

Mark Heisler

Dustin Souza <dustin.souza@servproportland.me>

Mon 2/19/2018 8:59 AM

To: Ramada Plaza <info@portlandramada.com>;

To Whom It May Concern,

Upon my inspection of Ramada Plaza in Portland, Maine on Feb. 15th.

I have found that all units on the second and third floor, (excluding units 238 & 338) are safe for occupancy once cleaning and deodorizing has been performed. Common hallways on the second and third floor will need to be cleaned and deodorized as well. Units 238 & 338 will need some walls opened up due to smoke damage and needing exposed for cleaning. First floor hallway carpet had gotten wet from unit 138 and will need to be removed. Unit 138 is a complete gut of unit.

If you have any further questions please don't hesitate to contact me.

Thank You,

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Dustin Souza, Estimator
SERVPRO OF PORTLAND & SOUTH PORTLAND
C- [\(207\) 650-6538](tel:2076506538)
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ALAN EGER ELECTRIC INC
287 BRIDGE STREET
WESTBROOK MAINE 04092
207 415 6094

February 20, 2018

TO: Ramada Inn
155 Riverside Street
Portland, Maine 04103

RE: Letter for City of Portland after fire damage

To Whom It May Concern:

Alan Eger Electric, Inc has removed or isolated all fire and water damaged wires that are connect to rooms 136, 138 and nearby hallway. Electrical for the second and third floor has been inspected, and appears to have no damage.

A permit will be obtain for the electrical work to be done to repair damage after fire.



Alan C Eger
Alan Eger Electric Inc

Customer Number 27669076 Contact Telephone Number (207) 774-5661 Branch Number 11660 Contract Number NA
 CS Number P0974697 Site Number 2623197 Job Number 180233518
 Customer Last Name Harold Johnson Motor Lodge First Name _____ MI _____ Today's Date 2/16/18
 Site Address 155 Riverside St. City Portland State ME Zip Code 04103
 Billing Address (if different from above) _____ City _____ State _____ Zip Code _____

TYPE TRANSMISSION
 McCulloch
 Multiplex
 Digital
 Reverse Priority
 RF
 Other (Specify) _____

SERVICE
 Weekly
 Monthly
 Quarterly
 Semiannually
 Annually
 Other (Specify) Following recent fire on 1st Floor
 Model No.: SSPI04D

Control Unit Manufacturer: Notifier
 Circuit Styles: B
 Number of Circuits: 6
 Software Rev.: UNKNOWN
 Last Date System Had Any Service Performed: _____
 Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>15</u>	<u>B</u>	<u>15</u>	Manual Fire Alarm Boxes
<u>4</u>	<u>B</u>	<u>4 (all recall)</u>	Ion Detectors
<u>22</u>	<u>B</u>	<u>22</u>	Photo Detectors
			Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>5</u>	<u>B</u>	<u>5</u>	Bells
			Horns/strobes
			Chimes
			Strobes
<u>18</u>	<u>B</u>	<u>18</u>	Speakers
			Other (Specify): <u>Horn only</u>

No. of alarm notification appliance circuits: 3
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator In Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			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) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 7a
 Overcurrent Protection: Type Breaker Amps 7as
 Location (of Primary Supply Panelboard): _____
 Disconnecting Means Location: UNKNOWN
 (b) Secondary (Standby): 12V Storage Battery: Amp-Hr Rating 7ah
 Calculated capacity in _____ Amp-Hrs to operate system for 24 hours
 Engine-driven generator dedicated to fire alarm system: NO
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Lead-Acid
 Nickel-Cadmium Other (Specify): _____
 Sealed Lead-Acid
 (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

NOTIFICATIONS ARE MADE

Monitoring Entity	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Who <u>Pro-LCS</u>	Time <u>11:25am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ALL</u>	<u>I</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>FACT IS in Good standing</u>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Batteries are Good</u>
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Sounded/verified - all AVS</u> <u>1 horn outside 1st floor room with wire works</u> <u>but is siren horn damaged replace</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>See Attached sheet</u>							
Comments: <u>All initiating devices functioning and reporting properly</u>							

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Comm lines through phone</u> <u>are clear.</u>
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-In Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System			
Carbon Monoxide Detector/System			
(Specify)			

INTERFACE EQUIPMENT

(Specify)

(Specify)

(Specify)

SPECIAL HAZARD SYSTEMS

(Specify)

(Specify)

(Specify)

Special Procedures:

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1114</u>	<u>verified signals</u> <u>through tech. tested</u>
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1115</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1113</u>	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1115</u>	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>11:5</u>	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1113</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE

Building Management	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Who <u>ALL</u>	Time <u>1302</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: Horn outside but team has smoke & siren damage, but still functions. Needs replaced.

System restored to normal operation: Date 2/16/18 Time: 1303

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Brian Heineman Date: 2/16/18 Time: 1305

Signature: [Signature] Date: 2 Time: 2

Name of Owner or Representative: Mark Heister

Signature: [Signature]



FIRE ALARM SYSTEM DEVICE LIST

190733518

TEST AND INSPECT JOB# 	CENTRAL STATION ACCOUNT# P0979697
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Device Type	Address/Zone	Location/Description	Test Results
Heat	✓ 8-1 ✓	Laundry Maintenance	Pass
Heat	✓ 8-2 ✓	Laundry Maintenance	Pass
Heat	✓ 8-3 ✓	Laundry Maintenance	Pass
Heat	✓ 8-4 ✓	Laundry Maintenance	Pass
Heat	✓ 8-5 ✓	Laundry Maintenance	Pass
Heat	✓ 8-6 ✓	Laundry Maintenance	Pass
Heat	✓ 5-1	2 nd Floor North	Pass
Heat	✓ 5-2	2 nd Floor North (Cove Room)	Pass
Smoke	✓ 9-1 ✓	Elevator Machine Room (recall device)	Pass
Smoke	✓ 9-2 ✓	Elevator 1 st Floor Lobby (recall device)	Pass
Smoke	✓ 9-3 ✓	Elevator 2 nd Floor Lobby (recall device)	Pass
Smoke	✓ 9-4 ✓	Elevator 3 rd Floor Lobby (recall device)	Pass
Heat	✓ 5-3	2 nd Floor North (Guest Laundry Storage)	Pass
Heat	✓ 5-4	2 nd Floor North (Records Room)	Pass
Heat	✓ 5-5	2 nd Floor North (Storage)	Pass
Heat	✓ 2-1	2 nd Floor East (Storage closet)	Pass
Heat	✓ 1-1	1 st Floor East Storage Room)	Pass
Heat	✓ 4-1	1 st Floor Pool Pump Room	Pass
Heat	✓ 4-2	1 st Floor Time Clock Room	Pass
Heat	✓ 4-3	1 st Floor North	Pass
Heat	✓ 6-1	3 rd Floor North	Pass
Heat	✓ 6-2	3 rd Floor North (Loft Room)	Pass
Heat	✓ 6-3	3 rd Floor North (Cable TV Room)	Pass
Heat	✓ 6-4	3 rd Floor North (Telco Room)	Pass
Heat	✓ 6-6	3 rd Floor North (Storage Closet)	Pass
Heat	✓ 3-1	3 rd Floor East (Storage Closet)	Pass
Pull	✓ 6-6	3 rd Floor North	Pass
Pull	✓ 6-7	3 rd Floor North	Pass
Pull	✓ 6-8	3 rd Floor North (By Elevator)	Pass
Pull	✓ 3-2	3 rd Floor East	Pass
Pull	✓ 3-3	3 rd Floor East	Pass
Pull	✓ 2-2	2 nd Floor East	Pass



FIRE ALARM SYSTEM DEVICE LIST

180733518

TEST AND INSPECT JOB# ~~180733518~~ CENTRAL STATION ACCOUNT#PO979697

Device Type	Address/Zone	Location/Description	Test Results
Pull	✓ 2-3	2 nd Floor East	Pass
Pull	✓ 5-6	2 nd Floor North	Pass
Pull	✓ 5-7	2 nd Floor North	Pass
Pull	✓ 5-8	2 nd Floor North	Pass
Pull	✓ 4-4	1 st Floor North	Pass
Pull	✓ 4-5	1 st Floor North	Pass
Pull	✓ 4-6	1 st Floor North	Pass
Pull	✓ 1-2	1 st Floor East	Pass
Pull	✓ 1-3	1 st Floor East (requires allen wrench)	Pass