

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: 2/6/2020 1 pm Inspection/Test Completion Date/Time: 2/6/2020 3 pm

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

1. PROPERTY INFORMATION

Name of property: McDonald's

Address: 332 Saint John Street Portland, Maine 04101

Description of property: Restaraunt

Name of property representative: Ron Lydick (RC Management LLC)

Address: N/A

Phone: 207-310-8055 Fax: N/A E-mail: ronlydick@gmail.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Seacoast Security

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: service@seacoastsecurity.com

Monitoring organization: Seacoast Security - West Rockport, ME 04865

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: _____

Account number: 4R-6495 Phone line 1: N/A Phone line 2: N/A

Means of transmission: AES 7788F ULP-P Wireless Radio Communicator

Entity to which alarms are retransmitted: Seacoast Security UL Central Station Phone: 207-236-4876

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: FCI Model number: 7100-1

4.2 Software and Firmware

Firmware revision number: 1.2-001

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 122V Amps: _____ Location: In FACP

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Kitchen Panel "LP 1" ckt 44

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: Battery Location: In FACP

Battery type (if applicable): Sealed Lead Acid (12V 12Ah)

Calculated capacity of batteries to drive the system:

In standby mode (hours): Unknown In alarm mode (minutes): Unknown

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Brian</u>	Time: <u>1 pm</u>
Building management	Contact: <u>yes</u>	Time: <u>1 pm</u>
Building occupants	Contact: <u>yes</u>	Time: <u>1 pm</u>
Authority having jurisdiction	Contact: <u>Portland FD</u>	Time: <u>1 pm</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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
AES Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC - 18.5V Charge - 13.7V

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Good dated 5/1/2017
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25.4V
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.3V
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AES new 2/6/2020

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"/>	3 pm	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 pm	
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>Brian</u>	Time: <u>3 pm</u>
Building management	Contact: <u>yes</u>	Time: <u>3 pm</u>
Building occupants	Contact: <u>yes</u>	Time: <u>3 pm</u>
Authority having jurisdiction	Contact: <u>yes</u>	Time: <u>3 pm</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 2/6/2020 Time: 3 pm

9. CERTIFICATION

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

Signed: _____ Printed name: Brian Green Date: 2/6/2020

Organization: Seacoast Security Title: Alarm Technician Phone: 800-654-8800

Qualifications (refer to 10.5.3): _____

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: _____