



November 14, 2008

Mr. Darron T. Pierson
Gemini Electric, Inc.
8 Priscilla Ln
Auburn, NH 03032

Subject: Portland Jetport Parking Garage Fire Alarm Addition (Phase 1)

Dear Darron,

As requested by the Portland Fire Department, I am writing to confirm that the fire alarm system for the above mentioned subject has been inspected and tested and at the time of inspection the system was found to be fully operational and to the best of our knowledge, met or exceeded all of the requirements as established by the plans and specifications for the project and all applicable codes including NFPA 72. Each new fire alarm point (Riser 6 Flow, Tamp, Low Air) was tested.

It was a pleasure working with you on this project. Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

Douglas W. Driesen
Operations Manager

www.norrisinc.com

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PO Box 2551
2257 West Broadway
South Portland, ME 04106
Toll Free 1-800-370-3473
Fax 207-879-0540

Bangor Maine Office
54 Perry Rd
Bangor, ME 04401
Toll Free 1-888-312-3473
Fax 207-947-1219

New Hampshire Office
1 Bayside Rd
Greenland, NH 03840
Toll Free 1-877-577-3473
Fax 603-431-2397

Vermont Office
PO Box 633
Middlebury, VT 05753
Phone 1-802-388-3473
Fax 802-385-1174

(1/2 Garage Op. side of New Stairwell)
Floors 1-4

INSPECTION AND TESTING FORM

PROPERTY NAME

Portland Jet port

MONITORING ENTITY

NAME: Portland Fire Dept.

ADDRESS: Portland Me

TELEPHONE: 874-8576

OWNER CONTACT: _____

MONITORING ACCOUNT REF. NO.: 7535

TELEPHONE: _____

TYPE TRANSMISSION

- Digital Communicator
- Reverse Polarity
- Masterbox

SERVICE

- Monthly
- Quarterly
- Semi-annually
- Annually

PANEL MANUFACTURER: Notifier

MODEL NO.: C40

CIRCUIT STYLES: A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

 1
 2

- ALARM ZONES
- MANUAL STATIONS
- ION DETECTORS
- PHOTO DETECTORS
- DUCT DETECTORS
- HEAT DETECTORS
- WATERFLOW SWITCHES
- SUPERVISORY SWITCHES
- OTHER (SPECIFY): _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF

24

- HORN/STROBES
- BELLS
- HORNS
- CHIMES
- STROBES
- SPEAKERS
- OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: 12

ARE CIRCUITS SUPERVISED? YES () NO

SIGNALING LINE CIRCUITS

Quantity 1

Style(s) A

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	(<input checked="" type="checkbox"/>)	()	Ali	8 am
BUILDING OCCUPANTS	(<input checked="" type="checkbox"/>)	()	↓	↓
BUILDING MANAGEMENT	(<input checked="" type="checkbox"/>)	()	↓	↓

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	()	(<input checked="" type="checkbox"/>)	_____
INTERFACE EQ.	()	(<input checked="" type="checkbox"/>)	_____
LAMPS/LEDS	()	(<input checked="" type="checkbox"/>)	_____
FUSES	()	(<input checked="" type="checkbox"/>)	_____
TROUBLE SIGNALS	()	(<input checked="" type="checkbox"/>)	_____
GROUND FAULT MONITORING	()	(<input checked="" type="checkbox"/>)	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	(<input checked="" type="checkbox"/>)	()	_____
LOAD VOLTAGE	()	(<input checked="" type="checkbox"/>)	_____
CHARGER TEST	()	(<input checked="" type="checkbox"/>)	_____

REMOTE ANNUNCIATORS	()	()	_____
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NOTIFICATION APPLIANCES			
AUDIBLE	()	(<input checked="" type="checkbox"/>)	_____
VISUAL	()	(<input checked="" type="checkbox"/>)	_____

EMERGENCY COMMUNICATIONS EQUIP.	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	()	()	_____
PHONE JACKS	()	()	_____
OFF-HOOK INDICATOR	()	()	_____
AMPLIFIER(S)	()	()	_____
TONE GENERATOR(S)	()	()	_____
CALL-IN SIGNAL	()	()	_____
SYSTEM PERFORMANCE	()	()	_____

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	(<input checked="" type="checkbox"/>)	()	_____	_____
ALARM RESTORAL	(<input checked="" type="checkbox"/>)	()	_____	_____
TROUBLE SIGNAL	(<input checked="" type="checkbox"/>)	()	_____	_____
TROUBLE RESTORAL	(<input checked="" type="checkbox"/>)	()	_____	_____
SUPERVISORY SIGNAL	(<input checked="" type="checkbox"/>)	()	_____	_____
SUPERVISORY RESTORAL	(<input checked="" type="checkbox"/>)	()	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	(<input checked="" type="checkbox"/>)	()	Ali	5 pm
MONITORING AGENCY	(<input checked="" type="checkbox"/>)	()	↓	↓
BUILDING OCCUPANTS	(<input checked="" type="checkbox"/>)	()	↓	↓

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION	DEVICE TYPE	PASS	FAIL
<u>Riser 6</u>	<u>Waterflow</u>	(X)	()
<u>Riser 6</u>	<u>Tamper</u>	(X)	()
<u>Riser 6</u>	<u>Low Air</u>	(X)	()
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THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORED TO NORMAL OPERATION: DATE _____ TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jon Biledev + Toby Nowak DATE: 11/13/08 TIME: 8:45
 SIGNATURE: *Jonathan Belolo*
 NAME OF OWNER OR REPRESENTATIVE: _____
 DATE: _____ TIME: _____
 SIGNATURE: _____