

SYSTEM RECORD OF COMPLETION

Form Completion Date: 3-16-18 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 22 Cushman
Address: 22 Cushman
Description of property: Commercial offices and Apartments
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Guardian Systems of Maine
Address: 21 Rue Street Unit #2 Portland, Maine
Phone: 536 4800 Fax: _____ E-mail: _____
Service organization: Same
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Testing organization: Same
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Instant Alarm
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: 608-1210 Phone line 1: 772-5575 Phone line 2: 772 5859
Means of transmission: Phone
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☒ New system ☐ Modification to existing system Permit number: _____
NFPA 72 edition: 2007

4.1 Control Unit

Manufacturer: Napco Model number: GEMC -128

4.2 Software and Firmware

Firmware revision number: _____

4.3 Alarm Verification

Number of devices subject to alarm verification: _____ ☒ This system does not incorporate alarm verification.
Alarm verification set for _____ seconds

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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: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: House Panel Number: # 7

5.1.2 Secondary Power

Type of secondary power: Battery

Location, if remote from the plant: _____

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			<u>B</u>	
Device Power			<u>B</u>	
Initiating Device			<u>B</u>	
Notification Appliance			<u>B</u>	
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
	<u>Front Entry</u>

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations		<u>A</u>	<u>A</u>	
Smoke Detectors		<u>A</u>	<u>A</u>	
Duct Smoke Detectors	<u>0</u>	<u>-</u>		
Heat Detectors		<u>A</u>	<u>A</u>	
Gas Detectors	<u>0</u>	<u>-</u>		
Waterflow Switches	<u>0</u>	<u>-</u>		
Tamper Switches	<u>0</u>	<u>-</u>		

CO Detector

1

A

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SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	6	
Visible		
Combination Audible and Visible	4	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

11. INTERCONNECTED SYSTEMS

- ☒ This system does not have interconnected systems.
☐ Interconnected systems are listed on supplementary sheet _____.

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: [Signature] Printed name: Peter Baber Date: 3-16-18
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: [Signature] Printed name: Rich Babst Jr Date: 3-16-18
 Organization: Guardian System of Me Title: President Phone: 536-4800

12.3 Acceptance Test

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

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SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 3-16-18 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: ☐ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: 22 Cushman street
Address: _____
Description of property: Commercial business / Apartments
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: Guardian Systems of Maine
Address: 31 Pine St Unit #2 Portland, Maine
Phone: 536-4800 Fax: _____ E-mail: _____
Monitoring organization: Instat Alarm
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: 608-1210 Phone line 1: 772-5575 Phone line 2: 772-5859
Means of transmission: Phone lines
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

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

Document Cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Napco Model number: GEM-C 128

4.2 Software Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: _____ Amps: _____ Location: House Paul
Overcurrent protection type: _____ Amps: _____ Disconnecting means location: #7

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: _____ Location: Paul

Battery type (if applicable): _____

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>Yes</u>	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
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"/>	NA
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
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"/>		

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SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Yes</u>	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 3-16-18 Time: _____

9. CERTIFICATION

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

Signed: Rick Bahst Jr. Printed name: Rick Bahst Jr. Date: 3-16-18
Organization: Coastal Systems Inc. Title: President Phone: 536-4800
Qualifications (refer to 10.5.3): NICET IV

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: Martin Finkelstein Printed name: MARTIN FINKELSTEIN Date: 4-4-18
Organization: Ebbets Assoc. Title: Partner Phone: 207 7725575

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Account #608-1210		CID format			PASS/FAIL
Zone	Point address	Code	Alarm type	Location	
	1	Spare			
	2	Spare			
	3	Spare			
	4	Spare			
	5	Spare			
	6	Spare			
	7	Spare			
	8	Spare			
1st Floor	9	Pull	Fire	1st Floor Entry	PASS
2nd floor	10	Smoke	Fire	2nd floor, Center	PASS
2nd floor	11	Pull	Fire	2nd floor, Rear	PASS
2nd floor	12	Smoke	Fire	2nd floor, Front	PASS
2nd floor	13	Pull	Fire	2nd floor, Center	PASS
3rd floor	14	Pull	Fire	3rd floor	PASS
3rd floor	15	Smoke	Fire	3rd floor	PASS
Basement	16	Smoke	Fire	Basement, Closet	PASS
Basement	17	Smoke	Fire	Basement, Entry	PASS
Basement	18	Smoke	Fire	Basement, Electrical Area	PASS
Basement	19	Smoke	Fire	Basement, over fire panel	PASS
Basement	20	Pull	Fire	Basement	PASS
1st Floor	21	Smoke	Fire	1st Floor Entry	PASS
1st Floor	22	Smoke	Fire	Lobby	PASS
2nd floor	23	Smoke	Fire	2nd floor, Rear	PASS
Basement	24	CO	Supervisory	Basement CO Detector	PASS
1st Floor	25	Pull	Fire	1st Floor Rear Entry	PASS
1st Floor	26	Heat	Fire	Apartment #1	PASS
1st Floor	27	Heat	Fire	Apartment #1A front (new)	PASS
1st Floor	28	Heat	Fire	Apartment #1A hall (new)	PASS
1st Floor	29	Heat	Fire	Apartment #1A rear (new)	PASS
1st Floor	30	Heat	Fire	Apartment #2 1st floor	PASS
Basement	31	Heat	Fire	Apartment #2 basement hall	PASS
Basement	32	Heat	Fire	Apartment #2 basement front	PASS
Basement	33	Heat	Fire	Apartment #2 basement rear	PASS
2nd floor	34	Heat	Fire	Apartment #3 front	PASS
2nd floor	35	Heat	Fire	Apartment #3 middle	PASS
2nd floor	36	Heat	Fire	Apartment #3 rear	PASS
2nd floor	37	Heat	Fire	Apartment #4 front	PASS
2nd floor	38	Heat	Fire	Apartment #4 middle	PASS
2nd floor	39	Heat	Fire	Apartment #4 rear	PASS
3rd floor	40	Heat	Fire	Apartment #5 front	PASS
3rd floor	41	Heat	Fire	Apartment #5 middle	PASS
3rd floor	42	Heat	Fire	Apartment #5 rear	PASS
3rd floor	43	Heat	Fire	Apartment #6 front	PASS
3rd floor	44	Heat	Fire	Apartment #6 middle	PASS
3rd floor	45	Heat	Fire	Apartment #6 rear	PASS

[illegible]



Guardian Systems of Maine
21 Rice St., Unit #2
Portland, ME 04103
207-536-4800

To Whom It May Concern:

Please note that a fire alarm inspection is an assessment of the conditions of the fire alarm system at the date and time of the inspection. This is only a test of the existing devices and is not a code assessment. Some of the devices may not be tested because of accessibility or another vendor is required to provide a complete test such as a sprinkler vendor, suppression system vendor, or an elevator vendor. This should be noted on the inspection report.

If a device is listed as tested, then it has triggered the appropriate alarm condition at the fire panel as per manufacturing specifications and NFPA-72 only. All of the local audio/visual devices will be tested with one or more devices only. The audio/visual devices will not be activated for each individual initiating device unless noted on the inspection report accordingly.

If the device is only visually inspected, then the inspector has only examined the device from a distance to determine if it seems intact. This is no assessment of functionality.

If a device is not connected to the system at the time of the inspection, then this will be noted. This device has not been assessed for functionality on the current fire alarm system.

Lastly a fire alarm device can fail at any time. It is important that the user of the system check the alarm panel's display once week as a minimum as per NFPA-72. Any trouble conditions should be reported to the service provider as soon as possible. Any physical change to the system such as removal of a device or damage to a device should be reported to your service provider immediately. In addition, depending on the physical change, the fire department should be notified immediately.

Please note we would be happy to provide an assessment of the existing conditions of the building for an additional fee. Please call our office and make arrangements.

Thank you for the chance to be your service provider.