



FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

Date of this inspection or test: 1-29-16 Time of inspection or test: 0900

1. PROPERTY INFORMATION

Name of property: Roman Catholic Diocese
Address: 510 Ocean Ave, Portland ME
Description of property: Office Building
Occupancy type: Business
Name of property representative: Jimmy Somma
Address: same
Phone: Fax: E-mail:
Authority having jurisdiction over this property: Portland FD
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Protection One
Address: 10 Manuel Dr Portland, ME 04103
Phone: 207-347-5300 Fax: 207-772-7355 E-mail:
Service technician or tester: John Campbell ET
Qualifications of technician or tester: NICET III
A contract for test and inspection in accordance with NFPA standards is in effect as of: 10-2015
The contract expires: 10-2020 Contract number: Frequency of tests and inspections: Annual
Monitoring organization for this equipment: Protection One
A contract for test and inspection in accordance with NFPA standards is in effect as of:
Address: Same
Phone: Fax: E-mail:
Entity to which alarms are retransmitted: Phone:

3. TYPE OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - Fire alarm
 - EVACS
 - MNS
 - Two-way, in-building, emergency communication system
- Other (specify):

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010

Additional description of system(s):

3.1 Control Unit

Manufacturer: Firelite

Model number: MS9200UDLS

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone Wide-area MNS Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS MNS ACU only Wide-area MNS to regional national alerting interface

Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: DOC box

3.4 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120vac

Control panel amps: 5A

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.1.3 Uninterruptible Power System

This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: FACP Type: SLA Nominal voltage: 24vdc Amp/hour rating: 12Ah

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: FACP

Annunciator 2: Front Entry _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: Protection 1	Time: 0800
Building management	Contact: Jimmy Somma	Time: 0800
Building occupants	Contact: ALL	Time: 0800
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

7. TESTING RESULTS

7.1 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 type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input 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"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels	<input type="checkbox"/>	<input type="checkbox"/>	
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ambient dBA			
Alarm dBA			
(attach report with locations, values, and weather conditions)			
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CSI <input type="checkbox"/> STI			
(attach report with locations, values, and weather conditions)			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: Pro 1	Time: 1200
Building management	Contact: Jimmy Somma	Time: 1200
Building occupants	Contact: All	Time: 1200
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

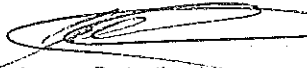
9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 1-29-16 Time: 1200

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed:  Printed name: John Campbell ET Date: 2-4-16
Organization: Protection 1 Title: Lead Commercial Installer Phone: 207-347-5322

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

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

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Smoke	1	Vestibule	Pass
Smoke	2	Lobby	Pass
Smoke	3	Left Hall Front	Pass
Smoke	4	Left Hall Back	Pass
Heat	5	Kitchen	Pass
Smoke	6	Bathroom Hall	Pass
Smoke	7	Right Hall Center	Pass
Smoke	8	Right Hall Back	Pass
Smoke	9	Right Hall Front	Pass
Smoke	10	2 nd Flr Lft Hall Front	Pass
Smoke	11	2nd Flr Lft Hall Center	Pass
Smoke	12	2nd Flr Lft Hall Back	Pass
Smoke	13	2nd Flr Lft Rear Stairway	Pass
Smoke	14	2nd Flr Rgt Rear Stairway	Pass
Smoke	15	2 nd Flr Rgt Hall Back	Pass
Smoke	16	2nd Flr Rgt Hall Center	Pass
Smoke	17	2nd Flr Rgt Hall Front Stair	Pass
Smoke	18	2nd Flr Rgt Front Stairway	Pass
Smoke	19	2nd Flr Bathroom Hall	Pass
Smoke	20	2nd Flr Center Stair	Pass
Heat	21	Boiler Room	Pass
Smoke	22	Elect. Room	Pass
Pull	M1	Vestibule	Pass
Pull	M2	Left Back Door	Pass
Pull	M3	HVAC Room	Pass
Pull	M4	Boiler Room	Pass
Pull	M5	Right Back Door	Pass
Pull	M6	Right Front Door	Pass

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Pull	M7	Center Stair Door	Pass
Pull	M8	2 nd Flr Lftt Back Stair	Pass
Pull	M9	2 nd Flr Rgt Back Stair	Pass
Pull	M10	2 nd Flr Rgt Front Stair	Pass
Pull	M11	2 nd Flr Center Stair	Pass