

**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: 8/1/19 7:30 Inspection/Test Completion Date/Time: 8/1/19 4:15

Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: CHISHOLM HOUSE AND GARAGE

Address: 233 WESTERN PROM, PORTLAND, ME 04101

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
SPARE	ZONE 1		
SPARE	ZONE 2		
SPARE	ZONE 3		
SPARE	ZONE 4		
SPARE	ZONE 5		
SPARE	ZONE 6		
SPARE	ZONE 7		
SPARE	ZONE 8		
SPARE	ZONE 9		
PULL	ZONE 10	BASEMENT STAIRWAY	PASS
PULL	ZONE 11	BASEMENT EXIT	PASS
HEAT	ZONE 12	BASEMENT LAUNDRY	VIS
HEAT	ZONE 13	BASEMENT BOILER ROOM	VIS
HEAT	ZONE 14	BASEMENT BATHROOM	VIS
SMOKE	ZONE 15	BASEMENT HALL BY STORAGE	PASS
SMOKE	ZONE 16	BASEMENT FRONT STORAGE	PASS
SMOKE	ZONE 17	BASEMENT REAR STORAGE	PASS
SMOKE	ZONE 18	BASEMENT BY FACP	PASS
SMOKE	ZONE 19	BASEMENT REAR	PASS
HEAT	ZONE 20	BASEMENT OIL STORAGE	VIS
HEAT	ZONE 21	BASEMENT IN HALL STORAGE	VIS
PULL	ZONE 22	1 ST FLOOR ENTRY	PASS
PULL	ZONE 23	REAR EXIT/PANTRY	PASS
HEAT	ZONE 24	KITCHEN	VIS
SMOKE	ZONE 25	FRONT AREA	PASS
SMOKE	ZONE 26	KITCHEN HALL	PASS
SMOKE	ZONE 27	PANTRY	PASS
SMOKE	ZONE 28	2 ND FLOOR BY RM 1	PASS
SMOKE	ZONE 29	2 ND FLOOR BY RM 2	PASS
PULL	ZONE 30	2 ND FLOOR MAIN STAIRS	PASS

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

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
PULL	ZONE 31	2 ND FLOOR ALTERNATE STAIRS	PASS
HEAT	ZONE 32	PANTRY EXIT FOYER	VIS
HEAT	ZONE 33	KITCHEN CLOSET	VIS
HEAT	ZONE 34	1 ST FLOOR CLOSET	VIS
SMOKE	ZONE 35	3 RD FLOOR BY RM 5	PASS
SMOKE	ZONE 36	3 RD FLOOR BY RM 7	PASS
SMOKE	ZONE 37	2 ND FLOOR BY RM 3	PASS
SMOKE	ZONE 39	3 RD FLOOR BY ALTERNATE STAIRS	PASS
PULL	ZONE 40	3 RD FLOOR BY ALTERNATE STAIRS	PASS
HEAT	ZONE 41	3 RD FLOOR BATHROOM	VIS
HEAT	ZONE 42	3 RD FLOOR BATHROOM CLOSET	VIS
SMOKE	ZONE 43	3 RD FLOOR MAIN STAIRS	PASS
SMOKE	ZONE 44	3 RD FLOOR MAIN STAIRS	PASS
SMOKE	ZONE 46	BASEMENT RIGHT ARCHIVE	PASS
SMOKE	ZONE 47	BASEMENT LEFT ARCHIVE	PASS
SMOKE	ZONE 48	BASEMENT STAIRWAY	PASS
SMOKE W/ AUD. BASE	ZONE 49	APARTMENT 2	PASS
SMOKE W/AUD. BASE	ZONE 50	APARTMENT 3	PASS
SMOKE W/AUD. BASE	ZONE 51	APARTMENT 4	PASS
SMOKE W/AUD. BASE	ZONE 52	APARTMENT 1	PASS
SMOKE W/AUD. BASE	ZONE 53	APARTMENT 9	PASS
SMOKE W/AUD. BASE	ZONE 54	APARTMENT 5	PASS
SMOKE W/AUD. BASE	ZONE 55	APARTMENT 6	PASS
SMOKE W/AUD. BASE	ZONE 56	APARTMENT 7	PASS
SMOKE W/AUD. BASE	ZONE 57	APARTMENT 8	PASS
SMOKE W/AUD. BASE	ZONE 58	APARTMENT 10	PASS
HEAT	ZONE 15	CLOSET BY ROOM 5	VIS

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

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: 8/1/19 2:30 Inspection/Test Completion Date/Time: 8/1/19 4:15

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

1. PROPERTY INFORMATION

Name of property: CHISHOLM HOUSE & GARAGE
Address: 233 WESTERN PROM, PORTLAND, ME
Description of property: RESIDENTIAL
Name of property representative: ALLISON PERRY
Address: _____
Phone: 207-662-8065 Fax: NA E-mail: Perrya1@mmc.org

2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE, FALMOUTH, MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Monitoring organization: RAPID RESPONSE
Address: 400 W. DIVISION STREET, SYRACUSE, NY 13204
Phone: 1-800-932-3822 Fax: N/A E-mail: N/A
Account number: 4461139 Phone line 1: 207-662-5632 Phone line 2: 207-662-5633
Means of transmission: PHONE LINES
Entity to which alarms are retransmitted: PORTLAND FIRE DEPT. Phone: 207-874-8576

3. DOCUMENTATION DOOR CODE 817

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

4.2 Software and Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 V Amps: 2.5 Location: _____

Overcurrent protection type: CB Amps: 20 Disconnecting means location: _____

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: SEALED LEAD ACID Location: IN PANEL

Battery type (if applicable): 12 V 7 AH

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>2:30</u>
Building management	Contact: <u>ALLISON PERRY</u>	Time: <u>2:30</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>2:30</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPT.</u>	Time: <u>2:30</u>
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<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 type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100% INSTALLED 2016
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	<input type="checkbox"/>	<input type="checkbox"/>	

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"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

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"/>	N/A	
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>RAPID RESPONSE</u>	Time: <u>4:15</u>
Building management	Contact: <u>ALLISON PERRY</u>	Time: <u>4:15</u>
Building occupants	Contact: <u>ALL</u>	Time: <u>4:15</u>
Authority having jurisdiction	Contact: <u>PORTLAND FIRE DEPT.</u>	Time: <u>4:15</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 8/1/19 Time: 4:15

9. CERTIFICATION

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

Signed: Stephen Andrews Printed name: STEPHEN ANDREWS Date: 8-1-19
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: [Signature] Printed name: MARCY BOWEN Date: 8-1-19
Organization: _____ Title: _____ Phone: _____