Certificate of Occupancy

CITY OF PORTLAND, MAINE

Department of Planning and Urban Development
Building Inspections Division

Location: 71 BEDFORD ST | **CBL: 114A- A-001-001**

Issued to: UNIVERSITY OF MAINE | **Date Issued: 4/3/2012**

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit No. 2011-04-932-SCH, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
1ST AND 3RD FLOOR SIMULATION LABS	USE GROUP B, TYPE 2B, IBC 2009

Approved:
4-3-12
(Date) *Inspector*

Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT

This is to certify that UNIVERSITY OF MAINE

Located At 96 FALMOUTH

Job ID: 2011-04-932-SCH

CBL: 114 - A - A - 001 - 001 - - - - -

has permission to USM Classroom Renovation on 1st and 3rd floors for Simulation Lab

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.	A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer 5/23/11

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD

SCANNED

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No:	Date Applied:	CBL:	
2011-04-932-SCH	**4/29/2011**	**114 - A - A - 001 - 001 - - - - -**	
Location of Construction: **MastersonHall, 71 Bedford St., USM** (96 Falmouth St.)	Owner Name: **UNIVERSITY OF MAINE**	Owner Address: **Dana Gray – USM, 25 Bedford St., Portland, ME 04101**	Phone: 207-780-4742
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: **BLDG - Building**	Zone: **R-5 (USM overlay)**
Past Use: USM – Masterson Hall	Proposed Use: USM – Masterson Hall – interior renovations on part of 1st & 3rd floor	Cost of Work: **600000.00**	CEO District:
		Fire Dept: ✓ Approved w/ conditions ___ Denied ___ N/A Signature: BJ Caldwell (58)	Inspection: Use Group: B Type: 2B IBC-2009 Signature: SMB 5/23/11
Proposed Project Description: **96 Falmouth St. – interior renovations** (Masterson Hall – 71 Bedford)		Pedestrian Activities District (P.A.D.)	
Permit Taken By:			

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building Permits do not include plumbing, septic or electrial work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
___ Shoreland	___ Variance	✓ Not in Dist or Landmark
___ Wetlands	___ Miscellaneous	___ Does not Require Review
___ Flood Zone	___ Conditional Use	___ Requires Review
___ Subdivision	___ Interpretation	___ Approved
___ Site Plan	___ Approved	___ Approved w/Conditions
___ Maj ___ Min ___ MM	___ Denied	___ Denied
Date: Ok w/ condition 5/23/11 APM	Date:	Date: APM

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the appication is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHON

Temporary Certificate of Occupancy

CITY OF PORTLAND, MAINE

Department of Planning and Urban Development — **Building Inspections Division**

Location	**96 FALMOUTH ST**	**CBL**	**114A A001001**
Issued to	**UNIVERSITY OF MAINE**	**Date Issued**	**August 25, 2011**

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit NO. 2011-04-932, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st and 3rd Floor Simulation Labs

APPROVED OCCUPANCY

Use Group B/ Type 2B IBC 2009

Limiting Conditions: Temporary Occupancy expires September 24, 2011

Approved:

8-25-2011 Donald Mac

(Date) *Inspector*

Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.

PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-04-932-SCH **Located At:** 96 FALMOUTH **CBL:** 114 - A - A - 001 - 001 - - - - -

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Fire

1. All construction shall comply with City Code Chapter 10.
2. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. An AES master box is required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

1. Close In – Framing, Electric, Plumbing
2. Final at completion of work

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCU0PIED.

Entered PDF 66

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 96 Falmouth ST USM: PORTLAND CAMPUS, MASTERTON HALL		
Total Square Footage of Proposed Structure/Area: EXISTING STRUCTURE	Square Footage of Lot: NA	
Tax Assessor's Chart, Block & Lot: NA Chart# Block# Lot# 114 A A001 RECEIVED APR 28 2011 Dept. of Building Inspections City of Portland Maine	Applicant *must be owner, Lessee or Buyer* Name USM, DANA GRAY Address 25 BEDFORD ST. City, State & Zip PORTLAND, 04104	Telephone: 207.780.4742
Lessee/DBA (If Applicable) NA	Owner (if different from Applicant) Name SAME AS ABOVE Address City, State & Zip	Cost Of Work: $ 600 K C of O Fee: $ 75 Total Fee: $ 6095

Current legal use (i.e. single family): BUSINESS, (CLASSROOMS & OFFICES)
If vacant, what was the previous use? NA
Proposed Specific use: SAME AS ABOVE
Is property part of a subdivision? NO If yes, please name
Project description: INTERIOR RENOVATIONS TO CLASSROOMS. PORTION OF 2nd & 4TH floors

Contractor's name: T.B.D.
Address:
City, State & Zip Telephone:
Who should we contact when the permit is ready: SCOTT L. BENSON Telephone: 772.3846
Mailing address: 144 FORE ST., PORTLAND, ME 04104 C/O SMRT

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

ON BEHALF OF USM

Signature: Scott L. B Date: 4.27.2011

This is not a permit; you may not commence ANY work until the permit is issue

Building Permits and Inspections Fee Schedule

The applicant submits cost of work. If the construction cost submitted is less than that as indicated by national standards such as International Code Council or the R.S. Means Company, Inc., the City of Portland reserves the right to reevaluate the proposed project cost based on the referenced national standard and assess the larger of the fees.

All fees due at time of submission. We accept Visa, MasterCard & Checks payable to the City of Portland.

Construction Work Fees

- Cost of work fees:

Up to $1,000 worth of work	$30.00
Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000

30
5990
$6020.00

- Belated Fees:

Below $1,000 worth of work	$30.00
Above $1,000 worth of work	$100.00

- Amendments to application:

Up to $1,000 worth of additional cost	$30.00
Each additional $1,000 worth of additional cost	$10.00 per $1,000 + 30 for the first $1,000

Fees for specific items

- HVAC – air conditioning units, ventilation systems, heating systems, oil & gas burner replacement, kitchen hoods, fire alarm/ sprinkler system, metal asbestos chimney etc.

Up to $1,000 worth of work	$30.00
Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000

- Change of use permit

Up to $1,000 worth of work	$30.00
Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000
*Certificate of Occupancy (required)	$75.00

- Demolition of a structure

Up to $1,000 worth of work	$30.00
Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000

- Home Occupation — $150.00 plus cost of work + $75 C of O
- Re-Inspections — $75.00 each additional inspection

Condo Conversion:

- With no construction — $150.00 per Unit + $75 C of O per Unit
- With construction — Up to $1,000 worth of work $30.00 + $150.00 per Unit + $75 C of O per Unit

Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000 + $150.00 per Unit + $75 C of O per Unit

Legalization of Nonconforming Dwelling unit:

• Legalization of Nonconforming Dwelling unit	$300.00 for each unit to be legalized + $75 for each C of O

Fees in lieu of cost of work:

• Signs	$30 + $2.00 per sq ft
• Signs in Historic District	$65 + $2.00 per sq ft
• Tanks: propane gas, gasoline, and fuel oil	
Under 300 gallons	$30.00
300 gallons or more	$35.00
Tank removal	$30.00
• Tent use & Event permit	$30.00
• Outside Dining	$80.00

New Single Family Home Fees:

• Cost of work fees:	
Up to $1,000 worth of work	$30.00
Each additional $1,000 worth of work	$10.00 per $1,000 + 30 for the first $1,000
• Minor Single Family Site Review	$300.00
• Certificate of Occupancy	$75.00

Example of Single Family Home fee:

New Home Single Family Based on $100,000.00	First $1,000	$ 30.00
	Each additional $1000.00 99 x 10 =	$ 990.00
	Site Fee	$ 300.00
	C of O	$ 75.00
	Total due at time of submission	$1,395.00

***Certificate of Occupancy = C of O**

Certificate of Design Application

From Designer: SCOTT L. BENSON

Date: APRIL 27, 2011

Job Name: USM SIMULATION LABORATORY

Address of Construction: MASTERTON HALL @ PORTLAND CAMPUS

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2009 Use Group Classification (s) BUSINESS

Type of Construction NON-COMBUSTIBLE, UNPROTECTED

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES, EXISTING

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NA

Structural Design Calculations NA

_____ Submitted for all structural members (106.1 – 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

Wind loads (1603.1.4, 1609)

_____ Design option utilized (1609 1.1, 1609.6)

_____ Basic wind speed (1809.3)

_____ Building category and wind importance Factor, I_w table 1604.5, 1609.5)

_____ Wind exposure category (1609.4)

_____ Internal pressure coefficient (ASCE 7)

_____ Component and cladding pressures (1609.1.1, 1609.6.2.2)

_____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)

_____ Seismic use group ("Category")

_____ Spectral response coefficients, SDs & SD1 (1615.1)

_____ Site class (1615.1.5)

_____ Live load reduction

_____ Roof *live* loads (1603.1.2, 1607 11)

_____ Roof snow loads (1603.7.3, 1608)

_____ Ground snow load, P_g (1608.2)

_____ If P_g > 10 psf, flat-roof snow load P_f

_____ If P_g > 10 psf, snow exposure factor, C_e

_____ If P_g > 10 psf, snow load importance factor, I_s

_____ Roof thermal factor, C_t (1608.4)

_____ Sloped roof snowload, P_s (1608.4)

_____ Seismic design category (1616.3)

_____ Basic seismic force resisting system (1617.6.2)

_____ Response modification coefficient, R_I and deflection amplification factor C_d (1617.6.2)

_____ Analysis procedure (1616.6, 1617.5)

_____ Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

_____ Flood Hazard area (1612.3)

_____ Elevation of structure

Other loads

_____ Concentrated loads (1607.4)

_____ Partition loads (1607.5)

_____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404

Accessibility Building Code Certificate

Designer: SMRT, INC., SCOTT BENSON

Address of Project: MASTERTON HALL, UNIV. OF SOUTHERN ME

Nature of Project: INTERIOR RENOVATION OF CLASSROOM SPACES.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

STATE OF MAINE SCOTT L BENSON (SEAL) No. 1772 REGISTERED PROFESSIONAL ARCHITECT

Signature: Scott Benson

Title: ARCHITECT

Firm: SMRT, INC.

Address: 144 FORE ST.
PORTLAND, ME 04104

Phone: 207.772.3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

Certificate of Design

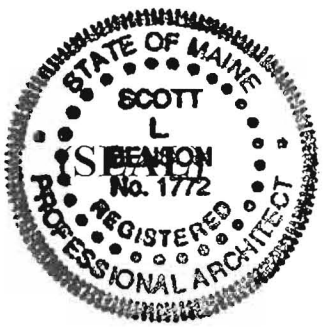
Date: APRIL 27, 2011

From: SMRT, INC., SCOTT BENSON

These plans and / or specifications covering construction work on:

RENOVATIONS TO CREATE A SIMULATION LABORATORY WITHIN MASTERTON HALL AT UNIVERSITY OF SOUTHERN MAINE

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2009 International Building Code* and local amendments.



Signature: SCOTT BENTON

Title: ARCHITECT

Firm: SMRT, INC.

Address: 144 FORE ST.
PORTLAND, ME 04104

Phone: 207.772.3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

Copies 28 2011

Received from SMRT, Inc.

Location of Work 96 Falmouth St.

Cost of Construction $_____ Building Fee: _____

Permit Fee $_____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

Bldg Fee 6020.00
C of O 75.00

CBL: 114 A A001

Check #: 45263 **Total Collected** $6095.00

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: _____

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

⑈045263⑈ ⑆211274382⑆ 20400574⑈

PAY Six Thousand Ninety Five and 00/100 Dollars

TO City of Portland
Attn: Inspections
City Hall, Room 315
389 Congress St.
Portland ME 04101

AMOUNT $6,095.00

AUTHORIZED SIGNATURE

CHECK DATE April 28, 2011

Security features. Details on back.

ARCHITECTURE ENGINEERING PLANNING
P.O. BOX 618
PORTLAND, ME 04104
(207) 772-3846

BANGOR, MAINE 04401
52-7438-2112

4/28/11

Job Summary Report
Job ID: 2011-04-932-SCH

(71 Bedford

Report generated on Apr 29, 2011 3:32:30 PM

Job Type:	Schools and other Educational	**Job Description:**	96 Falmouth St.	**Job Year:**	2011
Building Job Status Code:	Initiate Plan Review	**Pin Value:**	1285	**Tenant Name:**	
Job Application Date:		**Public Building Flag:**	N	**Tenant Number:**	
Estimated Value:	600,000	**Square Footage:**	University of Main		
Related Parties:		OF UNIVERSITY		*Property Owner*	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance

Location ID: 16044

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
978240	114 A A 001 001		M				-70.276294	43.662523

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				96 FALMOUTH STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
LITERARY & SCIENTIFIC INS		NOT APPLICABLE	R-5 VSM overlay				DISTRCIT 4	OAKDALE

Structure Details

Structure: USM

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Schools and Other Educational Buildings	0			96 FALMOUTH STREET WEST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference

User Defined Property	Value

66

Permit #: 20113167

Permit Data

Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date
16044	Location Permit	Initialized	interior renovations for classrooms			

Sprinkler Systems, Inc.

184 Read Street
Portland, ME 04103
Ph. (207) 775-1521 Fax (207) 879-1387
Fire Protection Professionals Since 1973

August 12, 2011

Portland Fire Department
380 Congress Street
Portland, ME 04101

Attn: Captain Keith Gautreau

Re: USM Simulation Laboratory
First & Third Floor Renovations
71 Bedford Street
Portland, Maine

Dear Captain Gautreau,

This letter is to certify that the sprinkler system in the renovated areas of the aforementioned location are active and are designed and installed in accordance with NFPA #13 and all other state and local codes.

If there are any questions or concerns please do not hesitate to call.

Very truly yours,
Sprinkler Systems, Inc.

Scott E. Garland, SET, RMS
Project Manager

Sprinkler Systems, Inc.

P.O. Box 1285
Lewiston, Maine 04243-1285
Ph. (207) 782-0104 Fax (207) 783-4865
Fire Protection Professionals Since 1973
☆ ***Portland Office*** ☆
Phone (207) 775-1521 Fax (207) 879-1387

Fax Transmission

Number of pages, including cover sheet: 2

To:	ANTHONY LIMINO	CAPT GAUDREAU	INSPECTIONS
Company:	CM LIMINO	PORTLAND FD	CITY OF PORTLAND
Fax #:	856-2254	874-8410	874-8716

From: SCOTT E. GARLAND

Date: 8-12-11

Subject: SPRINKLER CERTIFICATION LETTER - USM SIMULATION LAB

THANK YOU (SOO)

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

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

1. PROPERTY INFORMATION

Name of property:

Address:

Description of property:

Occupancy type:

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property:

Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment:

Address:

License or certification number:

Phone: Fax: E-mail:

Service organization for this equipment:

Address:

License or certification number:

Phone: Fax: E-mail:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Contracted testing company:

Address:

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. DESCRIPTION OF SYSTEM OR SERVICE

X Fire alarm system (nonvoice)

☐ Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

☐ Fire alarm ☐ EVACS ☐ MNS ☐ Two-way, in-building, emergency communication system

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☐ Other (specify):

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

NFPA 72 edition: Additional description of system(s):

3.1 Control Unit

Manufacturer: Model number:

3.2 Mass Notification System **X** This system does not incorporate an MNS

3.2.1 System Type:

☐ In-building MNS—combination

☐ In-building MNS—stand-alone ☐ Wide-area MNS ☐ Distributed recipient MNS

☐ Other (specify):

3.2.2 System Features:

☐ Combination fire alarm/MNS ☐ MNS ACU only ☐ Wide-area MNS to regional national alerting interface

☐ Local operating console (LOC) ☐ Direct recipient MNS (DRMNS) ☐ Wide-area MNS to DRMNS interface

☐ Wide-area MNS to high-power speaker array (HPSA) interface ☐ In-building MNS to wide-area MNS interface

☐ Other (specify):

3.3 System Documentation

☐ An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location:

3.4 System Software **X** This system does not have alterable site-specific software.

Operating system (executive) software revision level:

Site-specific software revision date: Revision completed by:

☐ A copy of the site-specific software is stored on site. Location:

3.5 Off-Premises Signal Transmission ☐ This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Phone:

Supervisory: Phone:

Trouble: Phone:

Entity to which alarms are retransmitted: Phone:

Method of retransmission:

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system: ☐ Local energy ☐ Shunt X Wired ☐ Wireless

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4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Engine-Driven Generator

Quantity: Description:

4.1.3 Device Power Pathways

☐ No separate power pathways from the signaling line pathway

☐ Power pathways are separate but of the same pathway classification as the signaling line pathway

☐ Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: Description:

4.2.3 Device Power Pathways

☐ No separate power pathways from the initiating device pathway

☐ Power pathways are separate but of the same pathway classification as the initiating device pathway

☐ Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: Description:

4.3.3 Device Power Pathways

X No separate power pathways from the notification appliance pathway

☐ Power pathways are separate but of the same pathway classification as the notification appliance pathway

☐ Power pathways are separate and different classification from the notification appliance pathway

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5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes ☐ This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

5.1.2 Other Alarm Boxes ☐ This system does not have other alarm boxes.

Description.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors ☐ This system does not have smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area

Other (specify):

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Multicriteria ☐ Aspirating ☐ Beam

Other (specify):

5.2.2 Duct Smoke Detectors ☐ This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Aspirating ☐ Beam

5.2.3 Radiant Energy (Flame) Detectors ☐ This system does not have radiant energy detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

5.2.4 Gas Detectors ☐ This system does not have gas detectors.

Type of detector(s):

Number of devices: Addressable: Conventional:

Type of coverage:

5.2.5 Heat Detectors ☐ This system does not have heat detectors.

Type and number of devices: Addressable: Conventional:

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ Linear ☐ Spot

Type of heat detector sensing technology: ☐ Fixed temperature ☐ Rate-of-rise ☐ Rate compensated

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5. ALARM INITIATING DEVICES *(continued)*

5.2.6 Addressable Monitoring Modules ☐ This system does not have monitoring modules.

Number of devices:

5.2.7 Waterflow Alarm Devices ☐ This system does not have waterflow alarm devices.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

5.2.8 Alarm Verification ☐ This system does not incorporate alarm verification.

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

5.2.9 Presignal ☐ This system does not incorporate pre-signal.

Number of devices subject to presignal:

Describe presignal functions:

5.2.10 Positive Alarm Sequence (PAS) ☐ This system does not incorporate PAS.

Describe PAS:

5.2.11 Other Initiating Devices ☐ This system does not have other initiating devices.

Describe:

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices ☐ This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2 Fire Pump Description and Supervisory Devices ☐ This system does not have a fire pump.

Type fire pump: ☐ Electric pump ☐ Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2.1 Fire Pump Functions Supervised

☐ Power ☐ Running ☐ Phase reversal ☐ Selector switch not in auto ☐ Engine or control panel trouble ☐ Low fuel

Other (specify):

6.3 Duct Smoke Detectors (DSDs) ☐ This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Aspirating ☐ Beam

6.4 Other Supervisory Devices ☐ This system does not have other supervisory devices.

Describe:

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7. MONITORED SYSTEMS

7.1 Engine-Driven Generator ☐ This system does not have a generator.

7.1.1 Generator Functions Supervised

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

☐ Other (specify):

7.2 Special Hazard Suppression Systems ☐ This system does not monitor special hazard systems.

Description of special hazard system(s):

7.3 Other Monitoring Systems ☐ This system does not monitor other systems.

Description of special hazard system(s):

8. ANNUNCIATORS ☐ This system does not have annunciators.

Location 1:

Location 2:

Location 3:

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System X This system does not have EVACS.

Number of single voice alarm channels: Number of multiple voice alarm channels:

Number of speakers: Number of speaker circuits:

Location of amplification and sound-processing equipment.

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

9.2 Nonvoice Notification Appliances ☐ This system does not have nonvoice notification appliances

Horns: With visible: Bells: With visible:

Chimes: With visible:

Visible only: Other (describe):

9.3 Notification Appliance Power Extender Panels This system does not have power extender panels.

Quantity:

Locations:

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10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS

X This system does not have an MNS.

10.1 MNS Local Operating Consoles

Location 1

Location 2:

Location 3:

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3.

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances: MNS-only visible appliances:

Textual signs: Other (describe):

Supervision class:

10.3.1 Special Hazard Notification

☐ This system does not have special suppression predischarge notification.

☐ MNS systems DO NOT override notification appliances required to provide special suppression predischarge notification.

11 TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System

X This system does not have a two-way telephone system.

Number of telephone jacks installed: Number of warden stations installed:

Number of telephone handsets stored on site:

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered

11.2 Two-Way Radio Communications Enhancement System

X This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: % General building areas: %

Amplification component locations:

Inbound signal strength: dbm Outbound signal strength: dbm

Donor antenna isolation is: dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:

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11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS *(continued)*

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

☐ This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.4 Elevator Emergency Communications Systems

☐ This system does not have an elevator emergency communications system.

Number of elevators with stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.5 Other Two-Way Communication Systems

Describe:

12. CONTROL FUNCTIONS

This system activates the following control fuctions:

☐ Hold-open door releasing devices X Smoke management ☐ HVAC shutdown ☐ F/S dampers

☐ Door unlocking ☐ Elevator recall ☐ Fuel source shutdown ☐ Extinguishing agent release

☐ Elevator shunt trip ☐ Mass notification system override of fire alarm notification appliances

Other (specify):

12.1 Addressable Control Modules

☐ This system does not have control modules.

Number of devices:

Other (specify):

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: Control panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.1.2 Engine-Driven Generator

☐ This system does not have a generator.

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13. SYSTEM POWER *(continued)*

13.3 Notification Appliance Power Extender Panels This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.3.2 Engine-Driven Generator X This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

13.3.3 Uninterruptible Power System X This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it.

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

13.3.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

X Batteries are marked with date of manufacture ☐ Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests

This is a: ☐ New system X Modification to an existing system Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

X *NFPA 72*, Edition:

X *NFPA 70, National Electrical Code*, Article 760, Edition:

X Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed: Peter R. Johnson Printed name: Peter R. Johnson Date:

Organization: Title: Phone: 615-5554

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Location of generator:

Location of fuel storage:

Type of fuel:

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13. SYSTEM POWER *(continued)*

13.1.3 Uninterruptible Power System X This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

13.1.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

X This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.2.2 Engine-Driven Generator X This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

13.2.3 Uninterruptible Power System X This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

13.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

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15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

☐ New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following.

X Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

X *NFPA 72*, Edition:

☐ *NFPA 70, National Electrical Code*, Article 760, Edition:

☐ Manufacturer's published instructions

Other (specify):

☐ Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

This system, as specified herein, has been installed and tested according to all NFPA standards cited herein

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

16.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed	Printed name:	Date:
Organization:	Title:	Phone:

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

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16. CERTIFICATIONS AND APPROVALS *(continued)*

16.4 Property or Owner Representative:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

16.5 Authority Having Jurisdiction:

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

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FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection 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.
Attach additional sheets, data, or calculations as necessary to provide a complete record

Date of this inspection or test: Time of inspection or test:

1. PROPERTY INFORMATION

Name of property:

Address:

Description of property:

Occupancy type:

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property:

Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment:

Address:

Phone: Fax: E-mail:

Service technician or tester:

Qualifications of technician or tester:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires: Contract number: Frequency of tests and inspections:

Monitoring organization for this equipment:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Address:

Phone: Fax: E-mail:

Entity to which alarms are retransmitted: Phone:

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

X Fire alarm system (nonvoice)

☐ Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

☐ Fire alarm ☐ EVACS ☐ MNS ☐ Two-way, in-building, emergency communication system

☐ Other (specify):

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3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 edition: Additional description of system(s):

3.1 Control Unit

Manufacturer: Model number:

3.2 Mass Notification System **X** This system does not incorporate an MNS

3.2.1 System Type:

☐ In-building MNS—combination

☐ In-building MNS—stand-alone ☐ Wide-area MNS ☐ Distributed recipient MNS

☐ Other (specify):

3.2.2 System Features:

☐ Combination fire alarm/MNS ☐ MNS ACU only ☐ Wide-area MNS to regional national alerting interface

☐ Local operating console (LOC) ☐ Direct recipient MNS (DRMNS) ☐ Wide-area MNS to DRMNS interface

☐ Wide-area MNS to high-power speaker array (HPSA) interface ☐ In-building MNS to wide-area MNS interface

☐ Other (specify):

3.3 System Documentation

☐ An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location:

3.4 System Software **X** This system does not have alterable site-specific software.

Software revision number: Software last updated on.

☐ A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: Control panel amps:

4.1.2 Engine-Driven Generator ☐ This system does not have a generator

Location of generator:

Location of fuel storage: Type of fuel:

4.1.3 Uninterruptible Power System ☐ This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it.

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

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4. SYSTEM POWER *(continued)*

4.1.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

X This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator ☐ This system does not have a generator

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 Uninterruptible Power System ☐ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels ☐ This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

4.3.2 Engine-Driven Generator ☐ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 Uninterruptible Power System ☐ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

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4. SYSTEM POWER *(continued)*

4.3.4 Batteries

Location: Type: Nominal voltage: 6.6

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture.

5. ANNUNCIATORS

☐ This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1

Annunciator 2:

☐ See Attached sheet of generated list

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☐	X	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	
Power extender panels	☐	X	
Isolation modules	☐	☐	
Other (specify)	☐	☐	

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7. TESTING RESULTS *(continued)*

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	☐	☐	
Generator or UPS	☐	☐	
Battery condition	☐	☐	
Load voltage	☐	X	High AC ripple (7V) on DC power
Discharge test	☐	☐	
Charger test	☐	☐	
Other (specify)	☐	☐	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☐	☐	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Primary power supply	☐	☐	
Secondary power supply	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Panel supervision	☐	☐	
System performance	☐	☐	
Sound pressure levels Occupied ☐ Yes ☐ No Ambient dba Alarm dba (attach report with locations, values, and weather conditions)	☐	☐	
System intelligibility ☐ CSI ☐ STI (attach report with locations, values, and weather conditions)	☐	☐	
Other (specify)	☐	☐	

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7. TESTING RESULTS *(continued)*

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	☐	X	
Fuses	☐	☐	
Primary power supply	☐	X	
Secondary power supply	☐	X	
Trouble signals	☐	X	
Ground-fault monitoring	☐	☐	
Panel supervision	☐	X	
Other (specify)	☐	☐	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	☐	☐	
Reset/power down test	☐	☐	
Fuses	☐	☐	
Primary power supply	☐	☐	
UPS power test	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
CCU security mechanism	☐	☐	
Prerecorded message content	☐	☐	
Prerecorded message activation	☐	☐	
Software backup performed	☐	☐	
Test backup software	☐	☐	
Fire alarm to MNS interface	☐	☐	
MNS to fire alarm interface	☐	☐	
In-building MNS to wide-area MNS	☐	☐	

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7. TESTING RESULTS *(continued)*

7.5 Mass Notification Equipment *(continued)*

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	☐	☐	
Sound pressure levels Occupied ☐ Yes ☐ No Ambient dba Alarm dba (attach report with locations, values, and weather conditions)	☐	☐	
System intelligibility ☐ CSI ☐ STI (attach report with locations, values, and weather conditions)	☐	☐	
Other (specify)	☐	☐	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	☐	☐	
Phone jacks	☐	☐	
Off-hook indicator	☐	☐	
Call-in signal	☐	☐	
System performance	☐	☐	
System audibility	☐	☐	
System intelligibility	☐	☐	
Radio communications enhancement system	☐	☐	
Area of refuge communication system	☐	☐	
Elevator emergency communications system	☐	☐	
Other (specify)	☐	☐	

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7. TESTING RESULTS *(continued)*

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	☐	☐	
Carbon monoxide detector/system	☐	☐	
Combination fire/security system	☐	☐	
Other (specify)	☐	☐	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	☐	☐	
	☐	☐	
	☐	☐	

7.9 Emergency Communications System

☐ Visual

☐ Functional

☐ Simulated operation

☐ Ensure predischarge notification appliances of special hazard systems are not overridden by the MNS. See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	☐	☐	
Fire pump	☐	☐	
Special suppression systems	☐	☐	
Other (specify)	☐	☐	

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7. TESTING RESULTS *(continued)*

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	☐	☐	
Fan shutdown	☐	☐	
Smoke management/smoke control	☐	☐	
Smoke damper operation	☐	☐	
Smoke shutter release	☐	☐	
Door unlocking	☐	☐	
Elevator recall	☐	☐	
Elevator shunt trip	☐	☐	
MNS override of FA signals	☐	☐	
Other (specify)	☐	☐	

7.12 Alarm Initiating Device

☐ Device test results sheet attached listing all devices tested and the results of the testing

7.13 Emergency Communications System

☐ Device test results sheet attached listing all devices tested and the results of the testing

7.14 Emergency Communications System

☐ Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Auxiliary Functions

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	☐	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

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8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	USM	Time:	16:00
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 08/11/2011 Time: 16:00

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed:	John Rondeau	Printed name:	John Rondeau	Date:	08/11/2011
Organization:	SimplexGrinnell	Title:	Technician	Phone:	207-842-6440

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below

Signed:		Printed name:		Date:	
Organization:		Title:		Phone:	

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DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results

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Form # P 01

ELECTRICAL PERMIT
City of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 8/27/07
Permit # 2007 1625
CBL# 114AA1

LOCATION: Sullivan Gym 96 Falmouth **METER MAKE & #** N/A
CMP ACCOUNT # 441-0625171-011 **OWNER** University of So. Maine
TENANT _____ **PHONE #** 207-228-8412

						TOTAL	EACH FEE
OUTLETS	Receptacles		Switches		Smoke Detector		.20
FIXTURES	Incandescent	321	Fluorescent		Strips		.20
SERVICES	Overhead		Underground		TTL AMPS <800		15.00
	Overhead		Underground		>800		25.00
Temporary Service	Overhead		Underground		TTL AMPS		25.00
							25.00
METERS	(number of)						1.00
MOTORS	(number of)						2.00
RESID/COM	Electric units						1.00
HEATING	oil/gas units		Interior		Exterior		5.00
APPLIANCES	Ranges		Cook Tops		Wall Ovens		2.00
	Insta-Hot		Water heaters		Fans		2.00
	Dryers		Disposals		Dishwasher		2.00
	Compactors		Spa		Washing Machine		2.00
	Others (denote)						2.00
MISC. (number of)	Air Cond/win						3.00
	Air Cond/cent				Pools		10.00
	HVAC		EMS		Thermostat		5.00
	Signs						10.00
	Alarms/res						5.00
	Alarms/com						15.00
	Heavy Duty(CRKT)						2.00
	Circus/Carnv						25.00
	Alterations						5.00
	Fire Repairs						15.00
	E Lights						1.00
	E Generators						20.00
PANELS	Service		Remote		Main		4.00
TRANSFORMER	0-25 Kva						5.00
	25-200 Kva						8.00
	Over 200 Kva						10.00
					TOTAL AMOUNT DUE		
	MINIMUM FEE/COMMERCIAL	55.00			**MINIMUM FEE**	45.00	

AUG 27 2007 RECEIVED

CONTRACTORS NAME Shepherd Electric **MASTER LIC. #** MS6001783
ADDRESS 45 State ST Augusta Me. 04330 **LIMITED LIC. #** _____
TELEPHONE 899-6066

SIGNATURE OF CONTRACTOR Scott Shepherd

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114-AA-1

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name	No. of Risk Factor/Intervention Violations	Date
USM Portland Campus	No. of Repeat Risk Factor/Intervention Violations	30 Dec 08
	Score (optional) 92	Time In / Time Out

License/Est. ID#	Address	City/State	Zip Code	Telephone
0570-5859	96 Falmouth St	Portland ME	04101	780-5420

License Posted	Owner Name	Purpose of Inspection	Est. Type	Risk Category
[X] Yes [ ] No		Annual	FS w/ Prep	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN= in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable **COS**=corrected on-site during inspection **R**=repeat violation

		Compliance Status				COS	R
		Supervision					
5	1	IN OUT			PIC present, demonstrates knowledge, and performs duties		
		Employee Health					
5	2	IN OUT			Management awareness; policy present		
5	3	IN OUT			Proper use of reporting, restriction & Exclusion		
		Good Hygienic Practices					
5	4	IN OUT		N/O	Proper eating, tasting, drinking, or tobacco use		
5	5	IN OUT		N/O	No discharge from eyes, nose, and mouth		
		Preventing Contamination by Hands					
5	6	IN OUT		N/O	Hands clean & properly washed		
2	7	IN OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed		
5	8	IN OUT			Adequate handwashing facilities supplied & accessible		
		Approved Source					
5	9	IN OUT			Food obtained form approved source		
5	10	IN OUT	N/A	N/O	Food received at proper temperature		
5	11	IN OUT			Food in good condition, safe, & unadulterated		
1	12	IN OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction		
		Protection from Contamination					
2	13	IN OUT		N/A	Food separated & protected		
2	14	IN OUT		N/A	Food-contact surfaces: cleaned & sanitized		
5	15	IN OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

		Compliance Status				COS	R
		Potentially Hazardous Food Time/Temperature					
5	16	IN OUT	N/A	N/O	Proper cooking time & temperatures		
5	17	IN OUT	N/A	N/O	Proper reheating procedures for hot holding		
5	18	IN OUT	N/A	N/O	Proper cooling time & temperature		
5	19	IN OUT	N/A	N/O	Proper hot holding temperatures		
5	20	IN OUT		N/A	Proper cold holding temperatures		
5	21	IN OUT	N/A	N/O	Proper date marking & disposition		
5	22	IN OUT	N/A	N/O	Time as a public health control: procedures & record		
		Consumer Advisory					
5	23	IN OUT		N/A	Consumer advisory provided for raw or undercooked foods		
		Highly Susceptible Populations					
5	24	IN OUT		N/A	Pasteurized foods used; prohibited foods not offered		
		Chemical					
5	25	IN OUT		N/A	Food additives: approved & properly used		
5	26	IN OUT			Toxic substances properly identified, stored, & used		
		Conformance with Approved Procedures					
5	27	IN OUT		N/A	Compliance with variance, specialized process, & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
5	28	Pasteurized eggs used where required		
5	29	Water & ice from approved source		
	30	Variance obtained for specialized processing		
		Food Temperature Control		
5	31	Proper cooling methods used; adequate equipment for temperature control		
5	32	Plant food properly cooked for hot holding		
5	33	Approved thawing methods used		
1	34	Thermometers provided & accurate		
		Food Identification		
1	35	Food properly labeled; original container		
		Prevention of Food Contamination		
4	36	Insects, rodents, & animals not present		
2	37	Contamination prevented during food preparation, storage & display		
5	38	Personal cleanliness		
1	39	Wiping cloths: properly used & stored		
1	40	Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
2	41	In-use utensils: properly stored		
2	42	Utensils, equipment & linens: properly stored, dried & handled		
2	43	Single-use & single-service articles: properly stored & used		
2	44	Gloves used properly		
		Utensil, Equipment and Vending		
2	45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1	46	Warewashing facilities: installed, maintained, & used; test strips		
1	47	Non-food contact surfaces clean		
		Physical Facilities		
4	48	Hot & cold water available; adequate pressure		
5	49	Plumbing installed; proper backflow devices		
5	50	Sewage & waste water properly disposed		
2	51	Toilet facilities: properly constructed, supplied, & cleaned		
2	52	Garbage & refuse properly disposed; facilities maintained		
1	53	Physical facilities installed, maintained, & clean Counters		
1	54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) Lee Fahey Date: 12/30/08

Health Inspector (Signature) Thomas H. Markley

Follow-up: YES (NO) (circle one) Follow-up Date:

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City of Portland Health Inspection Report

Establishment Name	As Authorized by 22 MRSA § 2496	Date
USM Portland Campus		30 Dec 08

License/EST. ID #	Address	City/State	Zip Code	Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Coolers	38°F				
Freezers	-10°F				
Meat items	38°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.
14	Sink Counter/wall Behind needs cleaning
21	Items in walk-in (cheeses) not dated
33	Some Counters need better cleaning

Person in Charge (Signature) [signature] Date

Health Inspector (Signature) [signature] Date 30 Dec 08

White Copy - State • Yellow Copy - Inspector • Pink Copy - Licensee