SYSTEM RECORD OF COMPLETION

Form Completion Date: 9-26-18 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 23 Ocean Avenue

Address: _____

Description of property: Bus - Apt

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: LaPlante Electric

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service organization: Guardian Systems of Maine (GSM)

Address: 21 Pine Street Unit #2 Portland, Me

Phone: 536-4800 Fax: _____ E-mail: _____

Testing organization: GSM

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Effective date for test and inspection contract: _____

Monitoring organization: Instant Alarm

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: 608-1225 Phone line 1: _____ Phone line 2: _____

Means of transmission: Cell

Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☑ New system ☐ Modification to existing system Permit number: _____

NFPA 72 edition: 2007

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software and Firmware

Firmware revision number: 4.0.3.0

4.3 Alarm Verification

☐ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 1 Alarm verification set for 60 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: _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: Sprinkler Room Number: 40

5.1.2 Secondary Power

Type of secondary power: Battery

Location, if remote from the plant: _____

Calculated capacity of secondary power to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

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			B	0
Device Power			B	0
Initiating Device			B	0
Notification Appliance			B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
Front Door	

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	1			
Smoke Detectors	1			
Duct Smoke Detectors	0			
Heat Detectors	0			
Gas Detectors	0			
Waterflow Switches	2			
Tamper Switches	4			
Low Air	1			

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Bypass 1

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	1	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

11. INTERCONNECTED SYSTEMS

☑ This system does not have interconnected systems.

☐ 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: Paul Snyder Date: 9-26-18

Organization: LaPlante Electric Title: Sub. Contractor Phone: 207-590 2297

12.2 System Operational Test

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

Signed: [signature] Printed name: Rich Brolet Jr Date: 9-26-18

Organization: GSM Title: President Phone: 536-4800

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

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SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 9-26-18 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: ☐ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: 23 Ocean Avenue

Address: _____

Description of property: Business - Apts

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: GSM

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Monitoring organization: Instant Alarm

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: 608-1225 Phone line 1: Cell Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

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

DOC Cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: IPA-60

4.2 Software Firmware

Firmware revision number: 4.0.3.0

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: _____ Amps: _____ Location: Sprinkler Room House Panel

Overcurrent protection type: _____ Amps: _____ Disconnecting means location: 40

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: Battery Location: Panel

Battery type (if applicable): _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5. NOTIFICATIONS MADE PRIOR TO TESTING

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

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☑	☐	
Lamps/LEDs/LCDs	☑	☑	
Fuses	☑	☑	
Trouble signals	☑	☑	
Disconnect switches	☑	☑	
Ground-fault monitoring	☑	☑	
Supervision	☑	☑	
Local annunciator	☑	☑	
Remote annunciators	☑	☑	
Remote power panels	☐	☐	NA
	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☑	☐	
Load voltage	☑	☐	
Discharge test	☑	☐	
Charger test	☑	☐	
Remote panel batteries	☐	☐	NA

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☑	☐		
Alarm restoration	☑	☐		
Trouble signal	☑	☐		
Trouble restoration	☑	☐		
Supervisory signal	☑	☐		
Supervisory restoration	☑	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		NA
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

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

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 9-27-18 Time:

9. CERTIFICATION

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

Signed: [illegible] Printed name: Rich Bisbee Jr Date: 9-26-18

Organization: GSM Title: President Phone: 536-4800

Qualifications (refer to 10.5.3): NICET IV

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: [illegible] Printed name: Steven E. Lope Date: 9/27/18

Organization: 23 Ocean Avenue Associates, LLC Title: Member Phone: 207-772-7491 ext 1

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Account #608-1225					
Zone	**Point address**	**Code**	**Alarm type**	**Location**	**Pass/Fail**
Basement	1	Smoke	Fire	Over Fire panel	Pass
Basement	2.1	Waterflow	Fire	Wet system waterflow	Pass
Basement	2.2	Tamper	Supervisory	Waterflow tampers	Pass
Basement	3	Pull	Fire	Sprinkler Room	Pass
Basement	4	Low Air	Supervisory	Low air on Sprinkler system	Pass
Basement	5.1	Waterflow	Fire	Dry system waterflow	Pass
Basement	5.2	Tamper	Supervisory	Dry system tamper	Pass
Basement	6	Tamper	Supervisory	Bypass valve tamper	Pass
Exterior	horn/strobe			Outside	Pass

Guardian Systems of Maine
21 Rice St., Unit #2
Portland, ME 04103
207-536-4800

To Whom It May Concern:

Please note that a fire alarm inspection is an assessment of the conditions of the fire alarm system at the date and time of the inspection. This is only a test of the existing devices and is not a code assessment. Some of the devices may not be tested because of accessibility or another vendor is required to provide a complete test such as a sprinkler vendor, suppression system vendor, or an elevator vendor. This should be noted on the inspection report.

If a device is listed as tested, then it has triggered the appropriate alarm condition at the fire panel as per manufacturing specifications and NFPA-72 only. All of the local audio/visual devices will be tested with one or more devices only. The audio/visual devices will not be activated for each individual initiating device unless noted on the inspection report accordingly.

If the device is only visually inspected, then the inspector has only examined the device from a distance to determine if it seems intact. This is no assessment of functionality.

If a device is not connected to the system at the time of the inspection, then this will be noted. This device has not been assessed for functionality on the current fire alarm system.

Lastly a fire alarm device can fail at any time. It is important that the user of the system check the alarm panel's display once week as a minimum as per NFPA-72. Any trouble conditions should be reported to the service provider as soon as possible. Any physical change to the system such as removal of a device or damage to a device should be reported to your service provider immediately. In addition, depending on the physical change, the fire department should be notified immediately.

Please note we would be happy to provide an assessment of the existing conditions of the building for an additional fee. Please call our office and make arrangements.

Thank you for the chance to be your service provider.