

DiMatteo Construction Management
P.O. Box 2667
So. Portland, ME 04116

LETTER OF TRANSMITTAL

DATE: 6/29/2017

TO:

ATTENTION: Chief Petrocelli

Portland Fire Department

RE: USM Science Bldg. Office
Renovations

JOB NO. _____

WE ARE SENDING YOU:

- | | | | |
|---|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Mailed | <input type="checkbox"/> Faxed | <input type="checkbox"/> Hand Delivered |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples |
| <input type="checkbox"/> Copy of Letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other | <input type="checkbox"/> Specifications |

COPIES	DATE	NO.	DESCRIPTION
1			Fire Alarm Test Reports

THESE ARE TRANSMITTED as checked below:

- | | | |
|---|---|---|
| <input type="checkbox"/> For Approval & Execution | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Resubmit Copies for Approval |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Submit Copies for Distribution |
| <input checked="" type="checkbox"/> As Requested | <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Return Corrected Prints |
| <input type="checkbox"/> For Review & Comment | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> FOR BIDS DUE _____ | | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |

REMARKS

Thank You.

COPY TO Job File

SIGNED: Michael DiMatteo
 Owner/Manager



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 6/23/2017 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: USM Science Building - 5th Floor
Address: 70 Falmouth St
Description of property: Educational
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Mancini electric
Address:
Phone: Fax: E-mail:
Service organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Testing organization: Norris inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: USM Public Safety
Address:
Phone: 780-5211 Fax: E-mail:
Account number: Phone line 1: Phone line 2:
Means of transmission:
Entity to which alarms are retransmitted: Portland Fire Dept Phone:

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [] New system [X] Modification to existing system Permit number:
NFPA 72 edition:

4.1 Control Unit

Manufacturer: Notifier (Existing) Model number: NFS-640

4.2 Software and Firmware

Firmware revision number: 3.0

4.3 Alarm Verification

[] This system does not incorporate alarm verification.

Number of devices subject to 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: Existing _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: Existing – none added _____

Location, if remote from the plant: _____

Calculated capacity of secondary power to drive the system:

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

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				
Device Power				
Initiating Device				
Notification Appliance	1		B	Unknown
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations				
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible, and Combination Audible and Visible (5th Floor speaker strobes).

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown, Fire/Smoke Dampers, Door Unlocking, Elevator Recall, and Elevator Shunt Trip.

11. INTERCONNECTED SYSTEMS

- Interconnected system options: 'This system does not have interconnected systems.' and '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: [Blank] Date: [Blank]
Organization: [Blank] Title: [Blank] Phone: [Blank]

12.2 System Operational Test

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

Signed: [Signature] Printed name: Michael Todd Date: 6/23/2017
Organization: Norris Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: [Blank]
Installing contractor representative: [Blank]
Testing contractor representative: [Blank]
Property representative: [Blank]
AHJ representative: [Blank]

