

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A**BOVEGROUND PIPING

5744

**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: 23 OCEAN AVE ASSOCIATES LLC DATE: 3/13/18

PROPERTY ADDRESS: 23 OCEAN AVE

**PLANS**

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: CITY OF PORTLAND FIRE DEPT

ADDRESS: 380 CONGRESS ST. PORTLAND, ME 04101

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO

EQUIPMENT USED IS APPROVED  YES  NO

IF NO, EXPLAIN DEVIATIONS

**INSTRUCTIONS**

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  YES  NO

IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO

IF NO, EXPLAIN

**LOCATION OF SYSTEM**

SUPPLIES BLDGS. DRY - GARAGE

**SPRINKLERS**

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
RELIABLE	FIFR56	2018	5.64	12	200°
RELIABLE	F3QR	2018	5.64	4	200°

**PIPE AND FITTINGS**

PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO

IF NO, EXPLAIN

**ALARM VALVE OR FLOW INDICATOR**

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.

**DRY PIPE OPERATING TEST**

	DRY VALVE			O.O.D.			ALARM OPERATED PROPERLY		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO	
		T-100	DPV-1						
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without O.O.D.		30	85	40	15			X	
With O.O.D.									

IF NO, EXPLAIN

# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

5744

## 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.

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PROPERTY NAME: 23 OCEAN AVE DATE: 3/13/18

PROPERTY ADDRESS: 23 OCEAN AVE

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: CITY OF PORTLAND FIRE DEPT

ADDRESS: 380 CONGRESS ST PORTLAND ME 04101

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO

EQUIPMENT USED IS APPROVED  YES  NO

IF NO, EXPLAIN DEVIATIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  YES  NO

IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO

IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. WET - FLOORS BSMT, 1ST, 2ND, 3RD

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>RELIABLE</u>	<u>FIR56</u>	<u>2018</u>	<u>5.6</u>	<u>58</u>	<u>200</u>
<u>RELIABLE</u>	<u>FIR549</u>	<u>2018</u>	<u>4.9</u>	<u>64</u>	

PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.
<u>FLOW</u>	<u>System Sensor</u>	<u>WFD-2.5</u>		<u>18</u>

~~DRY VALVE~~

DRY VALVE			Q.O.D.		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN.	SEC.				MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

IF NO, EXPLAIN

# 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 New Street Unit #2 Portland, Me  
Phone: 506-4800 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

Number of devices subject to alarm verification: 1  This system does not incorporate alarm verification.  
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
<u>FRONT DOOR</u>	

### 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	24			
Tamper Switches				

LOW ALIVE 1

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Bypass 1

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	/	

**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: Paul Snyder Printed name: Paul Snyder Date: 9-26-18  
 Organization: Laplante Electric Title: Sub. Contractor Phone: 207-590 7297

**12.2 System Operational Test**

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

Signed: Rich Broket Jr. Printed name: Rich Broket Jr. Date: 9-26-18  
 Organization: GS 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: \_\_\_\_\_



# 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: Instat 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 Horse 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: Paul

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: <u>Yes</u>	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
	<input type="checkbox"/>	<input type="checkbox"/>	

#### 6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

#### 6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		NA
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

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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: RW BTF Printed name: Rich Bobot Jr Date: 9-26-18
Organization: GSM Title: President Phone: 536-4800
Qualifications (refer to 10.5.3): N/CET IV

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

Empty box for recording defects or malfunctions.

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: Steven E. Lopez Printed name: Steven E. Lopez Date: 9/27/18
Organization: 23 Ocean Avenue Title: Member Phone: 207-772-7491
Associates, LLC EVT

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**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.