100 Dollars (\$ 8,550.00) for the entire term of the lease which rent shall be paid in the amount of Nine hundred fifty 00/100 Dollars (\$ 950.00) per month on the first day of each and every month, with the exception that the first monthly rental payment hereunder shall be paid by the Lessee at the time this Lease is executed. In the event of Lessee's default in the payment of the monthly rent, then the unpaid rent reserved for the remaining lease term shall, at once, become due and payable. All payments of rent or any amounts owed Lessor by Lessee shall be without notice, demand or set-off except as otherwise provided by Maine law.

Should the Lessor, in its sole discretion accept any late payment of rent, the Lessor may assess a LATE CHARGE of four percent (4%) of one month's rent. The late charge may not be assessed if the rental payment is made within fifteen (15) days from the day the rental payment is due. The 15-day period before the late charge may be assessed shall not in any way affect Lessee's obligations to pay the Lessor rent when due, nor shall it affect the Lessor's ability to pursue an eviction for nonpayment of rent.

All payments shall be by cash, check or money order made payable to Lessor. All such payments shall be made either by United States mail, postage prepaid, or hand delivered to Lessor. Payments for any amounts due under this Lease shall not be deemed made until actually received by Lessor. Lessor shall not be held responsible for the misapplication of any rental not paid in this manner even though paid to Lessor or an agent of Lessor.

In the event this Lease is executed, and the rental term commences, on any date prior to the first day of a month, one (1) month's rent shall be paid at the time of the execution of this Lease. For the remainder of the next month the Lessee shall pay in an amount equal to one-thirtieth (1/30th) of the monthly installment of rent during the Lease term multiplied by the number of days to the first day of the next month thereafter.

Tenant Initials NH

h. CLEANING UPON VACATION OF UNIT: Lessee will, at the termination hereof and prior to surrender of possession, have the premises thoroughly cleaned and, in the event of failure to so clean, they will pay Lessor the cost of having same done;

i. SURRENDER: Lessee upon termination hereof will surrender all keys to door locks and in the event of failure to do so, they will pay Lessor the costs of replacing them.

j. WASHER/DRYER: Lessee shall not have a washer or dryer without permission of the Lessor.

k. MISCELLANEOUS: Lessee shall maintain the premises in a clean condition and shall not dispose of dirt, waste, or rubbish in any other parts of the building except in the proper receptacles. Lessee shall be responsible for keeping drains free and clean. Lessee shall be responsible for keeping entrance ways and stairs clear of ice and snow. No receptacles, vehicles, gas grills, baby carriages, bikes or any other articles or obstructions shall be placed in the halls or entry ways. Dwelling to be maintained in good and clean condition. Lessees will be charged for replacement of broken windows or glass. Garbage and rubbish will be kept clean and picked up by the Lessee and be put out at curbside on Thursday by 7:00 am.

l. TRAILERS. BOATS. MOTORCYCLES. SNOWMOBILES: No trailers, boats, motorcycles, all terrain vehicles or snowmobiles may be stored or parked on the premises.

m. PARKING: There is **NO** parking space at the premises for the unit for each licensed driver Tenant. All cars must be registered with Lessor and be in running condition. All vehicles must be legally registered within seven (7) days of expiration or they will be towed at owner's (Lessee's) expense. There is to be no repair work of any kind conducted on the automobiles in either the parking lot/driveway. There shall be no parking on the lawns or any entrance or anywhere stated "no parking" or said vehicle will be towed at the Lessee's expense.

n. NO SMOKING: Lessee and their guests shall not smoke in the unit, nor in the hallways, entryways, stairways, or on the lawns, walkways, driveways or parking areas of the premises.

o. CHANGE OF LOCKS: Lessee shall not change the locks to the premises. If the Lessee changes the locks and does not provide the Lessor with a duplicate key, in the case of emergency the Lessor may gain admission through whatever reasonable means necessary and charge the Lessee reasonable costs for any resulting damage. If a Lessee changes the locks and refuses to provide the Lessor with a duplicate key, the Lessor may terminate the Lease and tenancy with a 7-day notice.

p. NO WATER BEDS: Lessee shall have no water beds on the premises.

19. INDEMNITY: Lessee shall save Lessor harmless and shall indemnify Lessor from and against all injury caused by Lessee, Lessee's family, guests, or invitees (including death) to any person or loss of or damage to any property arising directly or indirectly out of or in connection with the possession, use, occupation or control of the leased premises, common areas, the building containing the leased premises, or any other building within the development containing the leased premises, by any act, neglect, or default of Lessee or Lessee's agents. This hold harmless and indemnity agreement shall include, without limitation, all costs, expenses, and liabilities incurred in connection with any injury, loss or other damage or in defense of any claim or claims on account thereof. The Lessor shall be responsible for his/her own negligence and the negligence of his/her agents and this paragraph in no way absolves the Lessor from liability for his/her negligence or the negligence of his/her agents.

20. LEAD-BASED PAINT DISCLOSURE: Lessor is complying with Lessor's duty to provide disclosure to Lessee under the Residential Lead-Based Paint Hazard Reduction Act of 1992 and regulations codified in the Federal Code of Regulations adopted by the EPA and HUD by providing Lessee with the Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards form which is attached hereto and incorporated herein as

Tenant Initials NA

assessing a fine of \$50.00 and any amounts charged to the lessor by the City of Portland to the Lessee's account and, if not paid by the Lessee within seven (7) days, the Lessor shall have the right to terminate the lease with seven days' notice to the Lessee. Any other violation of the City of Portland's trash/recycling policy by Lessee shall also be grounds for termination of this Lease and eviction upon (7) days notice by Lessor to Lessee.

Initial:

NH 30. SMOKE DETECTORS/CARBON MONOXIDE DETECTORS: Lessee acknowledges that Lessee has had an opportunity to inspect smoke detectors and carbon monoxide detectors with Lessor or Lessor's agent(s) at the commencement of this Lease Agreement. Lessee acknowledges that all smoke detectors and carbon monoxide detectors within the premise were in operating order at the commencement of the Lease term. Lessee also agrees to and shall immediately report to Lessor or Lessor's agent(s) any and all malfunctions and/or the need for repairs, replacement of batteries or other repairs to any and all of the smoke and carbon monoxide detectors on the premises.

IN WITNESS WHEREOF, the Lessee and the Lessor or an agent of the Lessor, have executed this Lease in two (2) copies, each of which shall be considered an original, on the day and year first above written. This Lease shall not be binding upon the Lessor until each copy is countersigned by Lessor or a duly authorized agent of the Lessor, at which time an executed copy of this Lease so countersigned shall be sent the Lessee at the address he shall furnish to the Lessor herewith.

9-4-15
DATE

Michelle Aden
LESSEE

DATE

LESSEE

DATE

LESSEE

9/11/15
DATE

[Signature]
LESSOR (Agent of)

Tenant Initials NH



Shalom House

HOME • HEALTH • HOPE

12/1/2015

Ann Marie Keene
PO Box 10395
PORTLAND, ME 04104

Dear Ann Marie Keene:

In accordance with Shelter Plus Care (S+C) requirements, your apartment located at 108 Sherman Street #8 PORTLAND, ME 04101 must be inspected annually.

An inspection has been scheduled for 1/21/16 at 2:00 AM/PM.

I will need access to the basement, please make sure that access is provided.

If you have a dog, please secure the dog in a room prior to my arrival.

If you find it necessary to reschedule this inspection, please contact me immediately. Please be advised that failure to allow the inspection in a timely manner may affect your rental assistance.

If you have any questions, please feel free to contact me at 874-1080.

Sincerely,

Rebecca Carroll
Housing Inspector

CC: 108 Sherman LLC

CUNNINGHAM

Security Systems

10 Princes Point Road Yarmouth, Maine 04096

Ph: (207)846-3350

Fax (207-846-6080

www.Cunninghamsecurity.com

We at Cunningham Security Systems' pride ourselves in providing the highest customer service and satisfaction. Please help us by taking a few moments to fill out the following information. Customer feedback is the single most valuable tool available to us. It allows us to continue to evolve as a company, and better serve our customers.

Cunningham Security Systems primary goal is best serve you. We appreciate you taking the time to fill out the following form and all of the feedback that you have provided our company over the years we have been serving you.

NAME: 108 Sherman LLC	ACCOUNT NUMBER: 50-7134
PHYSICAL ADDRESS: 108 Sherman St, Portland ME	

EMERGENCY CALL LIST:

****Please take a moment to update your current call list****

In the event of an emergency Cunningham Security Systems needs to know who to contact. By having this up to date, it allows us to cut down on the amount of time it takes Cunningham to contact you when we receive an alert. Contact Cunningham if you would like to know who is currently on your call list and in what order they are contacted.

Please provide us with any additions, deletions, or phone number changes from the account or call list

Additions

Name_____
Phone Number_____
Add to <u>ACCOUNT</u> Y / N
Add to <u>CALL LIST</u> Y / N

Deletions

Name_____
Phone Number_____
Delete from <u>ACCOUNT</u> Y / N
Delete from <u>CALL LIST</u> Y / N

Name_____
Phone Number_____
Add to <u>ACCOUNT</u> Y / N
Add to <u>CALL LIST</u> Y / N

Name_____
Phone Number_____
Delete from <u>ACCOUNT</u> Y / N
Delete from <u>CALL LIST</u> Y / N

WE NEED YOUR HELP!

Cunningham is working to be more eco-friendly! The company is working to shrink it's carbon footprint by reducing the amount of paper we use in our daily operations. Please help us in doing this by providing us with your e-mail address(s).

Primary E-mail_____Secondary E-mail_____

- No, I would not like to receive information concerning my system, the company, or any information the company believes its customers should be aware of. **Your e-mail will not be shared with 3rd parties. It will only be for CSS related procedures only.**
- No, I would not like to receive my yearly invoice electronically and continue to receive a hard-copy mailed to me



CUNNINGHAM
SECURITY SYSTEMS

A letter to all of our customers:

It is Cunningham Security Systems' mission to provide the best possible service for our customers. In order to do this, we are constantly looking for ways to improve and streamline our business practices.

During times of unusually harsh weather conditions that spread over several north east states, our central station can become inundated with signals. In order to respond as quickly as possible to all of these signals, they must prioritize the different types of conditions they receive. Alarm and emergency conditions are always handled immediately by a live operator and we do not intend to change that. Because these emergency conditions take priority, trouble conditions, power failures, communication failures and all other non-life threatening signals are in queue until operators are available to make those calls.

We understand that every signal is important to our customers, in an effort to keep you informed in a timely fashion we have created a new program that will allow you to know about any signal your system sends, including restores in real time. We can now send text messages and/or e-mails to one or more points of contact the as soon as we receive the signal. We hope that you will be able to provide us with both an e-mail and a cell phone number, this way we are certain you have received a real time notification. This new program will provide you with a better experience.

The central station will continue to make calls in a timely manner as they always have. Sending e-mails and texts will allow you receive notifications of non-threatening conditions in real time.

As a company we are trying to do our part to be as green as possible. Please assist us by giving us the "ok" to send you invoices and documentation by e-mail. These e-mail addresses will not be shared and we promise not to spam you.

Please take a moment and fill out the information below.

Thank you,

Michael Major, President

Central Station Contact Information:

Account Number or Name: _____

Primary E-mail: _____

Secondary E-mail: _____

Cellular Phone 1: _____ Phone Provider: _____

Cellular Phone 2: _____ Phone Provider: _____

Billing and Documentation Contact Information:

Primary E-mail: _____

Secondary E-mail: _____

FIRE ALARM/ELEVATOR RECALL INSPECTION

TYPE OF INSPECTION: Fire	TECHNICIAN(S): JKL + JR
DATE: 1/25/16	ACCOUNT # 50-7134
CUST. NAME: 108 Sherman St. Building	ADDRESS: 108 Sherman Street; Portland

1. Was a copy of the inspection left on site?	NO If so, where? at bellport
2. Is panel clear?	
3. Are horns tied back in?	yes
4. Was inspection sticker applied?	If so, where? yes ANN
5. What is the inspection sticker number?	16-0617
6. Did system pass or fail?	PASS
7. Was system taken out of test?	yes
8. Is there a Knox box at this location?	yes
9. Were smoke detectors cleaned?	If no, customer initials here: NO
How Many Smokes Were Cleaned?	
<i>If yes, check off which ones were cleaned from the zone list page.</i>	

MINOR DISCREPANCIES
A. 1- SIM module Bad zone 27
B.
C.
D.
E.

MATERIALS USED/TIME SPENT
2- 10Ah in Power supply Battery
1 7Ah Battery in cell Radio

LABOR HOURS:	TRAVEL TIME:
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CLIENT'S SIGNATURE:	
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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: 1-25-2016 Time of inspection or test: 9:00

1. PROPERTY INFORMATION

Name of property: 108 Sherman Street Building
Address: 108 Sherman Street; Portland, ME 04102
Description of property:
Occupancy type:
Name of property representative:
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:
Qualifications of technician or tester:
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 12)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: Honeywell

Model number: Vista 128FBP

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 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: 120V AC

Control panel amps: 3

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: RAC Type: Sealed Nominal voltage: 12 Amp/hour rating: 7Ah

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): 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: _____ 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.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: *FRONT ENTRY*

Annunciator 2: _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <i>Cerina</i>	Time: <i>9:00</i>
Building management	Contact: _____	Time: <i>9:00</i>
Building occupants	Contact: _____	Time: <i>9:00</i>
Authority having jurisdiction	Contact: _____	Time: <i>9:00</i>
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 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 checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input 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 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"/>	9:24:56	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9:37:45	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9:27:35	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9:27:37	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <i>Centra</i>	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact: <i>FFD</i>	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: *1-25-16* Time:

10. CERTIFICATION

10.1 Inspector Certification: *on file*

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

Signed: <i>[Signature]</i>	Printed name: <i>David Kalnasia</i>	Date: <i>1-25-16</i>
Organization: <i>Cunningham</i>	Title: <i>Technician</i>	Phone: <i>207-846-3350</i>

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: <i>Nadia Blain</i>	Printed name: <i>Nadia Blain</i>	Date: <i>1/25/2016</i>
Organization: <i>Bellport</i>	Title: <i>Office Mgr.</i>	Phone: <i>207-774-1400</i>

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Trouble	8	Power Supply	PASS
Pull	9	Basement	PASS
HEAT	10	Basement Stairs	PASS
HEAT	11	Basement Storage	PASS
HEAT	12	Basement Storage	PASS
HEAT	13	Basement Office	PASS
Pull	14	1 st Floor Entry	PASS
Pull	15	1 st Floor Lobby	PASS
Smoke	16	FACP	PASS
Smoke	17	1 st Floor Hall	PASS
Smoke	20	1 st Floor Rear Hall	PASS
Pull	21	1 st Floor Rear Hall	PASS
Smoke	22	2 nd Floor Stairs	PASS
Pull	23	2 nd Floor Stairs	PASS
Smoke	24	2 nd Floor Front Hall	PASS
Smoke	25	2 nd Floor Front Hall	PASS
Smoke	26	2 nd Floor Rear Hall	PASS
<u>Pull</u>	27	2 nd Floor Rear Hall	PASS
Smoke	28	3 rd Floor Stairs	PASS
Pull	29	3 rd Floor Stairs	PASS
Smoke	30	3 rd Floor Hall	PASS
Smoke	31	3 rd Floor Hall	PASS
Smoke	32	3 rd Floor Rear Hall	PASS
Pull	33	3 rd Floor Rear Hall	PASS
Smoke	34	4 th Floor Front Hall	PASS
Pull	35	4 th Floor Front Hall	PASS
Smoke	36	4 th Floor Rear Hall	PASS
Pull	37	4 th Floor Rear Hall	PASS
Heat	50	Unit #1 Kitchen	PASS
Heat	51	Unit #1 Living Room	PASS
Heat	52	Unit #1 Living Room	PASS
Heat	53	Unit #2 Kitchen	PASS
Heat	54	Unit #2 Rear Bedroom	PASS
Heat	55	Unit #2 Living Room	PASS
Heat	56	Unit #2 Front Bedroom	PASS
Heat	57	Unit #3 Rear	PASS
HEAT	49	Unit #1 Bed	PASS

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Heat	58	Unit #3 Kitchen	PASS
Heat	59	Unit #3 Living Room	PASS
Heat	60	Unit #3 Living Room	PASS
Heat	61	Unit #4 Kitchen	PASS
Heat	62	Unit #4 Rear Bedroom	PASS
Heat	63	Unit #4 Living Room	PASS
Heat	65	Unit #5 Rear Bedroom	PASS
Heat	66	Unit #5 Kitchen	PASS
Heat	67	Unit #5 Living Room	PASS
Heat	68	Unit #5 Living Room	PASS
Heat	69	Unit #6 Kitchen	PASS
Heat	70	Unit #6 Rear Bedroom	PASS
Heat	71	Unit #6 Living Room	PASS
Heat	72	Unit #6 Bedroom	PASS
Heat	73	Unit #7 Storage	PASS
Heat	74	Unit #7 Kitchen	PASS
Heat	75	Unit #7 Living Room	PASS
Heat	76	Unit #7 Bedroom	PASS
Heat	77	Unit #8 Bedroom	PASS
Heat	78	Unit #8 Living Room	PASS
Heat	79	Unit #8 Kitchen	PASS
Heat	80	Unit #4 Front	PASS
Heat	81	Unit #8 Hall	PASS