# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR



574

(OVER)

#### PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME									DA <sup>3</sup>	rE	······	
2005077 4000	23 (	DCE M	NA	UET A	<i>540</i>	cate	41	LL	3	//3/	18	
PROPERTY ADDR	23	OCE	AN I	4vE								
	ACCEPTED CTTY ADDRESS	OF	$\sim$	THORITY('S)	NAMES FIR	e De	795					
PLANS	380 CONGRESS ST. PORTLIND, ME 04101 INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATIONS										YES	N0
INSTRUCTIONS	OF CONTR IF NO, EXF	OL VALV PLAIN	ES AND C	ARE AND MAI	INTENAI	NCE OF TH	HIS NEV	AS TO LOCATION V EQUIPMENT	****		YES	□ NO
	AND NFPA	,13A BEE PLAIN	PPROPRIA N LEFT OI	TE INSTRUCT N PREMISES	IONS AN	ID CARE A	AM GNA	AINTENANCE CH	ARTS		YES	□ NO
LOCATION OF SYSTEM	DRY	BLDGS.	CARI	TRS								
	MAKE			<del>                                     </del>		YEAR O		ORIFICE SIZE	QUAN.	FITY	TEMPERA	ING
SPRINKLERS	RELIABLE -		FIFRSG F3QR		2018 2018		5.64 5.64			200° 200°		
			_									
PIPE AND FITTINGS	PIPE CONI FITTINGS IF NO, EX	CONFOR			STANDA STANDA						₹ YES	□ NO
A1 4 D44			A	LARM DEVIC	E			MAXIMUM TIN		RATE THE		TPIPE
ALARM VALVE OR FLOW INDICATOR		TYPE		MAI	* <del>E</del> -	MC	DEL	MII	v. 		SEC.	
	<u> </u>		DBV	VALVE		<u> </u>			Q.O.D.	<u>j</u>		
		MAKE		MODEL	SER	IAL NO.		MAKE		IODEL	SERIAI	NO.
	TIME TO TRIP THRU TEST PIPE			NPV-1 WATER PRESSURE		AIR PRESSURE		TRIP POINT R		VATER CHED UTLET	ALAR OPERA PROPE	RLY
DRY PIPE OPERATING		MIN,	SEC.	PSI		PSI		PSI	MIN.	SEC.	YES	NO
TEST	Without Q.O.D.		30	85		40		1,5			X	
	With Q.O.D.									<u></u>		
	IF NO, EXPLAIN											

### CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR



5744

### PROCEDURE

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r failure to comply	with approvir	ng authorit	y's require	ments or local o	ırdınanc	es.				IDA	TF		
HOPERTY NAME	フっ	<i>~</i>		n _						-	3/13/	107	
ROPERTY ADDRE	<u> </u>	OCE	THW.	HUE							1 3/	18	
	23	Oci	- Baz	AUE									
	ACCEPTED			THORITY('S)	NAMES								
<u> </u>	CITY	OF	170R	FLAND.	FI	RE 1)	<u>50</u>	T	, ,				
	ADDRESS												
PLANS	1380 CONGRESS ST PORTLAND ME 04101 INSTALLATION CONFORMS TO ACCEPTED PLANS											X YES	NO
	EQUIPMENT	T USED IS	APPROVE									YES	NO
	IF NO, EXP	LAIN DEV	IATIONS			17							
				une govinue		EALING TO L	275.0	00.7	0.1.00071001				
	OF CONTRO	OL VALV	RGE OF F ES AND C	TRE EQUIPME ARE AND MAI	NTENA	NCE OF TH	IS NE	W EQ	UIPMENT			X YES	Пио
	IF NO, EXF	CAIN											
INSTRUCTIONS													
Mathochora	HAVE COPI	ES OF AF	PROPRIAT	TE INSTRUCT N PREMISES	IONS A	ND CARE A	м ои	AINT	ENANCE CH	ARTS		<b>X</b> YES	□ NO
	IF NO, EXP	LAIN											
LOCATION	SUPPLIES E	BLDGS.		<del>-</del>									
OF SYSTEM	WET	~ F1	00.BS	BEMT,	154	Zno, 3	3 es						
	MAKE			MODEL		YEAŔ OF MANUFACTU		ORIFICE SIZE		QUAN	TITY	TEMPER. RAT	
	RELIABLE			FIFRSG		2018		5.6		_58		200	)
SPRINKLERS	PELDAGLE			FIRES 4	2018		4.9		64			<u>_</u>	
	<u>'</u>						-1						
-	PIPE CONF	ORMS TO			STAND	ARD	•	•				FES	
PIPE AND	FITTINGS IF NO, EXI		M TO N	FPA 13	STAND	ARD						FES	□ио
FITTINGS													
	<del>                                     </del>		Α	LARM DEVIC	E			Ti	MAXIMUM TIN	ME TO OPE	RATE THE	ROUGH TE	ST PIPE
ALARM		TYPE		MAH		МО	DEL		МП		T	SEC.	
VALVE OR FLOW	FZ	0U		System:	52150	r WF	02	.5			1	8	
INDICATOR	ļ			<u>l</u>					i	Q.O.D			
		MAKE	DRY	VALVE MODEL	SEF	RIAL NO.			MAKE		MODEL	SEBLA	L NO.
						į.							
DRY PIPE OPERATING TEST	-	TIME	TO TRIP	WATER		I	· †	TB	UP POINT		WATER CHED	ALA	RM ATEO
			EST PIPE	PRESSUR		PRESSU	RE		PRESSURE		DUTLET	PROP	ERLY
		MIN.	SEC,	PSI		PSI		$\geq$	PSI	MIN.	SEC.	YE5	NO
	Without Q.O.D.								_	<u></u>			
	With		<u> </u>										
	Q.O.D.							<u> </u>		<u></u>			
	IF NO, EX	KPLAIN											
			_										
													(OVER)

### SYSTEM RECORD OF COMPLETION

	Form Completion Date: 9-26-18 Supplemental Pages Attached:
	PROPERTY INFORMATION Name of property: 23 OCCAN AVENUE Address: Description of property: Bus - Apt Name of property representative: Address:
	Phone: E-mail:
2.	Installation, SERVICE, TESTING, AND MONITORING INFORMATION  Installation contractor: La Plante Electric  Address:
	E-mail:
	Testing organization: 65 W
	Phone: E-mail:
	Effective date for test and inspection contract;  Monitoring organization:   Address:
	— ·
	Phone line 1: Phone line 2:
	Means of transmission:
	Entity to which alarms are retransmitted: Phone:
3.	On-site location of the required record documents and site-specific software; Dec Calif
4.	DESCRIPTION OF SYSTEM OR SERVICE  This is a: New system  Modification to existing system Permit number:  NFPA 72 edition: 400
	4.1 Control Unit Potter Model number: PA-60
	4.2 Software and Firmware  Firmware revision number: 4.0.3.0
	4.3 Alarm Verification  Number of devices subject to alarm verification:  Alarm verification set for 60 seconds
	NFPA 72 (p. 1 of 3)



	SYSTEM	RECORD OF C	OMPLETION (	continued)	
SYSTEM POWER					
5.1 Control Unit					
5.1.1 Primary Power	•				
Innut valtage of control	l nanel·				mps:
Overcurrent protection Branch circuit disconne	: Туре:		}	Amps:	40
Branch circuit disconne	ecting means lo	cation: Sprind	ur floom		
5.1.2 Secondary Pow	ver , .	tur			
Type of secondary power	er: Ball	7			
Location, if remote from	m the plant:				
Calculated canacity of	secondary powe	er to drive the systen	a: 	·	
In standby mode (hour	·s): <i>&amp;\bullet</i>		In alarm mode	(minutes): <u>5</u>	
5.2 Control Unit					
This system does no	ot have power e	xtender panels			
Power extender pan	ıels are listed oı	n supplementary she	et A		
. CIRCUITS AND PAT					
. UNCUITO AND PAI		Dual Media	Separate		Survivability
Pathway Typ	je [	Pathway	Pathway	Class	Level
Signaling Line				B	10
Device Power				B	10
Initiating Device				B	10
Notification Appliance				B	$\perp$ $\cup$
Other (specify):				ļ	}
				<u></u>	
7. REMOTE ANNUNC	ΙΔΤΩΡΟ				
	IVIOUS		Lo	cation	
Type	- A-A				
Fruit D	OUR				
	ES				
INITIATING DEVICE		A 1.1 2.1		arm or	Sensing
B. INITIATING DEVICE	T	Addressanie A		ervisory	Technology
3. INITIATING DEVICE	Quantity	Addressable of Conventional	Sup	51 V 1801 Y	
Туре	Quantity	Addressable of Conventional	Sup	51 VISULY	
	Quantity	Addressable o Conventional	Sup	51 41801 <i>y</i>	
<b>Type</b> Manual Pull Stations	Quantity	Addressable o Conventional	Sup	CIVIOULY	
Type Manual Pull Stations Smoke Detectors	1,	Addressable o Conventional	Sup	ELVISOLY	
Type  Manual Pull Stations  Smoke Detectors  Duct Smoke Detectors  Heat Detectors	0	Addressable o Conventional	Sup	E1 V1801 Y	
Type Manual Pull Stations Smoke Detectors Duct Smoke Detectors	0	Addressable o Conventional	Sup	E1 V180L Y	

# SYSTEM RECORD OF COMPLETION (continued) 9. NOTIFICATION APPLIANCES Description Quantity Туре Audible Visible Combination Audible and Visible 10. SYSTEM CONTROL FUNCTIONS Quantity Type Hold-Open Door Releasing Devices **HVAC Shutdown** Fire/Smoke Dampers Door Unlocking Elevator Recall **Elevator Shunt Trip** 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. Printed name: Paul Snyde Date: 9-26-18 Title: Sub. Confrado Phone: 267-590 729 12.2 System Operational Test This system as specified herein has tested according to all NFPA standards cited herein. Signed: Why Printed name: Kich Brown Date: 9-26-18 Organization: 65 M Title: President Phone: 586-4900 12.3 Acceptance Test Date and time of acceptance test:\_\_\_ Installing contractor representative: Testing contractor representative: Property representative: AHJ representative: \_\_\_\_ NFPA 72 (p. 3 of 3)



# SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 9-26-18 Insp	pection/Test Completion Date/Time:
Supplemental Form(s) Attac	ched: Yes No
1. PROPERTY INFORMATION Name of property: 33 Ocean Avev Address: Description of property: 325 IW 35 - Apt 3 Name of property representative: Address: Phone: Fax:	
2. TESTING AND MONITORING INFORMATION Testing organization: 6511	
Address: Fax: Monitoring organization: This fax Memu	E-mail:
Account number: 608-1225 Phone line 1:	E-mail:Phone line 2:
Entity to which alarms are retransmitted:  3. DOCUMENTATION  Onsite location of the required record documents and site-s	
4. DESCRIPTION OF SYSTEM OR SERVICE  4.1 Control Unit  Manufacturer:  Potter	Model number: 1PA-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:  Overcurrent protection type: Amps:	Location: Sprinkler Ram Have Panel Disconnecting means location: 40
	NFPA 72 (p. 1 of 4)



#### SYSTEM RECORD OF INSPECTION AND TESTING (continued) 4. DESCRIPTION OF SYSTEM OR SERVICE (continued) 4.3.2 Secondary Power Туре: \_\_\_\_\_ Battery type (if applicable): Calculated capacity of batteries to drive the system: In alarm mode (minutes):\_\_ In standby mode (hours): 5. NOTIFICATIONS MADE PRIOR TO TESTING Time:\_ Contact:\_ Monitoring organization Time:\_\_\_\_\_ **Building** management Contact:\_ Contact:\_\_\_\_ **Building occupants** Time:\_ Authority having jurisdiction Contact:\_\_\_ Time:\_\_ Contact: Other, if required 6. TESTING RESULTS 6.1 Control Unit and Related Equipment **Functional** Visual Comments Inspection Test Description Ď Control unit ø Lamps/LEDs/LCDs 叮 Fuses Trouble signals Ø Ø Disconnect switches Ground-fault monitoring Ø Supervision ø Local annunciator Remote annunciators NA Remote power panels 6.2 Secondary Power Functional Visual Comments Inspection Test Description **Battery** condition Load voltage Discharge test Charger test Remote panel batteries



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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	4			
Alarm restoration				
Trouble signal				
Trouble restoration	ď			
Supervisory signal	<b>Z</b> /			
Supervisory restoration				

### 6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal				
Alarm restoration				110
Trouble signal				NH
Trouble restoration				
Supervisory signal				
Supervisory restoration				

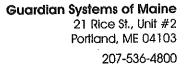
NFPA 72 (p. 3 of 4)



7. NOTIFICATIONS THAT TESTING IS COMPLETE  Monitoring organization  Building management  Contact:  Building occupants  Contact:  Other, if required  Contact:  Other, if required  Contact:  Time:  Time:  Time:  Time:  Time:  Other, if required  Contact:  Time:  Time:  Time:  Other, if required  Contact:  Time:  Time:  Time:  Time:  Time:  Time:  Other, if required  Contact:  Time:  Time:  Time:  Time:  Time:  Time:  Other, if required  Contact:  Time:  Time: Tim			
Monitoring organization Building management Contact: Building occupants Contact: Time: Building occupants Contact: Time:  Other, if required 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: Printed name: Printe		G IS COMPLETE	
Building occupants Authority having jurisdiction Other, if required Contact: Time: T	Monitoring organization	11011	
Authority having jurisdiction  Other, if required  Contact:  Time:  Time:  Time:  SySTEM RESTORED TO NORMAL OPERATION  Date:  9-2-18  Time:  9-2-18  Printed name:  Printed	Building management	Contact:	
Other, if required  Contact:  SySTEM RESTORED TO NORMAL OPERATION Date: 9-27-18  Printed name: Pink Brist Jacks: 9-26-18 Organization: 65W Qualifications (refer to 10.5.3):  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: W Brist Jacks: 9-26-18 Printed name: Pink Brist Jacks: 9-26-18 Phone: 535-4830 Phone: 535-4830  10.1 Acceptance by Owner or Owner's Representative: The undersigned accepted the test report for the system as specified herein:  Signed: W Brist Jacks: 9-26-18 Phone: 535-4830  Printed name: Shure E. 1016 Date: 9/27/18	Building occupants	— · · · · · · · · · · · · · · · · · · ·	<del></del>
8. SYSTEM RESTORED TO NORMAL OPERATION Date: 9-27-18  9. CERTIFICATION This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14. Signed: W	Authority having jurisdiction		
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: W A 77-  Organization: 65W  Qualifications (refer to 10.5.3):  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: W A 77-  Printed name: 5 to 10.5 a diction, Chapter 14.  Time:  Printed name: 9-26-18  Prin	Other, if required	Contact:	Time:
Printed name: Place By Owner or Owner's Representative:  The undersigned accepted the test report for the system as specified herein:  Signed: W	3. SYSTEM RESTORED TO NOR	MAL OPERATION	
This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.  Signed: What Printed name: Zih Brist Date: 9-26-18 Organization: 65W Title: President Phone: 535-4800 Qualifications (refer to 10.5.3):  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: AAAW Printed name: Studen E. 1011 Date: 9/27/18	Date: 9-27-18	Time:	
This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.  Signed: What Printed name: Zih Brist Date: 9-26-18 Organization: G5W Title: President Phone: 536-4800 Qualifications (refer to 10.5.3):  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: AAAW Printed name: Studen E. 1011 Date: 9/27/18	9. CERTIFICATION	,	
Printed name: Pr	This system as specified herein ha	as been inspected and tested according t	o NFPA 72, 2013 edition, Chapter 14.
Qualifications (refer to 10.5.3):    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   A.A.W.   Printed name: Studen E.   Off Date: 9/27/18	Ow AAA	7.36	30 but 6 motor 9-26-18
Qualifications (refer to 10.5.3):    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   A.A.W.   Printed name: Studen E.   Off Date: 9/27/18	Signed: No.	Printed name:	Phone: 536-4820
10.1 Acceptance by Owner or Owner's Representative: The undersigned accepted the test report for the system as specified herein:  Signed:  Printed name: Studen E. Loff Date: 9/27/18	Organization: 63W	Title: Testoct	Filone. 90-1000
10.1 Acceptance by Owner or Owner's Representative:  The undersigned accepted the test report for the system as specified herein:  Signed A A W Printed name: Studen E. 1011 Date: 9/27/18	Qualifications (refer to 10.5.3):	WICET IV	
10.1 Acceptance by Owner or Owner's Representative:  The undersigned accepted the test report for the system as specified herein:  Signed AAAW Printed name: Studen E. 1011 Date: 9/27/18		IS NOT CORRECTED AT CONCLUS	SION OF SYSTEM INSPECTION,
10.1 Acceptance by Owner or Owner's Representative:  The undersigned accepted the test report for the system as specified herein:  Signed: AAAW Printed name: Studen E. 1011 Date: 9/27/18	TESTING OR MAINTENANCE		
The undersigned accepted the test report for the system as specified herein:  Signed 101 Date: 9/27/18	TEOTRICA, CITAL TOTAL CONTROL OF THE		
The undersigned accepted the test report for the system as specified herein:  Signed A A W Printed name: Studen E. 1011 Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed A A W Printed name: Stuven E. 1011 Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed 101 Date: 9/27/18			
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The undersigned accepted the test report for the system as specified herein:  Signed: A A W Printed name: Studen E. 1011 Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed: A A W Printed name: Stuven E. loss Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed: A A W Printed name: Studen E. 1011 Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed: A A W Printed name: Studen E. loss Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed: A A W Printed name: Stuven E. loss Date: 9/27/18			
The undersigned accepted the test report for the system as specified herein:  Signed 101 Date: 9/27/18			
Signed State Printed name: Staven E. 1019 Date: 9/27/18	10.1 Accentance by Owner O	r Owner's Representative:	
Signed Printed name: Thur E. (0) Date: 9/2/// Date: 9/2/// Phone: 207-772-74	10.1 Acceptance by Owner of	r Owner's Representative:	ein:
Phone: 207-7/2	10.1 Acceptance by Owner of	streport for the system as specified here	pin:
Organization: 47 Com March 1166.	The undersigned accepted the tes	streport for the system as specified here  Printed name: Stuver	ein: A E. 1019 Date: 9/27/18
ASSOCIALLY LLC	Signed Signed accepted the tes	st report for the system as specified here  Printed name: Sturer  Musuffitie: Musuum	Phone: 207-772-74
NFPA 72 (p. 4 of 4)	Signed Signed accepted the tes	st report for the system as specified here  Printed name: Sturer  Musuffitie: Musuum	ein:  A E. 1011 Date: 9/27/18  Phone: 207-772-74



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		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		Tamper	Supervisory	Bypass valve tamper	Pass
Exterior	horn/strobe			Outside	Pass
<del></del>					





### 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.