

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: 11/21/2019 11:00AM Inspection/Test Completion Date/Time: 11/21/2019 11:45AM

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

1. PROPERTY INFORMATION

Name of property: 260 PARK AVE. BUILDING
Address: 260 PARK AVENUE PORTLAND, MAINE 04102
Description of property: 3 STORY WOOD APARTMENT BUILDING
Name of property representative: RICK GEBHARDT
Address: P.O. BOX 11591 PORTLAND, MAINE 04104
Phone: 207-541-9468 Fax: _____ E-mail: info@gpmmaine.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 DIVISON STREET, SYRACUSE, NY 13204
Phone: 1-800-932-3822 Fax: NA E-mail: NA
Account number: T510133 Phone line 1: AES Phone line 2: AES
Means of transmission: AES RADIO BOX
Entity to which alarms are retransmitted: Portland Fire Dispatch Phone: 207-874-8574

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: ADEMCO Model number: VISTA 128 FB

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: _____

Overcurrent protection type: C-B Amps: 20 Disconnecting means location: House Panel 1

CB 13

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>11:06 AM</u>
Building management	Contact: <u>GEBHARDT PROP</u>	Time: <u>11:06</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>11:00</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DISPATCH</u>	Time: <u>11:00</u>
Other, if required	Contact: <u>-</u>	Time: <u>-</u>

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"/>	1 ST FLR BY FRONT DOOR
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASEMENT BY FACP
AES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100% Installed 2017 (12-7)

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100% Installed 2017
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 NAC EXP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Replaced 11-21-19 (12-12)

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"/>	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>11:45 AM</u>
Building management	Contact: <u>GEBHARDT PROP</u>	Time: <u>11:45</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>11:45</u>
Authority having jurisdiction	Contact: <u>PORTLAD FIRE DISPATCH</u>	Time: <u>11:45</u>
Other, if required	Contact: <u>-</u>	Time: <u>-</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 11/21/2019 Time: 11:45 AM

9. CERTIFICATION

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


Signed:  Printed name: Miranda Filippich Date: 11-21-19
Organization: PROTECTION PROFESSIONALS Title: INSPECTOR/TECHNICIAN Phone: 207-775-5755
Qualifications (refer to 10.5.3): NICET IMSA LICENSED

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

None

10.1 Acceptance by Owner or Owner's Representative:

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

Signed:  Printed name: Robert Handt Date: 11/21/19
Organization: _____ Title: _____ Phone: _____

RECOMMENDATION(S):

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

Inspection/Test Start Date/Time: 11/21/2019 11:06 AM Inspection/Test Completion Date/Time: 11/21/2019 11:45 AM

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: 260 PARK AVENUE BUILDING

Address: 260 PARK AVENUE , PORTLAND, MAINE 04102

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
HEAT	9	BASEMENT	VIS
SMOKE	10	BASEMENT OVER FACP	PASS ✓
SMOKE	11	1 ST FLOOR IN REAR STAIRS	PASS ✓
SMOKE	12	1 ST FLOOR IN FRONT STAIRS	PASS ✓
SMOKE	13	2 ND FLOOR IN REAR STAIRS	PASS ✓
SMOKE	14	2 ND FLOOR IN FRONT STAIRS	PASS ✓
SMOKE	15	3 RD FLOOR IN REAR STAIRS	PASS ✓
SMOKE	16	3 RD FLOOR IN FRONT STAIRS	PASS ✓
SMOKE	17	4 TH FLOOR IN REAR STAIRS	PASS ✓
SMOKE	18	4 TH FLOOR IN FRONT STAIRS	PASS ✓
PULL	19	1 ST FLOOR IN REAR STAIRS	PASS ✓
PULL	20	1 ST FLOOR IN FRONT STAIRS	PASS ✓
PULL	21	2 ND FLOOR IN REAR STAIRS	PASS ✓
PULL	22	2 ND FLOOR IN FRONT STAIRS	PASS ✓
PULL	23	3 RD FLOOR IN REAR STAIRS	PASS ✓
PULL	24	3 RD FLOOR IN FRONT STAIRS	PASS ✓
PULL	25	4 TH FLOOR IN REAR STAIRS	PASS ✓
PULL	26	4 TH FLOOR IN FRONT STAIRS	PASS ✓
PULL	27	BASEMENT BY EXIT DOOR	PASS ✓

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

