

## SYSTEM RECORD OF COMPLETION

Form Completion Date: 11/26/15 Supplemental Pages Attached: \_\_\_\_\_

### 1. PROPERTY INFORMATION

Name of property: Maine Aulaton  
Address: 406 Yellow Bird Rd  
Description of property: Air Port  
Name of property representative: Joe  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Guardian Systems of Maine  
Address: 21 Rice St  
Phone: 207 536-4800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Service organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Testing organization: GSM  
Address: 21 Rice St  
Phone: 536-4800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Effective date for test and inspection contract: \_\_\_\_\_  
Monitoring organization: HSMC Monitoring Co  
Address: \_\_\_\_\_  
Phone: 800-933-4762 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 5258 Phone line 1: 866-383-1833 Phone line 2: 800-582-4689  
Means of transmission: Phone Line  
Entity to which alarms are retransmitted: HSMC Phone: \_\_\_\_\_

### 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Box 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: Pattor Model number: TPA 60

#### 4.2 Software and Firmware

Firmware revision number: \_\_\_\_\_

#### 4.3 Alarm Verification

☐ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: \_\_\_\_\_ Alarm verification set for \_\_\_\_\_ 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: 120 V Control panel amps: \_\_\_\_\_

Overcurrent protection: Type: Breaker Amps: \_\_\_\_\_

Branch circuit disconnecting means location: Panel Number: #30

##### 5.1.2 Secondary Power

Type of secondary power: Battery

Location, if remote from the plant: Panel Fire Panel

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			<u>B</u>	
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

### 7. REMOTE ANNUNCIATORS

Type	Location
<u>1</u>	<u>Front Door</u>

### 8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	<u>5</u>	<u>Address</u>	<u>Alarm</u>	<u>Grady Potter</u>
Smoke Detectors	<u>4</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
Duct Smoke Detectors	<u>0</u>			
Heat Detectors	<u>2</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
Gas Detectors				
Waterflow Switches				
Tamper Switches				

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## SYSTEM RECORD OF COMPLETION *(continued)*

### 9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	8	
Combination Audible and Visible	9	

### 10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
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.

Signed: Peter Printed name: Peter Date: 11/26/18  
 Organization: GSM Title: Tech Phone: 536-4800

#### 12.2 System Operational Test

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

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

#### 12.3 Acceptance Test

Date and time of acceptance test: 11/26/18  
 Installing contractor representative: Peter  
 Testing contractor representative: Peter  
 Property representative: Peter  
 AHJ representative: \_\_\_\_\_

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## SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 11-26-18 Inspection/Test Completion Date/Time: \_\_\_\_\_

Supplemental Form(s) Attached: ☐ Yes ☐ No

### 1. PROPERTY INFORMATION

Name of property: Maine Aviation  
Address: 406 Fall  
Description of property: \_\_\_\_\_  
Name of property representative: Paul Webber  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. TESTING AND MONITORING INFORMATION

Testing organization: GSM  
Address: 21 Rice St  
Phone: 536-4800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Monitoring organization: HSMC 800-933-4762  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 5258 Phone line 1: 866-383-1833 Phone line 2: 800-582-7689  
Means of transmission: \_\_\_\_\_  
Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. DOCUMENTATION

Onsite location of the required record documents and site-specific software:

Cabinet

### 4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit  
Manufacturer: Pct 7e v Model number: SPA 60

4.2 Software Firmware  
Firmware revision number: \_\_\_\_\_

#### 4.3 System Power

4.3.1 Primary (Main) Power  
Nominal voltage: 120V Amps: 15 Location: Pana  
Overcurrent protection type: #30 Amps: \_\_\_\_\_ Disconnecting means location: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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

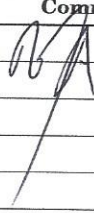
Attach supplementary interface component test sheets for all interface components.

*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"/>		
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: <u>HSM C</u>	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: \_\_\_\_\_ Time: \_\_\_\_\_

### 9. CERTIFICATION

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

Signed: [Signature] Printed name: Peter Date: 11/24/18  
Organization: Guardian Systems of Inc Title: Technician Phone: 536 9800  
Qualifications (refer to 10.5.3): \_\_\_\_\_

### 10. 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: Paul R. Weber Printed name: PAUL R. Weber Date: 11/26/18  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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# INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 11/24/18 8:30 Inspection/Test Completion Date/Time: 11/26/18 8:30  
Number of Supplemental Pages Attached: 81

## 1. PROPERTY INFORMATION

Name of property: Main Aviation  
Address: Yellow Bird Rd Portland

## 2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Smoke	1	Fire PM	P
Delay	2	Parts Dept	—
Pull	3	Parts	P
Pull	4	Front Door	P
Pull	5	Front Door	P
Smoke	6	1st Fl Elevator	P
Smoke	7	2nd Fl Elevator	P
Smoke	10	Elevator Room	P
Low Temp	17	First Fl Bath	—
Low Temp	18	2nd Fl Bath	—
Pull	19	Stair Exit	P
Pull	20	Stair Exit	P

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

Inspection/Test Start Date/Time: 11/26/18 8:00 Inspection/Test Completion Date/Time: 11/26/18  
 Number of Supplemental Pages Attached: 030

## **1. PROPERTY INFORMATION**

Name of property: \_\_\_\_\_  
 Address: \_\_\_\_\_

## **2. NOTIFICATION APPLIANCE TEST RESULTS**

Appliance Type	Location/Identifier	Test Results
AV	1st Floor Bath	P
AV	" Pwrts Dept	P
AV	" B-7 hanger Door	P
AV	" Hall	P
AV	" B-7 Runway Door	P
AV	2nd Floor Front Door	P
AV	" Front Hall	P
AV	" Rear hall	P
AV	" mid ch Area	P
V	1st Floor Bath toilet	P
V	" " "	P
V	" " "	P
V	" Small Bath	P
V	" Con Ference	P
V	" Pilots Lounge	P
V	2nd Fl Toilet	P
V	" "	P

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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.