

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: 3/28/13 Time of inspection or test: 8:00

1. PROPERTY INFORMATION

Name of property: BEH Redevelopment Housing
Address: 325 Brackett Street; Portland, ME 04101
Description of property: Housing
Occupancy type: Commercial
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: DAVE + ROLF
Qualifications of technician or tester: IMS A Certified
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): _____

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: _____ Additional description of system(s): _____

3.1 Control Unit

Manufacturer: FireLite _____ Model number: MS905UD _____

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 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: 120 VAC _____ Control panel amps: _____

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)

4.3.4 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: 325 Brackett St. Main Entry, Ann 80 Firelite _____

Annunciator 2: 327 Brackett St. Main Entry, Ann 80 Firelite _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____

Building management Contact: Tom Time: 8:00

Building occupants Contact: Occupants Time: 8:00

Authority having jurisdiction Contact: _____ Time: _____

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 checked="" 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 type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power extender panels	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Tested @ 100% w/LOAD Tester</i>
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input 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 predischage 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"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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:	Time:
Building management	Contact: TOM	Time: 8:00
Building occupants	Contact: OCCUPANTS	Time: 8:00
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 3/28/13 Time: 8:30

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed:  Printed name: ROLF HENKE Date: 3/28/13
Organization: Cunningham Title: Technician Phone: 207-846-3350

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

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Smoke Detector	D6	At Panel 327	PASS
Pull	IM 04	Main Entry 325	PASS
Pull	IM 01	Main Entry 327	PASS
Pull	IM 02	Basement 327	PASS
Pull	IM 05	2 nd Floor Hall 325	PASS
Pull	IM 03	2 nd Floor Hall 327	PASS
Horn-Strobe		Basement 327	PASS
Horn-Strobe		1 st Floor 327	PASS
Horn-Strobe		2 nd Floor 327	PASS
Horn-Strobe		Basement 325	PASS
Horn-Strobe		1 st Floor Room 1	PASS
Horn-Strobe		2 nd Floor Room 2	PASS
Room #1	76 db	#325	PASS
Room #2	77 db	#325	PASS
Room #3	77 db	#325	PASS
Room #4 Mini Horn	80 db	#325	PASS
Room #5	79 db	#325	PASS
Room #1 Mini Horn	79 db	#327	PASS
Room #2	78 db	#327	PASS
Room #3	78 db	#327	PASS
Room # 4 1 st Floor Front	77 db	#327	PASS

