

# SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 12/8/2015 - 11:00 AM Inspection/Test Completion Date/Time: 12/8/2015 - 4:00 PM

Supplemental Form(s) Attached: \_\_\_\_\_ (yes/no)

## 1. PROPERTY INFORMATION

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

Description of property: Operations Building

Name of property representative: Aaron

Address: \_\_\_\_\_

Phone: (207) 415-8292 Fax: NA E-mail: NA

## 2. TESTING AND MONITORING INFORMATION

Testing organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Monitoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: \_\_\_\_\_ Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet At Fire Alarm Panel

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: Potter Model number: P300

### 4.2 Software and Firmware

Firmware revision number: NA

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: NA Location: Panel

Overcurrent protection type: NA Amps: NA Disconnecting means location: HP CB #21

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

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

**4.3.2 Secondary Power**

Type: Sealed Lead Acid Batteries Location: In FACP

Battery type (if applicable): 12V - 18AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 4

**5. NOTIFICATIONS MADE PRIOR TO TESTING**

|                               |                              |                  |
|-------------------------------|------------------------------|------------------|
| Monitoring organization       | Contact: <u>N/A</u>          | Time: <u>N/A</u> |
| Building management           | Contact: <u>N/A</u>          | Time: <u>N/A</u> |
| Building occupants            | Contact: <u>Dick Andrews</u> | Time: <u>N/A</u> |
| Authority having jurisdiction | Contact: <u>N/A</u>          | Time: <u>N/A</u> |
| 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 type="checkbox"/>            |          |
| Lamps/LEDs/LCDs         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/>            |          |
| Supervision             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Local annunciator       | <input type="checkbox"/>            | <input type="checkbox"/>            | NA       |
| Remote annunciators     | <input type="checkbox"/>            | <input type="checkbox"/>            | NA       |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Load voltage           | <input type="checkbox"/> | <input type="checkbox"/>            | NA       |
| Discharge test         | <input type="checkbox"/> | <input type="checkbox"/>            | NA       |
| Charger test           | <input type="checkbox"/> | <input type="checkbox"/>            | NA       |
| Remote panel batteries | <input type="checkbox"/> | <input type="checkbox"/>            | NA       |

**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 type="checkbox"/> | <input type="checkbox"/> |      |          |
| 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"/> |      |          |

**6.7 Public Emergency Alarm Reporting System**

| Description             | Yes                      | No                       | Time | Comments |
|-------------------------|--------------------------|--------------------------|------|----------|
| Alarm signal            | <input type="checkbox"/> | <input type="checkbox"/> |      |          |
| 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"/> |      |          |

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

|                               |                     |                  |
|-------------------------------|---------------------|------------------|
| Monitoring organization       | Contact: <u>N/A</u> | Time: <u>N/A</u> |
| Building management           | Contact: <u>NA</u>  | Time: <u>NA</u>  |
| Building occupants            | Contact: <u>NA</u>  | Time: <u>NA</u>  |
| Authority having jurisdiction | Contact: <u>NA</u>  | Time: <u>NA</u>  |
| Other, if required            | Contact: <u>NA</u>  | Time: <u>NA</u>  |

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 12/8/2015 Time: 4:00pm

9. CERTIFICATION

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

Signed: [Signature] Printed name: Jordan Vallera Date: 12/23/15  
Organization: Protection Professionals Title: Engineering Tech Phone: (207) 775-5755  
Qualifications (refer to 10.5.3): IMSA - CET - NICET

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

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10.1 Acceptance by Owner or Owner's Representative:

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

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTIFICATION APPLIANCE  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.*

*It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.*

*It shall be permitted to modify this form as needed to provide a more complete and/or clear record.*

*Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Number of Supplemental Pages Attached: \_\_\_\_\_

**1. PROPERTY INFORMATION**

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

**2. NOTIFICATION APPLIANCE TEST RESULTS**

| Appliance Type | Location/Identifier            | Test Results |
|----------------|--------------------------------|--------------|
| AV             | Front door (Trades)            | Passed       |
| V              | Locker Room (Trades)           | Passed       |
| V              | Men's Room (Trades)            | Passed       |
| AV             | Hall By Bathroom (Trades)      | Passed       |
| V              | Women's Room (Trades)          | Passed       |
| V              | Locker Room (Trades)           | Passed       |
| AV             | Hallway (Trades)               | Passed       |
| V              | Break Room (Trades)            | Passed       |
| AV (EOL)       | Hall By Break Room (Trades)    | Passed       |
| AV             | Trades Ceiling Front           | Passed       |
| AV             | Trades Ceiling Middle          | Passed       |
| AV             | Trades Ceiling Middle          | Passed       |
| AV (EOL)       | Trades Ceiling Rear            | Passed       |
| AV             | Front Office (Fire and Rescue) | Passed       |
| AV             | Fire and Rescue Ceiling Front  | Passed       |
| AV             | Fire and Rescue Ceiling Middle | Passed       |
| AV             | Fire and Rescue Ceiling Middle | Passed       |
| AV             | Fire and Rescue Ceiling Rear   | Passed       |
| AV             | Fire and Rescue Bathroom       | Passed       |
| AV (EOL)       | Fire and Rescue Rear Exit      | Passed       |
|                |                                |              |
|                |                                |              |
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**NOTIFICATION APPLIANCE POWER PANEL  
SUPPLEMENTARY RECORD OF COMPLETION**

*This form is a supplement to the System Record of Completion. It includes a list of types and locations of notification appliance power extender panels.  
This form is to be completed by the system installation contractor at the time of system acceptance and approval.  
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.  
Insert N/A in all unused lines.*

Form Completion Date: 12/23/15      Number of Supplemental Pages Attached: \_\_\_\_\_

**1. PROPERTY INFORMATION**

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

**2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS**

| <b>Make and Model</b> | <b>Location</b>       | <b>Area Served</b>       | <b>Power Source</b> |
|-----------------------|-----------------------|--------------------------|---------------------|
| Potter PSN – 106      | Near Fire Alarm Panel | Trades and Fire & Rescue | HP Electrical Room  |
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**See Main System Record of Completion for additional information, certifications, and approvals.**