

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

COPY

1. PROTECTED PROPERTY INFORMATION

Name of property: Burger King Mustoran Corp.
Address: 132 Riverside St Portland ME
Description of property: Restaurant
Occupancy type: Merchandise
Name of property representative: Marc Rochon Project Manager
Address: 132 Riverside St Portland ME
Phone: 781-893-6990 Fax: 781-899-6677 E-mail:
Authority having jurisdiction over this property: Ben Wallace Portland Fire Dept
Phone: 207-756-8096 Fax: 207- E-mail:

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: Morrill Electric Co. Inc
Address: 142 Haverhill Road Amesbury MA 01813
Phone: 978-388-1522 Fax: 978-388-6779 E-mail:
Service organization for this equipment: Morrill Electric Co Inc
Address: 142 Haverhill Rd Amesbury MA 01813
Phone: 978-388-1522 Fax: 978-388-6779 E-mail:
Location of as-built drawings: on file with manager Location of historical test reports: New System
Location of system operation and maintenance manuals: with manager in office
A contract for test and inspection in accordance with NFPA standards is in effect as of 10/2009
Contracted testing company: Morrill Electric Co. Inc.
Address: 142 Haverhill Road Amesbury MA 01813
Phone: 978-388-1522 Fax: 978-388-6779 E-mail:
Contract expires: 10/2010 Contract number: N/A Frequency of routine inspections: Annual

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type: Chapter 8 (Local option)
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: / / Phone:
Supervisory: / Local System only / Phone: N/A
Trouble: / / Phone:
Entity to which alarms are retransmitted: / / / Phone: / / /
Method of retransmission of alarms to that organization or location: / / /

FIGURE 4.5.2.1 Record of Completion.

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE (continued)

If Chapter 8, note the means of transmission from the protected premises to the central station:

- Digital alarm communicator
- McCulloh
- Multiplex
- 2-way radio
- 1-way radio
- N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

3.1 System Software

Operating system (executive) software revision level: 50197 v. 1.1.15 JSW

Site-specific software revision date: 10/16/09 JSW Revision completed by: JSW

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: 6 Class: A

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 6 Style: 6 Class: A

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 3

- Type of devices: Addressable
- Conventional
- Coded
- Transmitter
- N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 0

- Type of coverage: Complete area
- Partial area
- Nonrequired partial area
- N/A

- Type of devices: Addressable
- Conventional
- Coded
- Transmitter
- N/A

- Type of smoke detector sensing technology: Ionization
- Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 2

Type of coverage: High Flow Complete

- Type of devices: Addressable
- Conventional
- Coded
- Transmitter
- N/A

- Type of smoke detector sensing technology: Ionization
- Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

- Type of coverage: Complete area
- Partial area
- Nonrequired partial area
- N/A

- Type of devices: Addressable
- Conventional
- Coded
- Transmitter
- N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 0

- Type of devices: Addressable
- Conventional
- Coded
- Transmitter
- N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: N/A

- Alarm verification on this system is: Enabled
- Disabled
- Set for _____ seconds

FIGURE 4.5.2.1 Continued

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6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System

Number of valve supervisory switches: N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

6.2 Fire Pump

Type of fire pump: Electric Diesel

Type of fire pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto
 Engine or control panel trouble Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 Local Remote

Type: Addressable Directory Graphic N/A Location: ϕ

7.2 Annunciator 2 Local Remote

Type: Addressable Directory Graphic N/A Location: ϕ

7.3 Annunciator 3 Local Remote

Type: Addressable Directory Graphic N/A Location: ϕ

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 1 Style: 6 Class: A

FIGURE 4.5.2.1 Continued

8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: 0 With visual device: 0 Hornstrokes: 6 With visual device: 6
Chimes: 0 With visual device: 0 Bells: 0 With visual device: 0
Visual devices without audible devices: 3 Other (describe):

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

- Hold-open door releasing devices
Door unlocking
Smoke management or smoke control (Duct Interlock)
Elevator recall
Other (Ansil Hood Shunt)

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage 120VAC Amps 20AMP
Overcurrent protection: Type Breaker Amps 20AMP
Location (of primary supply panelboard): Rear Electric Cabinet (Panel A #18)
Disconnecting means location: Rear Electric Cabinet (Panel M)

10.2 Secondary Power

Location: in FACP Cabinet Type: S.L.A. Nominal voltage: 24VDC Current rating: 20amp
Number of standby batteries: 2 Amp hour rating: 7AH
Location of emergency generator: N/A
Location of fuel storage: N/A
Calculated capacity of secondary power to drive the system
In standby mode: 60 Hour In alarm mode: 10 minute +

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

- NFPA 72
NFPA 70, National Electrical Code, Article 760
Manufacturer's published instructions
Other (please specify): AS Designed By Engineer
System deviations from referenced NFPA standards: None

Signed: J. Clark Printed name: Jamie Clark Date: 10/16/09
Organization: Merrill Electric Co. Inc. Title: Supervisor Phone: 978-388-1522

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

- NFPA 72
NFPA 70, National Electrical Code, Article 760
Manufacturer's published instructions
Other (please specify): AS Designed By Engineer
Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: J. Clark Printed name: Jamie Clark Date: 10/16/09
Organization: Merrill Electric Co. Inc. Title: Supervisor Phone: 978-388-1522

FIGURE 4.5.2.1 Continued

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13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

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

Signed: J. Clark Printed name: Jamie Clark Date: 10/20/09
Organization: Merrill Electric Co. Inc. Title: Supervisor Phone: 978-388-1522

13.2 System Service Contractor

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

Signed: J. Clark Printed name: Jamie Clark Date: 10/20/09
Organization: Merrill Electric Co. Inc. Title: Supervisor Phone: 978-388-1522

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: N/A Printed name: N/A Date: N/A
Organization: N/A Title: N/A Phone: N/A

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: M. Rubin Printed name: Marc Rubin Date: 10/20/09
Organization: Masteran Corp. Title: Project Manager Phone: 791-243-0990

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: B. Wallace Jr. Printed name: BENJAMIN WALLACE JR Date: 10/20/09
Organization: PORTLAND FIRE DEPT Title: FPO Phone: 207-756-8086

FIGURE 4.5.2.1 Continued

INSPECTION AND TESTING FORM

DATE: 10/16/2009
 TIME: 10/16/09 (13:00)

SERVICE ORGANIZATION

Name: Morrill Electric Co Inc.
 Address: 142 Haverhill Road Amesbury, MA
 Representative: Jim Kelker
 License No.: JY 40089228
 Telephone: 978-388-1522

PROPERTY NAME (USER)

Name: Burger King Masterman Corp.
 Address: 132 Riverside St Portland ME
 Owner Contact: Marc Rothen
 Telephone: 781-853-0990

MONITORING ENTITY

Contact: Local System (Type CLASS "C")
 Telephone: INSTALLATION
 Monitoring Account Ref. No.:

APPROVING AGENCY

Contact: Ben Wallace Portland Fire Dept
 Telephone: 207-

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) Local System only

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify)

Control Unit Manufacturer: Mircom Technology
 Circuit Styles: CLASS A
 Number of Circuits: 2
 Software Rev.: 50197 V1.1.13
 Last Date System Had Any Service Performed: 10/16/09
 Last Date That Any Software or Configuration Was Revised: 10/16/09

Model No.: FX 350-60-D-R

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>3</u>	<u>4</u>	<u>3</u>	Manual Fire Alarm Boxes
<u>0</u>	<u>0 N/A</u>	<u>0</u>	Ion Detectors
<u>0</u>	<u>0 N/A</u>	<u>0</u>	Photo Detectors
<u>2</u>	<u>6</u>	<u>2</u>	Duct Detectors
<u>0</u>	<u>0 N/A</u>	<u>0</u>	Heat Detectors
<u>0</u>	<u>0 N/A</u>	<u>0</u>	Waterflow Switches
<u>0</u>	<u>0 N/A</u>	<u>0</u>	Supervisory Switches
<u>1</u>	<u>6</u>	<u>1</u>	Other (Specify): <u>Asul Hood Monitor</u>

Alarm verification feature is disabled enabled

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
0	-	0	Bells
6	6	6	Hornstrokes
0	-	0	Chimes
3	6	3	Strobes
0	-	0	Speakers
N/A	-	-	Other (Specify):

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
1	1	1	Building Temp
1	1	1	Site Water Temp.
1	1	1	Site Water Level
1	1	1	Fire Pump Power
1	1	1	Fire Pump Running
1	1	1	Fire Pump Auto Position
1	1	1	Fire Pump or Pump Controller Trouble
1	1	1	Fire Pump Running
1	1	1	Generator in Auto Position
1	1	1	Generator or Controller Trouble
1	1	1	Switch Transfer
1	1	1	Generator Engine Running
1	1	1	Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 6

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 20AMP
 Overcurrent Protection: Type Breaker Amps 20AMP
 Location of Primary Supply Panelboard: REAR Electric Cabinet "PANEL A #18"
 Disconnecting Means Location: REAR Electric Cabinet "A"

(b) Secondary (Standby):
S.L.A 24volt 7AH. Storage Battery: Amp-Hr Rating 7AH
 Calculated capacity in 7 Amp-Hrs to operate system for 60 hours
 Engine-driven generator dedicated to fire alarm system: No N/A
 Location of fuel storage: N/A

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

- (N/A) Emergency system described in NFPA 70, Article 700
- (N/A) Legally required standby described in NFPA 70, Article 701
- (N/A) Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Required	N/A
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Project Manager	(0700)
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marc Rothen	(0700)
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
All Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New System	N/A

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK (JUL)
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK (JUL)
Load Voltage		<input checked="" type="checkbox"/>	OK
Discharge Test		<input checked="" type="checkbox"/>	OK
Charger Test		<input checked="" type="checkbox"/>	OK
Specific Gravity		<input type="checkbox"/>	N/A
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		OK
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	N/A
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Voice Clarity		<input type="checkbox"/>	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
L1M01	Pull Main	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L1M02	Pull Front	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L1M03	Duct Hvac2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.0%	3.0% OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L1M05	Duct Hvac2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.0%	3.0% OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L1M07	Monitor Annu	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L1M08	Pull Rear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Knox Box order # PK6-000422208
 Primary code PS-48-0011-11-87 Portland Fire Dept
 Serial # 32-203816 Model 3208

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System (Ansol Hvac)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (AAA Fire Suppression Co)
Carbon Monoxide Detector/System (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) HVAC #1 Substation L1 mode	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) HVAC #2 Substation L1 mode	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1100	OK ALL
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1100	OK ALL
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	OK ALL
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	OK ALL
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marc Roshon Project Manager	1500
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marc Roshon Project Manager	1500
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 10/16/09 Time: 1500

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Samuel Clark Date: 10/16/09 Time: 1500
 Signature: [Signature]

Name of Owner or Representative: Marc Roshon Date: 10/20/09 Time: 0700
 Signature: [Signature]

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FIGURE 10.6.2.3 Continued