

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
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.*

Form Completion Date: 08/27/2018 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 62 Mellen Street Apartments
Address: 62 Mellen Street Portland, Maine 04106
Description of property: Apartment Building
Name of property representative: Robert Moldaver
Address: NA
Phone: (207) 712-4920 Fax: NA E-mail: Moldaver.robert@gmail.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Seacoast Electric Company
Address: NA
Phone: (207) 829-8556 Fax: NA E-mail: hpapkee@icloud.com
Service organization: Protection Professionals
Address: 325 US-1 Falmouth, Maine 04105
Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net
Testing organization: Protection Professionals
Address: 325 US-1 Falmouth, Maine 04105
Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net
Effective date for test and inspection contract: NA
Monitoring organization: Rapid Response
Address: 400 West Division Street, Syracuse, NY 13204
Phone: 1-800-932-3822 Fax: NA E-mail: Rrms.com
Account number: T510168 Phone line 1: NA Phone line 2: NA
Means of transmission: AES 7707P 2.0 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: Document Cabinet By Fire Alarm Control Panel

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: NA

NFPA 72 edition: 13

4.1 Control Unit

Manufacturer: Napco Model number: GEMC-FW-12KT

4.2 Software and Firmware

Firmware revision number: 85DE

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: NA Alarm verification set for NA seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3.5
 Overcurrent protection: Type: Circuit Breaker Amps: 15
 Branch circuit disconnecting means location: Sub off HP Main Number: 1

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Batteries
 Location, if remote from the plant: In Fire Alarm Control Panel
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

- This system does not have power extender panels
 Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	NA	NA	B	0
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	NA	NA
Notification Appliance	NA	NA	B	0
Other (specify): NA	NA	NA	NA	NA

7. REMOTE ANNUNCIATORS

Type	Location
Napco GEMCFK1 LCD Fire Keypad	Front Entry
NA	NA

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	7	Addressable	Alarm	Contact
Smoke Detectors	9	Addressable	Alarm	Photo
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	41	Addressable	Alarm	Contact
Gas Detectors	1	Addressable	CO Gas Alarm	Contact
Waterflow Switches	0	NA	Alarm	NA
Tamper Switches	0	NA	NA	NA

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	0
Visible	0	0
Combination Audible and Visible	8	Horn Strobes

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	NA
HVAC Shutdown	NA
Fire/Smoke Dampers	NA
Door Unlocking	NA
Elevator Recall	NA
Elevator Shunt Trip	NA
NA	NA
NA	NA

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet NA.

12. CERTIFICATION AND APPROVALS

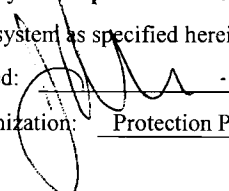
12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed:  _____ Printed name: Jordan Valliere Date: 08/28/2018
 Organization: Protection Professionals Title: Technician Phone: (207) 775-5755

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

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: 08/27/2018 Inspection/Test Completion Date/Time: 08/27/2018

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

1. PROPERTY INFORMATION

Name of property: 62 Mellen Street Apartments

Address: 62 Mellen Street Portland, Maine 04106

Description of property: Apartment Building

Name of property representative: Robert Moldaver

Address: NA

Phone: (207) 712-4920 Fax: NA E-mail: Moldaver.robort@gmail.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Protection Professionals

Address: 325 US-1 Falmouth, Maine 04105

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

Monitoring organization: Rapid Response

Address: 400 West Division Street, Syracuse, NY 13204

Phone: 1-800-932-3822 Fax: NA E-mail: Rrms.com

Account number: T510168 Phone line 1: NA Phone line 2: NA

Means of transmission: AES 7707P 2.0 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: Document Cabinet By Fire Alarm Control Panel

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Napco Model number: GEMC-FW-12KT

4.2 Software and Firmware

Firmware revision number: 85DE

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 3.5 Location: In Fire Alarm Control Panel

Overcurrent protection type: CB Amps: 15 Disconnecting means location: Sub off HP Main CB #1

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: Battery Location: In Fire Alarm Control Panel

Battery type (if applicable): Sealed Lead Acid (12v-7aH) 4 batteries

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: Rapid Response Time: NA

Building management Contact: Robert Moldaver Time: NA

Building occupants Contact: All Time: NA

Authority having jurisdiction Contact: Portland Fire Department Time: NA

Other, if required NA Contact: NA Time: NA

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	X	X	NA
Lamps/LEDs/LCDs	X	X	NA
Fuses	X	<input type="checkbox"/>	NA
Trouble signals	X	X	NA
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	NA
Ground-fault monitoring	X	X	NA
Supervision	X	X	NA
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	NA
Remote annunciators	X	X	NA
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
NA	<input type="checkbox"/>	<input type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	X	X	Installed 08/2018
Load voltage	X	X	NA
Discharge test	X	X	NA
Charger test	X	X	NA
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	NA

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	X	<input type="checkbox"/>	13:21:12	Zone 26 Smoke
Alarm restoration	X	<input type="checkbox"/>	13:22:03	Zone 26 Smoke
Trouble signal	X	<input type="checkbox"/>		
Trouble restoration	X	<input type="checkbox"/>		
CO Gas Alarm	X	<input type="checkbox"/>	11:48:55	Zone 22 CO detector
CO Gas Restoration	X	<input type="checkbox"/>	11:50:12	Zone 22 CO detector

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

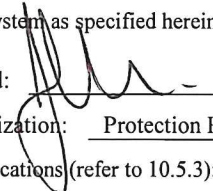
Monitoring organization	Contact: <u>Rapid Response</u>	Time: <u>NA</u>
Building management	Contact: <u>Robert Moldaver</u>	Time: <u>NA</u>
Building occupants	Contact: <u>All</u>	Time: <u>NA</u>
Authority having jurisdiction	Contact: <u>Portland Fire Department</u>	Time: <u>NA</u>
Other, if required <u>NA</u>	Contact: <u>NA</u>	Time: <u>NA</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 08/28/2018 Time: 3:00PM

9. CERTIFICATION

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

Signed:  Printed name: Jordan Valliere Date: 08/27/2018
Organization: Protection Professionals Title: Technician Phone: (207) 775-5755
Qualifications (refer to 10.5.3): Licensed IMSA Factory Trained

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

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: 08/28/2018 Inspection/Test Completion Date/Time: 08/28/2018

Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 62 Mellen Street Apartments

Address: 62 Mellen Street Portland, Maine 04101

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
	1		
	2		
	3		
	4		
	5		
	6		
	7		
AES Tamper	8	AES Radio Tamper	Pass
	9		
	10		
Pull (wired)	11	Basement	Pass
Pull (wired)	12	1 st floor front	Pass
Pull (wired)	13	1 st floor rear	Pass
Pull (wired)	14	2 nd floor front	Pass
Pull (wired)	15	2 nd floor rear	Pass
Pull (wired)	16	3 rd floor front	Pass
Pull (wired)	17	3 rd floor rear	Pass
Smoke RF	18	Basement by FACP	Pass
Heat RF	19	Basement	NA
Heat RF	20	Basement watermeter room	NA
Heat RF	21	Basement Boiler room	NA
CO RF	22	Basement boiler room	Pass
Heat RF	23	Basement workshop	NA
Heat RF	24	Basement storage	NA
Heat RF	25	Basement laundry room	NA

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

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Smoke RF	26	1 st floor entry foyer	Pass
Heat RF	27	1 st floor apartment 1 bedroom	Visual
Heat RF	28	1 st floor apartment 1 kitchen	Visual
Heat RF	29	1 st floor apartment 1 living room	Visual
Heat RF	30	1 st floor apartment 1 living room	Visual
Smoke RF	31	1 st floor front hallway	Pass
Heat RF	32	1 st floor apartment 2 bedroom	Visual
Heat RF	33	1 st floor apartment 2 living room	Visual
Pull (wired)	34	1 st Floor Middle	Pass
Smoke RF	35	1 st floor rear Hallway	Pass
Heat RF	36	1 st floor apartment 3 bedroom	Visual
Heat RF	37	1 st floor apartment 3 living room	Visual
Heat RF	38	1 st floor apartment 3 Kitchen	Visual
Heat RF	39	1 st floor apartment 4 bedroom	Visual
Heat RF	40	1 st floor apartment 4 kitchen	Visual
Heat RF	41	1 st floor apartment 4 living room	Visual
Smoke RF	42	2 nd floor front hallway	Pass
Heat RF	43	2 nd floor apartment 5 living room	Visual
Heat RF	44	2 nd floor apartment 5 bedroom	Visual
Heat RF	45	2 nd floor apartment 5 kitchen	Visual
Heat RF	46	2 nd floor apartment 6 living room	Visual
Heat RF	47	2 nd floor apartment 6 bedroom	Visual
Heat RF	48	2 nd floor apartment 6 kitchen	Visual
Smoke RF	49	2 nd floor rear hallway	Pass
Heat RF	50	2 nd floor apartment 7 living room	Visual
Heat RF	51	2 nd floor apartment 7 Bedroom	Visual
Heat RF	52	2 nd floor apartment 7 kitchen	Visual
Heat RF	53	2 nd floor apartment 8 living room	Visual
Heat RF	54	2 nd floor apartment 8 bedroom	Visual
Heat RF	55	2 nd floor apartment 8 kitchen	Visual
Smoke RF	56	3 rd floor front hallway	Pass
Heat RF	57	3 rd floor apartment 9 living room	Visual
Heat RF	58	3 rd floor apartment 9 bedroom	Visual
Heat RF	59	3 rd floor apartment 9 kitchen	Visual
Heat RF	60	3 rd floor apartment 10 Living room	Visual
Heat RF	61	3 rd floor apartment 10 bedroom	Visual

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

Smoke RF	62	3 rd floor rear hallway	Pass
Heat RF	63	3 rd floor apartment 11 kitchen	Visual
Heat RF	64	3 rd floor apartment 11 bedroom	Visual
Heat RF	65	3 rd floor apartment 11 living room	Visual
Heat RF	66	3 rd floor apartment 12 bedroom	Visual
Heat RF	67	3 rd floor apartment 12 kitchen	Visual
Smoke RF	68	3 rd floor top of rear stairwell	Pass
	69		
	70		
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	72		
	73		
	74		
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**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)***

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, UPS systems, remote battery systems, or other complex power systems. This form is to be completed by the system installation contractor at the time of system acceptance and approval. 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.

Form Completion Date: 08/28/2018 Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 62 Mellen Street Apartments

Address: 62 Mellen Street Portland, Maine 04106

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3.5

Overcurrent protection: Type: Circuit Breaker Amps: 15

Location (of primary supply panelboard): In Fire Alarm Control Panel

Disconnecting means location: Sub off HP Main CB #1

2.1.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.1.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

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

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

2.1.4 Batteries

Location: In FACP Type: SLA Nominal voltage: 24VDC Amp/hour rating: 7aH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

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

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panelboard): NA

Disconnecting means location: NA

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)

2. SYSTEM POWER (continued)

2.2.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.2.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

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

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

2.2.4 Batteries

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

Calculated capacity of batteries to drive the system:

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

2.3 Notification Appliance Power Extender Panels

X This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): NA Power extender panel amps: NA

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panelboard): NA

Disconnecting means location: NA

2.3.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.3.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

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

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

2.3.4 Batteries

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

Calculated capacity of batteries to drive the system:

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

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION *(continued)***

See Main System Record of Completion for additional information, certifications, and approvals.