

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: _____ Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: REICHE COMMUNITY SCHOOL
Address: 166 BRACKETT STREET, PORTLAND, ME 04102
Description of property: SCHOOL
Name of property representative: DAVE ONOS
Address: _____
Phone: 207-809-9788 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: CAMPBELL ELECTRIC
Address: 272 AUSTIN STREET
Phone: 207-331-4963 Fax: _____ E-mail: _____
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Effective date for test and inspection contract: _____
Monitoring organization: PORTLAND FIRE DEPARTMENT
Address: 325 US ROUTE ONE, FALMOUTH, ME 04105
Phone: 207-775-5755 Fax: NA E-mail: NA
Account number: LOC5625 Phone line 1: LOCAL Phone line 2: LOCAL
Means of transmission: MASTER BOX #3329
Entity to which alarms are retransmitted: PORTLAND FIRE DEPT Phone: 207-874-8400

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: FCI Model number: FC-72

4.2 Software and Firmware

Firmware revision number: NA

4.3 Alarm Verification

This system does not incorporate alarm verification.

SYSTEM RECORD OF COMPLETION (continued)

Number of devices subject to alarm verification: N/A Alarm verification set for N/A seconds

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5
 Overcurrent protection: Type: C.B. Amps: 20
 Branch circuit disconnecting means location: NA Number: NA

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES
 Location, if remote from the plant: IN PANEL
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN

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	NA	NA
Device Power	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	B	0
Notification Appliance	N/A	N/A	B	0
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
N/A	N/A
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	5	CONVENTIONAL	ALARM	CONTACT
Smoke Detectors	5	CONVENTIONAL	ALARM	PHOTOELECTRIC
Duct Smoke Detectors	NA	NA	NA	NA
Heat Detectors	NA	NA	NA	NA
Gas Detectors	NA	NA	NA	NA
Waterflow Switches	NA	NA	NA	NA
Tamper Switches	NA	NA	NA	NA

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	NA	NA
Visible	NA	NA
Combination Audible and Visible	6	HORN STROBES

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	3
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	N/A
Elevator Recall	N/A
Elevator Shunt Trip	N/A
N/A	N/A
N/A	N/A

11. INTERCONNECTED SYSTEMS

This system does not have interconnected systems.

Interconnected systems are listed on supplementary sheet N/A .

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: BYRON DAVIS Date: 12-1-16

Organization: protection professionals Title: tech Phone: 207-775-5755

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

**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: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: REICHE COMMUNITY SCHOOL ACCT# LOC5625

Address: 166 BRACKET STREET, PORTLAND, ME 04102

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
HEAT		1ST FLR CUSTODIANS OFFICE	VISUAL
HEAT		1ST FLR IN KITCHEN	VISUAL
HEAT		1ST FLR LOADING DOCK	VISUAL
HEAT		1ST FLR SOCIAL WORKERS OFFICE	VISUAL
HEAT		1ST FLR CUSTODIANS STORAGE ROOM	VISUAL
PULL	Z-3	1ST FLR BY CAFETORIUM EXIT	PASS
SMOKE	Z-1	1ST FLR IN CAFETORIUM ON LEFT SIDE	PASS
SMOKE	Z-1	1ST FLR IN CAFETORIUM ON RIGHT SIDE	PASS
PULL	Z-1	1ST FLR IN MAIN OFFICE ON RIGHT	PASS
PULL	Z-1	1ST FLR IN MAIN OFFICE ON LEFT	PASS
PULL	Z-1	1ST FLR BY EXIT TO SCHOOL PLAY YARD	PASS
PULL	Z-1	1ST FLR BY RESTROOMS	PASS
PULL	Z-7	1ST FLR BY LOADING DOCK	PASS
PULL	Z-1	1ST FLR EXIT IN ROOM 101	PASS
PULL	Z-4	1ST FLR BY GYM LEFT ENTRANCE	PASS
PULL	Z-4	1ST FLR BY GYM RIGHT ENTRANCE	PASS
PULL	Z-4	1ST FLR BY GYM REAR ENTRANCE	PASS
PULL		1ST FLR BY GIRLS LOCKER ROOM	PASS
PULL		1ST FLR BY BOYS LOCKER ROOM	PASS
PULL	Z-2	2ND FLR EXIT TO RAMP LEFT	PASS
PULL	Z-2	2ND FLR EXIT TO RAMP RIGHT	PASS
PULL	Z-2	2ND FLR TOP OF STAIRWELL BY SCHOOL YARD	PASS
PULL	Z-2	2ND FLR TOP OF STAIRS BRACKET ST SIDE	PASS
PULL	Z-2	2ND FLR BY HEALTH CENTER	PASS
PULL		2ND FLR NURSES ROOM	PASS
PULL	Z8	2ND FLOOR BY LIBRARY	PASS

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

PULL	Z8	2ND FLOOR EXIT DOOR	PASS
PULL	Z8	2ND FLOOR TO SCHOOL	PASS
PULL	Z8	1ST FLOOR POOL EXIT	PASS
PULL	Z8	1ST FLOOR SCHOOL EXIT	PASS
SMOKE	Z8	ELEVATOR MECH ROOM	PASS
SMOKE	Z8	ELEVATOR COMMUNITY SIDE	PASS
SMOKE	Z8	ELEVATOR SCHOOL SIDE	PASS
SMOKE	Z8	2ND FL COMMUNITY SIDE	PASS
SMOKE	Z8	2ND FL SCHOOL SIDE	PASS

**INTERFACE COMPONENT
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

This form is a supplement to the System Record of Inspection and Testing.

It includes an interface component test record for circuit interfaces, signaling line circuit interfaces, and fire alarm control interfaces.

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: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: REICHE COMMUNITY SCHOOL ACCT# LOC5625

Address: 166 BRACKET STREET, PORTLAND, ME 04102

2. INTERFACE COMPONENT TEST RESULTS

Interface Component Type	Address	Location	Test Results
MASTER BOX 3320		OUTSIDE FRONT OF BUILDING	NOT TESTED

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance 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: 12-1-16 Inspection/Test Completion Date/Time: 12-1-16
Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: REICHE COMMUNITY SCHOOL ACCT# LOC5625
Address: 166 BRACKET STREET, PORTLAND, ME 04102

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
AV	COMMUNITY HEALTH CENTER	PASS
AV	COMPUTER LAB	PASS
AV	ROOM 24	PASS
AV	COMPUTER MINI LAB	PASS
AV	WALL BY PLAY GROUND	PASS
AV	IN ROOM 213	PASS
AV	IN ART ROOM	PASS
AV	IN OLD LIBRARY	PASS
AV	IN MUSIC ROOM	PASS
AV	IN GYM	PASS
AV	IN CAFETORIUM	PASS
AV	IN MAIN LOBBY	PASS
AV	POOL AREA BY MENS AND BOYS LOCKER ROOM	PASS
AV	POOL ARE BY WOMENS AND GIRLS LOCKER ROOM	PASS
AV	BY KITCHEN HALL	PASS
AV	HALL BETWEEN POOL AND GYM	PASS
AV	1ST FLOOR ELEVATOR LANDING	PASS
AV	1ST FLOOR ENTRY BY ELEVATOR	PASS
AV	1ST FLOOR COMMUNITY CENTER	PASS
AV	2ND FL COMMUNITY CENTER	PASS
AV	2ND FLOOR SCHOOL ELEV LANDING	PASS
AV	2ND FLOOR ELEV BACK WALL	PASS

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: 12-1-16 8:30 Inspection/Test Completion Date/Time: 12-1-16 2:30

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

1. PROPERTY INFORMATION

Name of property: REICHE COMMUNITY SCHOOL CODE# 357*

Address: 166 BRACKETT STREET, PORTLAND, ME 04102

Description of property: SCHOOL

Name of property representative: DAVE ONOS

Address: _____

Phone: 207-809-9788 Fax: _____ E-mail: onosda@portlandschools.org

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: PORTLAND FIRE DEPARTMENT

Address: 380 CONGRESS STREET, PORTLAND, ME 04101

Phone: 207-874-8400 Fax: NA E-mail: NA

Account number: LOC5625 Phone line 1: LOCAL Phone line 2: LOCAL

Means of transmission: MASTER BOX #3329

Entity to which alarms are retransmitted: PORTLAND FIRE DEPT. Phone: 207-874-8400

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: FCI Model number: FC-72

4.2 Software and Firmware

Firmware revision number: NA

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 5 Location: _____

Overcurrent protection type: _____ Amps: _____ Disconnecting means location: _____

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): 12-7

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 7

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>PORTLAND DISPATCH</u>	Time: <u>8:30</u>
Building management	Contact: <u>DAVE ONOS</u>	Time: <u>8:30</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>8:30</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPT.</u>	Time: <u>8:30</u>
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit			
Lamps/LEDs/LCDs			
Fuses			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators			NA
Remote power panels			NA
			NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition			
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			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			NA	LOCAL
Alarm restoration			NA	LOCAL
Trouble signal			NA	LOCAL
Trouble restoration			NA	LOCAL
Supervisory signal			NA	LOCAL
Supervisory restoration			NA	LOCAL

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal			NA	NA
Alarm restoration			NA	NA
Trouble signal			NA	NA
Trouble restoration			NA	NA
Supervisory signal			NA	NA
Supervisory restoration			NA	NA

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>CITY OF PORTLAND</u>	Time: <u>2:30</u>
Building management	Contact: <u>DAVE ONOS</u>	Time: <u>2:30</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>2:30</u>
Authority having jurisdiction	Contact: <u>PFD</u>	Time: <u>2:30</u>
Other, if required NA	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 12-1-16 Time: 2:30

9. CERTIFICATION

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

Signed: BYRON DAVIS Printed name: BYRON DAVIS Date: 12-1-16
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

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: _____