

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT



20 Thomas Drive
Westbrook, ME 04092
P 207-842-6440 F 207-842-6439

| | |
|--------|--------|
| BOOK # | |
| CALL # | SEQ. # |

| | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|--|-----------------------------|--|-----------------------------|--|---------------------------|--|-------------------------------|--|-----------|--|-----------|--|-------|--|--|--|
| DISTRICT 197 | | SERVICE AT CUSTOMER NUMBER | | SITE AND PROJECT NO. | | TR ARRIVAL DATE 02/23/12 | | TR COMP. DATE 02/23/12 | | NON-BILL | | SVC. CODE | | MIN | | TRACT | | | |
| NAME Portland Jetport (cooling system) | | | | INSPECTION DATE 02/23/12 | | CUSTOMER P.O. | | AND/OR | | CUSTOMER CONTACT NAME (PRINT) | | | | | | | | | |
| ADDRESS (OR ATTN. OF) | | | | SERVICE CODE | | LBR - REG. | | TRAV - REG. | | LBR - OT | | TRAV - OT | | MILES | | | | | |
| ADDRESS | | | | WARRANTY CODE | | LBR - REG. | | TRAV - REG. | | LBR - OT | | TRAV - OT | | ARRIVAL | | | | | |
| CITY | | | | TLP CODE | | LBR - REG. | | TRAV - REG. | | LBR - OT | | TRAV - OT | | DEPARTURE | | | | | |
| STATE | | | | RESOLUTION CODE | | | | | | | | | | | | | | | |
| ZIP | | | | | | | | | | | | | | | | | | | |

| CONTROL PANEL | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------|--|--|---|--|--|---|--|--|--|--|--|---|--|--|---|--|--|--|--|--|
| MANUFACTURER Simplex | | | MODEL NO. 4100ES | | | SERIAL NO. | | | WIRING DIAG. NO. | | | SEQUENCE NO. | | | | | | | | | | | |
| TYPE OF SIGNALING | | | | | | POWER SOURCE | | | CIR. BRKR. LOCATION | | | NO. | | | LOCKED CIR. BRKR. | | | DEDICATED CIR. | | | | | |
| <input checked="" type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL | | | | | | | | | | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| BATTERIES | | | | | | TROUBLE CONDITIONS | | | RESPONSE TO: ZONE TROUBLE | | | SIGNAL TROUBLE | | | AC/OP POWER LOSS | | | EARTH GROUND | | | | | |
| <input type="checkbox"/> NOTE # _____ VOLTAGE WITH CHARGER <input type="checkbox"/> NORM _____ VOLTS <input type="checkbox"/> NOTE # _____ VOLT WITHOUT CHARGER <input type="checkbox"/> N/A _____ % CHARGED | | | | | | | | | <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | | | |
| CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO: | | | | | | STR TR-1 SIGNATURE <i>[Signature]</i> | | | | | | TR # 1949 | | | | | | | | | | | |
| CUSTOMER SIGNATURE | | | | | | FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO. | | | | | | | | | | | | | | | | | |
| SEE NOTATION NO. | | | | | | THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL THE WARRANTY BEGINS ON _____ MONTH _____ DAY _____ YEAR | | | | | | SIGNALS SOUNDED PER CUSTOMER REQUEST <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | | | | CUST. INIT. | | | | | |

| AUXILIARY FUNCTIONS | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ANNUNCIATOR | | | | DOOR HOLDERS | | | | ELEVATOR FIRE RECALL | | | | HVAC SHUTDOWN | | | |
| MFGR. _____ SERIAL _____ MODEL _____ WIRING DIAGRAM _____ TYPE <input type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input type="checkbox"/> LED <input type="checkbox"/> DROP AUX FUNCTIONS <input type="checkbox"/> LAMP TEST <input type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK. | | | | DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES <input type="checkbox"/> NORM <input type="checkbox"/> QTY. _____ <input type="checkbox"/> NOTE # _____ <input checked="" type="checkbox"/> N/A | | | | RECALL TO PRIMARY FLOOR <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ <input checked="" type="checkbox"/> N/A | | | | AIR HANDLER SHUTDOWN <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ <input type="checkbox"/> QTY. _____ <input type="checkbox"/> N/A | | | |
| ADDITIONAL NOTES: | | | | SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS - TO BE AWARE OF BEFORE TESTING | | | | | | | | | | | |
| CITY CONNECTION OR | | | | OFFICIAL CONTACTED | | | | 1. Reinstalled devices in store only | | | | | | | |
| CITY RESPONSE TO ALARM <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | | TIME OF DAY | | | | 2. & tested. | | | | | | | |
| CITY RESPONSE TO TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ | | | | OUT OF SERVICE IN SERVICE | | | | 3. | | | | | | | |
| LOCAL FIRE DEPT./CENTRAL STATION Portland FD | | | | F.D. BUS. PHONE NO./CENTRAL STATION | | | | | | | | | | | |

| MPX/TPR CHECKLIST | | | | | | | | PERIPHERAL/PARTS USED | | | | | | | | THE NUMBER OF PERIPHERAL DEVICES TESTED IS: | | |
|--|---|--------------|--|------|--------------|------|----------------|-----------------------|------|------------|----------------------|------------|--------|--|--|---|--|--|
| MODEL NO. | THE FOLLOWING TRANSPONDERS FAILED THE TEST | | | ITEM | PRODUCT I.D. | QTY. | INV. LOC./SEQ. | NC | USG. | UNIT PRICE | TOTAL NO. OF DEVICES | No. Tested | I okay | | | | | |
| NO. OF XPNDRS TESTED | LOCATION | NOTE # | | 1 | | | | | | | 1 | 1 | X | | | | | |
| POWER SUPPLY VOLTAGE NOTE # | LOCATION | NOTE # | | 2 | | | | | | | | | | | | | | |
| <input type="checkbox"/> NORM CHARGER VOLTAGE NOTE # | LOCATION | NOTE # | | 3 | | | | | | | | | | | | | | |
| <input type="checkbox"/> NORM GROUND FAULT NOTE # | LOCATION | NOTE # | | 4 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N BATTERIES VOLTAGE NOTE # | LOCATION | NOTE # | | 5 | | | | | | | | | | | | | | |
| <input type="checkbox"/> NORM POINTS TESTED NOTE # | LOCATION | NOTE # | | 6 | | | | | | | | | | | | | | |
| <input type="checkbox"/> NORM OTHER NOTE # | LOCATION | NOTE # | | 7 | | | | | | | | | | | | | | |
| PRINTERS NOTE # | CRT'S NOTE # | OTHER NOTE # | | 8 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------|--|----------------|--|------------|--|--|--|--------------|--|--|--|-----|--|--|--|
| FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS: <input checked="" type="checkbox"/> None <input type="checkbox"/> As Follows (describe fully) | | | | | | | | | | | | | | | | | | | |
| RELATED TR | | | | | | RELATED CALL # | | | | | | | | | | | | | |
| PROBLEM CODE | | | | CORRECTIVE ACTION | | | | CLOSE DATE | | | | SERV. COMPL. | | | | RSN | | | |

DEAN & ALLYN, INC.

FIRE PROTECTION • SPECIAL HAZARD

116 LEWISTON ROAD
P.O. BOX 709 • GRAY, ME 04039
TEL. 207/657-5646 FAX 207/657-5647

March 1, 2012

Horizon Retail Construction, Inc.
1500 Horizon Drive
Sturtevant, WI 53177

Re: Down East Marketplace – Portland Jetport

To Whom It May Concern,

This letter is to confirm that the fire protection system at the above referenced location has been installed and tested in accordance with NFPA #13, City Portland and Maine State Fire Marshal's requirements.

Very truly yours,

Tim White

Tim White
Superintendent