

**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 warrants 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,

A handwritten signature in cursive script, appearing to read "Marc St. Hilaire".

Marc St. Hilaire
President

NAME MAINE MEDICAL CENTER	BOOK #	CALL #
BRIGHTON CAMPUS	7/9/2010	7/13/2010
	PG	OF

PERIPHERAL FUNCTION TEST

DEVICE TYPE	DEVICE LOCATION	ALARM	TROUBLE	SENSIT	NOTE NO.	ANNUAL ZONE OR TELEPHONE ZONE	ALARM ZONE OR SIGNAL ZONE	DEVICE TYPE	DEVICE LOCATION	ALARM	TROUBLE	SENSIT	NOTE NO.	ANNUAL ZONE OR TELEPHONE ZONE	ALARM ZONE OR SIGNAL ZONE
PSD	3 rd FL RM 3111					MY 46	46	✓	POW EXT 22 3131						21
PSD	CORR 3117						47	✓	RM 3104						2
PSD	" "						48	A/V	CORR 3131						3
PSD	" "						49	✓	RM 3105						4
PSD	RM 3101						50	✓	CORR 3130						5
PSD	CORR 3134						52	✓	RM 3111						6
DSD	3 rd FL COMPUTER RM				2		55	A/V	CORR 3130						7
DSD	" " "				2		56	✓	" 3117						8
M	RELAY MONITOR				3		58	✓	RES RM 3106						9
RELAY	3 rd FL DOOR HOLDER						59	✓	RM 3108						10
M	RELAY MONITOR				3		60	✓	RM 3109						11
RELAY	3 rd FL MAG RELEASE				4		61	A/V	CORR 3117						12
M	RELAY MONITOR				3		62	✓	RM 3103						13
RELAY	3 rd FL DOOR HOLDER						63	✓	RM 3102						14
								✓	RM 3102						15
								✓	CORR 3117						16
								✓	RM 3101						17
								A/V	CORR 3134						18

PSD = Photoelectric Smk Det FS = Manual Pull Station B = Bell Only TS = Tamper Switch
 ISD = Ionization Smk Det CPS = Coded Pull Station H = Horn Only WF = Water Flow Sw
 PDD = Photo. Duct Smk Det RR = Rate of Rise Hit Det C = Chime Only DH = Door Holder
 IDD = Ion. Duct Smk Det HT = Fixed Temp Heat Det S = Spkr Only FP = Fire Phone
 DHS = Door Hldr & Smk Det MD = Mercoid Heat Det A/V = Audio Visual PJ = Phone Jack
 SSD = Sgl Station Smk Det FD = Flame Det V = Visual Only NCS = Nurse Call Sta.
 BD = Beam Det
 M = monitor

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS: None As Follows (describe fully)

2	SHUTDOWN TESTED TO SIMPLEX RELAY HVAC NOT READY	
3	NOT USED	
4	MAG RELEASE (ACCESS CONTROL)	

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

Name of property: MAINE MEDICAL CENTER / BRIGHTON CAMPUS
Address: BRIGHTON AVE PORTLAND ME.
Description of property: _____
Occupancy type: MEDICAL
Name of property representative: RICHARD SPICER
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Authority having jurisdiction over this property: PORTLAND FIRE DEPT.
Phone: _____ Fax: _____ E-mail: _____

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: E.S. BOULOS
Address: 45 Bradley Drive
Phone: West Brook ME Fax: 464-1833 E-mail: _____
Service organization for this equipment: SIMPLEX BRINNEU
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Location of as-built drawings: ON-SITE Location of historical test reports: _____
Location of system operation and maintenance manuals: _____
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. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type: _____
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: PORTLAND FIRE DEPT Phone: 207-874-8576
Supervisory: _____ Phone: _____
Trouble: _____ Phone: _____
Entity to which alarms are retransmitted: _____ Phone: _____
Method of retransmission of alarms to that organization or location: _____

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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 Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.2 Annunciator 2 Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.3 Annunciator 3 Local Remote

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: _____

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: Local energy Shunt 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: JOHN RONDEAU

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: 6 Style: _____ Class: _____

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 7 Style: _____ Class: _____

5.1 Manual initiating devices

5.1.1 Manual Pull Stations

Number of manual pull stations: 3

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors

Number of smoke detectors: 40

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: Ionization Photoelectric

5.2.3 Heat Detectors

Number of heat detectors: 1

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: —

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

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8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device _____ Horns: _____ With visual device: 21
 Chimes: _____ With visual device _____ Bells: _____ With visual device: _____
 Visual devices without audible devices: 50 Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

- Hold-open door releasing devices
- Smoke management or smoke control
- Door unlocking
- Elevator recall
- Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage EXISTING Amps _____
 Overcurrent protection: Type _____ Amps _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

10.2 Secondary Power

Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____
 Number of standby batteries: _____ Amp hour rating: _____
 Location of emergency generator: _____
 Location of fuel storage: _____
 Calculated capacity of secondary power to drive the system
 In standby mode: _____ In alarm mode: _____

11. 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.

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

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: X Ronald O'Brien Printed name: X Ronald O'Brien Date: X 7-13-10
 Organization: X ES Boulos Title: X General Foreman Phone: X 831-0989

12. RECORD OF SYSTEM OPERATION

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 of:

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): _____

Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: John Rondeau Printed name: JOHN RONDEAU Date: 7/13/2010
 Organization: SIMPLEX GRINNELL Title: TECHNICIAN Phone: 207-842-6440

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13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

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

Signed: X Ronald O'Brien Printed name: X Ronald O'Brien Date: X 7-13-10
 Organization: X ES Boilas Title: X General Formal Phone: X 831-0989

13.2 System Service Contractor

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

Signed: John Rondeau Printed name: JOHN RONDEAU Date: 7/13/2010
 Organization: SIMPLEX GRIMMEL Title: TECHNICIAN Phone: 207-842-6440

13.3 Central Station

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

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

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

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

13.5 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, its approved sequence of operations, and with all NFPA standards cited herein.

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