High Tech Fire Protection P.O. Box 156 Minot, Maine 04258 Tel: (207) 998-2551

Date: July 9, 2010

To: Hebert Construction/Maine Medical Center

From: Linda LaBonte

Re: Guarantee/fire sprinklers

MSG: High Tech Fire Protection hereby warranties and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project called fire protection at Maine Medical Center, OME Sim Center space A, 22 Bramhall St in Portland, Maine for a period of one year from the date of substantial completion, July 9, 2010 (to July 9, 2011)

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

The sprinkler system meets or exceeds all requirements necessary to satisfy the requirements of NFPA #13 and the Local Authority Having Jurisdiction.

High Tech Fire Protection Linda LaBonte V. Pres.

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High Tech Fire Protection Linda LaBonte V. Pres.



Quality Glass, Inc.

969 Lisbon Street, Lewiston, ME 04240 Phone: (207) 777-7727 · Fax: (207) 777-7737 E-Mail: QualityGlassInc@yahoo.com

July 14, 2010

Re: Brighton Medical Center-OME

To whom it may concern;

All glass installed by Quality Glass, Inc. in the interior of the building is safety tempered or safety laminated where required. This includes decorative Skyline Design glass.

Regards,

Marc St. Hilaire

President

SIMPIEXUTINNEII FO BE SAFE.	RWARD TO YOUR ACCO	OUNTS PAYABLE	DEPARTMENT	BOOK #	
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(SimplexGrinnell Representative)

(Print Name)

(Customer Acceptance)

(Print Name)

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© SimplexGrinnell LP 2007 All rights reserved Service Request Form

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FIRE ALARM TEST/INSTALLATION

A Tyco International Company **ACKNOWLEDGEMENT CONTINUATION SHEET** 1-800-746-7539 NAME CALL # MAINE MEDICAL CENTER BRIGHTUN CAMPUS 9/2010 PERIPHERAL FUNCTION TEST DEVICE LOCATION DEVICE TYPE DEVICE TYPE NOTE ANNUAL ZONE ALARM ZONE NO. OR OR DEVICE LOCATION NOTE ANNUAL ZONE ALARM ZONE NO. OR OR OR TELEPHONE OR SIGNAL OR TELEPHONE OR SIGNAL POWEXT 22 3/31 Rm 3111 è Rn 3104 2 CANP 3/17 PORA 3/31 3 PM 3105 PORN 3130 RM 3/11 2 NSD 2 RG: RM 3106 3 RELAY MONITOR 3 dri DanyoLDEA 16 RELAYMONITUA 3 31 FC MAGRELBARA 3 RELAND MONITOR 3 FL DOUR HOLDER RM 3100 = Photoelectric Smk Det = Beil Only TS = Tamper Switch ISD = Ionization Smk Det CPS = Coded Pull Station = Horn Only WF = Water Flow Sw PDD = Photo, Duct Smk Det = Chime Only = Door Holder RR = Rate of Rise Ht Det С DH IDD = ion. Duct Smk Det HT = Fixed Temp Heat Det = Spkr Only FP = Fire Phone DHS = Door Hidr & Smk Det MD = Mercoid Heat Det = Audio Visual PJ = Phone Jack SSD = Sgl Station Smk Det = Visual Only = Nurse Call Sta. BD = Beam Det - MONITOR M FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS: None As Follows (describe fully) SHUTDUUR TESTER TO SIMPLEX MAGRELEAS JACESS CONTROL

JIMPIEXUTINNEII BE SAFE.

ATyco International Company

FIRE ALARM TEST/INSTALLATION **ACKNOWLEDGEMENT CONTINUATION SHEET**

1-800-746-7539

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FIRE ALARM TEST/INSTALLATION **ACKNOWLEDGEMENT CONTINUATION SHEET**

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A Tyco International Company

FIRE ALARM TEST/INSTALLATION **ACKNOWLEDGEMENT CONTINUATION SHEET**

1-800-746-7539

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FIRE ALARM TEST/INSTALLATION

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A Tyco International Company RF-CERT

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT CONTINUATION SHEET

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ADD ON/MODIFICATIONS TO EXISTING SYSTEM

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. PROTECTED PROPERTY INFORMATION	10000
Name of property: MAINE MEDICAL	CENTER / BILIGHTION (AMPU)
Address: Brighton AL	CENTER BRIGHTON CAMPUS IE PURTUAND ME.
Description of property:	
Occupancy type: MADICA C	
Name of property representative: RICHARN	SPICEN
Address:	
Phone:Fax:	E-mail:
Authority having jurisdiction over this property: POR	TLAND FIRE DEPT.
Phone: Fax:	E-mail:
Address: 145 Bradex Drive	BOULOS
Phone: West Brook ME Fax: 464	7-18-33 E-mail:
Service organization for this equipment: SIMPLEX	BRINNELL
Address:	
Phone: Fax:	E-mail:
	Location of historical test reports:
Location of system operation and maintenance manuals:	
A contract for test and inspection in accordance with NFF	PA standards is in effect as of
Contracted testing company:	
Address:	
Phone: Fax:	E-mail:
Contract expires: Contract number: _	Frequency of routine inspections:
3. TYPE OF FIRE ALARM SYSTEM OR SERVICE NFPA 72 Chapter Reference of System Type:	
Name of organization receiving alarm signals with phone	
	Phone: <u>807-874-8576</u>
	Phone:
	Phone:
	Phone:Phone:
	on or location:
•	ht ©2002, National Fire Protection Association, Quincy, MA 02169. This reprinted material is

not the complete and official position of the National Fire Protection Association on the referenced subject which is represented only by the standard in its entirety.

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6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS
6.1 Sprinkler System Number of valve supervisory switches:
Type of devices: Addressable Conventional Coded Transmitter N/A
6.2 Fire Pump
Type of fire pump: ☐ Electrical ☐ Diesel
Type of pump supervisory devices: 🔲 Addressable 🔲 Conventional 🔲 Coded 🔲 Transmitter 🔲 N/A
Fire Pump Functions Supervised
☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto
☐ Engine or control panel trouble ☐ Low fuel
Other:
6.3 Engine-Driven Generator
Type of generator supervisory devices: 🔲 Addressable 🔛 Conventional 🕞 Coded 🕞 Transmitter 🗀 N/A
☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel
Other:
7. ANNUNCIATORS
7.1 Annunciator 1
Type: Addressable Directory Graphic N/A Location:
7.2 Annunciator 2
Type: Addressable Directory Graphic N/A Location:
7.3 Annunciator 3
Type: Addressable Directory Graphic N/A Location:
8. ALARM NOTIFICATION DEVICES AND CIRCUITS
8.1 Emergency Voice Alarm Service
Number of single voice alarm channels: Number of multiple voice alarm channels:
Number of speakers: Number of speaker zones:
8.2 Telephone Jacks
Number of telephone jacks installed: Number of telephone handsets stored on site:
Type of telephone system installed: Electrically powered Sound powered N/A
8.3 Nonvoice Audible System
Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):
Quantity: Style: Class:
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not the complete and official position of the National Fire Protection Association on the referenced subject which is represented only by the standard in its entirety.
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3. TYPE OF FIRE ALARM SYSTEM OR SERVICE (continued)	
If Chapter 8, note the means of transmission from the protected premises to the central station:	
☐ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐	N/A
If Chapter 9, note the type of connection: \(\mathbb{\text{\text{\text{Local energy}}}\) \(\mathbb{\text{Shunt}}\) Shunt \(\mathbb{\text{\text{N/A}}}\)	
3.1 System Software	
Operating system (executive) software revision level: 12.05.06 Site-specific software revision date: 7/13/2010 Revision completed by: 70HN T	>
Site-specific software revision date: $\frac{1}{13}\frac{3010}{3010}$ Revision completed by: $\frac{1}{3}\frac{1}{3}\frac{3010}{3010}$	ONDEAU
4. SIGNALING LINE CIRCUITS	
Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):	
Quantity: Class:	A CONTRACTOR OF THE PARTY OF TH
5. ALARM-INITIATING DEVICES AND CIRCUITS	
Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):	
Quantity:	
5.1 Manual initiating devices	2
5.1.1 Manual Pull Stations Number of manual pull stations:	
Type of devices: Addressable Conventional Coded Transmitter N/A	
5.2 Automatic Initiating Devices	i la
5.2.1 Area Smoke Detectors Number of smoke detectors:	70
Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ N/A	
Type of devices: Addressable Conventional Coded Transmitter N/A	
Type of smoke detector sensing technology: Ionization Photoelectric	
5.2.2 Duct Smoke Detectors Number of duct smoke detectors:	2
Type of coverage:	
Type of devices: Addressable Conventional Coded Transmitter N/A	
Type of smoke detector sensing technology: Innization Photoelectric	
5.2.3 Heat Detectors Number of heat detectors:	
Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ N/A	
Type of devices: Addressable Conventional Coded Transmitter N/A	
5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors:	· *
Type of devices: Addressable Conventional Coded Transmitter N/A	
5.2.5 Alarm Verification Number of devices subject to alarm verification:	^{Sections} (Section of Cases)
Alarm verification on this system is: Enabled Disabled Set for seconds	
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8. ALARM NOTIFICATION DEVICES AN	ND CIRCUITS (c	ontinued)		
8.4 Types and Quantities of Nonvoic	e Notification A	ppliances Installe	ed	\circ 1
Bells: With visual device	e	Horns:	W	ith visual device:/
Chimes: With visual device	e	Bells:	W	ith visual device:
Visual devices without audible devices:	<u> </u>	Other (describe): _		
9. EMERGENCY CONTROL FUNCTION	IS ACTIVATED			
Hold-open door releasing devices	☐ Smol	ke management or sn	noke contro	1
	☐ Eleva	ator recall		Other
10. SYSTEM POWER SUPPLY				
10.1 Primary Power	£.			
Nominal voltage FX15	TING	Amp)S	
Overcurrent protection: Type				
Location (of primary supply panelboard):				
Disconnecting means location:				
10.2 Secondary Power				
Location:	Type:	Nom	inal voltage	e: Current rating:
Number of standby batteries:				
Location of emergency generator;				
Location of fuel storage:				
Calculated capacity of secondary power to	drive the system			
In standby mode:		In alarm mode	p:	
1. RECORD OF SYSTEM INSTALLATION	N			
Fill out after all installation is complete and		checked for onene	horte arou	nd faults and improper
branching, but before conducting operation			norts, grou	ia jauis, ana improper
The system has been installed in accordance	e with the followi	ng NFPA standards:	(Note any o	or all that apply.)
☑ NFPA 72		- utional Electrical Cod		
Manufacturer's published instructions	Other (please	specify):		
System deviations from referenced NFPA s	tandards:		parameters.	
Signed: X Royald O'Brier Organization: LES Boxlos	Printed nam	ne:x Renald O	BriON	Date: X 7-13-10
Organization: KES Boulus	Tit	le: XGeneral F	cryon	Phone: 1831-0989
2. RECORD OF SYSTEM OPERATION				
All operational features and functions of thi	is system were tes	ted by or in the prese	ence of the	signer shown below, on
the date shown below, and were found to be				
NFPA 72	NFPA 70, Na	tional Electrical Cod	de, Article	760
Manufacturer's published instructions	Other (please	specify):		
Documentation in accordance with Inspe	ection and Testing	Form (Figure 10.6.2	.3) is attach	ed , ,
Signed: John Rondeen Organization: SIMPLEX GRINNE	Printed nam	e: JoHN ROND	EAL	Date: 7/13/2010
Organization: SIMPLEXGRINALE	ELL Tit	le: TECHNICT	AN.	Phone: 267-842-6440
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NFPA 72 (p.4 of 5)

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OVALS	
tractor	
s been installed and tested according to all NFPA standa	
win Printed name: Konald O'Briva	Date: <u>X 7-13-10</u>
Title: KG-znzral Formal	Phone: 1831-0989
Printed name: 1/th KONDEA	C Date: 7/13/00/0
(INNE (Title: TECHNICIAN	Phone: 207-442-6446
Il he manitored according to all NIEDA standards sited by	oroin
Title:	Phone:
n installed and tested to its specifications and all NFPA s	standards cited herein.
Printed name:	Date:
Title:	
ction	
eptance test of this system and find it to be installed and	
and that specifications, its approved sequence of operation	nio, and with an in in
Printed name:	Date:
	tractor s been installed and tested according to all NFPA standards. Printed name: Roma OBrition Title: Koznera Forma tor s been installed and tested according to all NFPA standards. Printed name: The Hollow Title: TECHNICIAN Il be monitored according to all NFPA standards cited here. Printed name: Title: Title: Title: In installed and tested to its specifications and all NFPA standards. Printed name: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Tit

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