

CITY OF PORTLAND  
 FIRE PREVENTION BUREAU  
 380 Congress Street, Portland, Maine 04101  
 fireprevention@portlandmaine.gov  
 (207) 874-8400

**NOTICE OF VIOLATION AND ORDER TO CORRECT**

Evergreen Credit Union  
 PO BOX 1038  
 Portland ME 04104

March 15, 2018

<b>Location</b> 225 RIVERSIDE ST	<b>CBL</b> 268 B015001	<b>Inspection Date</b> 2/6/2018
<b>Inspector</b> John Hardy, Iii	<b>Inspection Type</b> FP Routine Inspection	<b>Status</b> Violations Exist

The City of Portland Fire Department inspected this property, and found the fire and life safety code violations listed below, which you are hereby ordered to correct. You must propose a date of completion to remedy each violation, a final date of completion, and a date of re-inspection.

**You must send this form to the Fire Prevention Bureau no later than 3/30/2018.**

Your failure to submit a plan of action by the date provided, or to correct any violation within the applicable time frame, may result in legal action against you, the imposition of civil penalties, and the pursuit of other legal remedies.

Violation	Proposed Date of Completion
<b>NFPA 1- 1.12.5.13 FIRE ALARM INSPECTION STICKER REQUIRED;</b> Permits shall be issued by the AHJ and shall bear the name and signature of the AHJ or that of the AHJ's designated representative. In addition, the permit shall indicate the following: (1) Operation or activities for which the permit is issued (2) Address or location where the operation or activity is to be conducted (3) Name and address of the permittee (4) Permit number and date of issuance (5) Period of validity of the permit (6) Inspection requirements and other permit conditions	2/26/18
<b>FINAL DATE OF COMPLETED VIOLATION(S)</b> See ATTACHED	2/26/18
<b>FIRE PREVENTION BUREAU RE-INSPECTION OF COMPLETED VIOLATION(S)</b>	_ / _ / _

The Bureau reserves the right to reject or modify any proposed plan of action, and may require evidence of sufficient financial and technical capacity to complete the proposed plan. Please contact the Bureau with any questions.

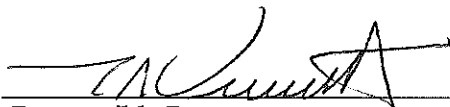
**VIOLATOR CERTIFICATION**

*I agree to remedy the violations listed within the timeframes provided. If I require additional time to comply, I understand that I must contact the Fire Prevention Bureau prior to the deadline to request an extension, which is entirely within the Bureau's discretion to grant or deny.*

*I further understand that it is my responsibility to schedule a reinspection of my property once the violations have been remedied to do so. My failure to schedule a reinspection shall be deemed an admission that the violations have not been remedied.*

*If I fail to comply with this agreement, I understand that I am liable for penalties pursuant to the City of Portland Code of Ordinances §§ 1-15 and 10-25, and 30-A M.R.S. § 4452 and may be subject to further legal action.*

3/26/18  
Date


  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party

**SEEN AND AGREED**

4/9/18  
Date

  
CAPT. [Signature]  
Fire Prevention Bureau

COPY

City Box <input type="radio"/>	18-0028	Central Station <input checked="" type="radio"/>
<b>FIRE ALARM</b>		
3-19 Next Due	J. Linsett Inspector	1419 Company Reg



**FIRE ALARM TEST/INSTALLATION  
ACKNOWLEDGEMENT**

30 Thomas Drive  
Westbrook, ME 04092  
P 207-842-6440 F 207-482 2358

*TIME: MATERIAL  
INSPECTION*

*512-4110562*

BOOK # \_\_\_\_\_  
CALL # 60089893 SEQ. # \_\_\_\_\_

DISTRICT <u>147</u>	SERVICE AT CUSTOMER NUMBER <u>22504103</u>	INSP. DATE <u>0718</u>	TR ARRIVAL DATE <u>022618</u>	TR COMP. DATE <u>022618</u>	NON-BILL	SVC. CODE	MIN	TRACT
NAME <u>Evergreen Credit Union</u>		CUSTOMER P.O.	AND/OR CUSTOMER CONTACT NAME (PRINT)					
ADDRESS (OBTAIN. OF) <u>225 Riverside Street</u>								
ADDRESS								
CITY <u>Portland</u>	STATE <u>ME</u>	ZIP <u>04103</u>						

**CONTROL PANEL**

MANUFACTURER <u>Simplex</u>	MODEL NO. <u>4005.5101</u>	SERIAL NO. <u>H5970 L3054</u>	WIRING DIAG. NO.	SEQUENCE NO.
TYPE OF SIGNALING <input checked="" type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL	POWER SOURCE <u>Teller Area Credit Union</u>	CIR. BRKR. LOCATION <u>Pal NO. 301</u>	LOCKED CIR. BRKR. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DEDICATED CIR. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
BATTERIES <input type="checkbox"/> NOTE # <u>3/16</u>	VOLTAGE WITH CHARGER <input checked="" type="checkbox"/> NORM <u>32.7</u> VOLTS VOLT WITHOUT CHARGER <input checked="" type="checkbox"/> N/A <u>24.9</u> VOLTS	TROUBLE RESPONSE TO: ZONE TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # <u>5</u>	SIGNAL TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #	AC/POWER LOSS <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO: <u>12V 12 Ah</u>		STR TR 1 SIGNATURE <i>[Signature]</i>	TR # <u>4134</u>	
CUSTOMER SIGNATURE <i>[Signature]</i>	TEL NO. ( )	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 <u>Blade Wide</u>		

**AUXILIARY FUNCTIONS**

ANNUNCIATOR MFGR. <u>Simplex</u>	SERIAL	DOOR HOLDERS <input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input checked="" type="checkbox"/> N/A
MODEL	WIRING DIAGRAM	ELEVATOR FIRE RECALL RECALL TO PRIMARY FLOOR <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A
TYPE <input checked="" type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input checked="" type="checkbox"/> LED <input type="checkbox"/> DROP	VOLTAGE <u>24</u>	NO. OF ZONES <u>8</u>
AUX FUNCTIONS <input type="checkbox"/> LAMP TEST <input checked="" type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK.	ADDITIONAL NOTES: <u>Main Entry Vestibule</u>	HVAC SHUTDOWN AIR HANDLER SHUTDOWN <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY.
CITY CONNECTION OR CITY RESPONSE TO ALARM <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <u>Central Station</u>		
OFFICIAL CONTACTED <u>Central Station</u>		
CITY RESPONSE TO TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #		
LOCAL FIRE DEPT./CENTRAL STATION <u>Protection One</u>		
F.D. BUS. PHONE NO./CENTRAL STATION <u>1-877-357-1908</u>		

**SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING**

- Call Protection One (Acid # NC1-8711)
- Disable signal ckts. (4)
- 

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 X See below
NO. OF XPNDRS TESTED	LOCATION	NOTE #							STATIONS	8	8 ✓
POWER SUPPLY VOLTAGE NOTE #	LOCATION	NOTE #							HEAT DETECTORS	4	4 ✓
<input type="checkbox"/> NORM CHARGER VOLTAGE NOTE #	LOCATION	NOTE #							SMOKE DETECTORS		
<input type="checkbox"/> NORM GROUND FAULT NOTE #	LOCATION	NOTE #							ANNUNCIATORS	1	1 ✓
<input type="checkbox"/> Y <input type="checkbox"/> N BATTERIES VOLTAGE NOTE #	LOCATION	NOTE #							DUCT DETECTOR	5	5 ✓
<input type="checkbox"/> NORM POINTS TESTED NOTE #	LOCATION	NOTE #							TRUCKS AIV	7	7 ✓
<input type="checkbox"/> NORM OTHER NOTE #	LOCATION	NOTE #							BELLS St. Ridge	11	11 ✓
PRINTERS NOTE #	CRT'S NOTE #	OTHER NOTE #							CHIMES		
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N								SPRINKLER SYST.		
									NURSE CALL		
									TYPE PROGRAM		
									VOICE MESSAGE		

**FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:**  None  As Follows (describe fully)

*Time: Materials Inspection w/ Elevator Recall Inspection*

PROBLEM CODE	CORRECTIVE ACTION	RELATED TR	RELATED CALL #
CLOSE DATE	SERV. COMPL.	RSN	

## TERMS AND CONDITIONS

1. **Limitation Of Liability; Limitations Of Remedy.** It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this Service Request and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this Service Request. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the Service Request price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this Service Request covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this Service Request by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM.** The limitations of liability set forth in this Service Request shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS SERVICE REQUEST WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS SERVICE REQUEST, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this Agreement, including but not limited to the Services under this Agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this Service Request, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA.
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this Service Request.

All of the above are hereinafter referred to as "Hazardous Conditions".

Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company.

This Service Request does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this Service Request as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. **General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this Service Request shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

# **SimplexGrinnell**

## **FIRE ALARM INSPECTION REPORT**

**Performed in Accordance with Applicable  
National Fire Protection Association Standards**

**February 2018 Inspection**

### **PREPARED FOR**

**Tim Verrault  
Evergreen Credit Union  
225 Riverside Street  
Portland, ME 04103  
(207) 221-5000 ext 347**

**02/26/2018**

**SimplexGrinnell**





**SimplexGrinnell**  
**FIRE ALARM INSPECTION REPORT**

**SITE: Evergreen Credit Union**

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**Tim Verrault**  
**Evergreen Credit Union**  
**225 Riverside Street**  
**Portland, ME 04103**

Thank you for choosing SimplexGrinnell as the provider of your Fire Alarm Inspection services, which were completed on February 26, 2018.

**SIMPLEXGRINNELL PERFORMED THE ANNUAL TEST AND INSPECTION OF THE FIRE ALARM SYSTEM LOCATED AT EVERGREEN CREDIT UNION.**

**SMOKE DETECTORS, MANUAL PULL STATIONS, AND DUCT SMOKE DETECTORS WERE TESTED FOR ALARM INITIATION.**

**ELEVATOR RECALL WAS TESTED IN CONJUNCTION WITH MAINE STATE ELEVATOR. PRIMARY AND ALTERNATE RECALL OPERATED PROPERLY.**

**ALL DUCT DETECTORS PERFORMED AIR HANDLER SHUTDOWN, EXCEPT SECOND FLOOR FRONT LEFT DETECTOR WHICH IS NOT WIRED FOR SHUTDOWN (OTHER DETECTOR ON THIS UNIT PERFORMS SHUTDOWN/ NOT NEEDED).**

**AUDIO-VISUAL UNITS WERE TESTED BUILDING WIDE.**

**ALARM AND TROUBLE SIGNALS WERE SENT TO AND RECEIVED BY PROTECTION ONE'S CENTRAL STATION.**



**SimplexGrinnell  
FIRE ALARM INSPECTION REPORT**

**PAGE 2**

**SITE: Evergreen Credit Union**

**Monitoring Agency:**

**Protection One**

**Central Station  
(877) 357-1808**

**Authority Having Jurisdiction:**

**Portland Fire Dept.  
Portland, ME 04103**

**Dispatch  
(207) 874-8576**

**Inspection Service:**

**SimplexGrinnell  
30 Thomas Drive  
Westbrook, ME 04092  
Phone: (207) 842-6440**

**License No.:**

**Service Mgr: Vicky Allen, Service Supv.  
Service Sales: Ryan Hunt  
Inspector: John Linscott**



SITE: Evergreen Credit Union

CONTROL PANEL/CENTRAL PROCESSING UNIT

Simplex 4005-9101

Serial # H5970130

Building: EvergreenCreditUnion Floor: 1st Area: Boiler Room (exterior)

<u>Test Performed</u>	<u>Result</u>	<u>Value</u>	<u>Notes</u>
Voltage w/ Charger	Passed	27.7	
Voltage w/o Charger	Passed	24.9	
Battery % of Charge	Passed		
Battery Age Check	Passed		
Zone Trouble	Passed		
Signal Trouble	Passed		
Type Signal Circuit	Passed		
AC Input Voltage	Passed	120.0	
Earth Detection	Passed		
Lamps/LED Test	Passed		
Drill Switch	Not Applicable		
Control Function(s)	Passed		





SITE: Evergreen Credit Union

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

<u>Dev. Type</u>	<u>Description</u>	<u>Total</u>	<u>Number Tested</u>	<u>Number Failed</u>	<u>Number Not Tested</u>
DSD	Duct Smoke Detector	5	5	0	0
PSD	Photo Smoke Detector	4/3	4/3	0	0
PSSA	Pull Station-Single Action	8	8	0	0

DETAIL TEST RESULTS

<u>Dev Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
DSD	EvergreenCreditUnion	1st	Boiler Room Front (Exterior)	3			Tested	Passed
DSD	EvergreenCreditUnion	1st	Boiler Room Rear (Exterior)	3			Tested	Passed
PSD	EvergreenCreditUnion	1st	Elevator Lobby	1			Tested	Passed
PSD	EvergreenCreditUnion	1st	Elevator Machine Room	2			Tested	Passed
				Should be Moved/Relocated				
PSSA	EvergreenCreditUnion	1st	Employee Entry	1			Tested	Passed
PSSA	EvergreenCreditUnion	1st	Lobby Exit	1			Tested	Passed
PSSA	EvergreenCreditUnion	1st	Office Area on Column	1			Tested	Passed
PSD	EvergreenCreditUnion	2nd	Elevator Lobby	4			Tested	Passed
PSSA	EvergreenCreditUnion	2nd	Hall near Mechanical Room	4			Tested	Passed
PSSA	EvergreenCreditUnion	2nd	Main Office Area	4			Tested	Passed
PSSA	EvergreenCreditUnion	2nd	Main Office Area Exit to North Hall	4			Tested	Passed
DSD	EvergreenCreditUnion	2nd	Mechanical Room (front left)	5			Tested	Passed
				Not Wired for AHU Shutdown				
DSD	EvergreenCreditUnion	2nd	Mechanical Room (front right)	5			Tested	Passed
DSD	EvergreenCreditUnion	2nd	Mechanical Room (rear)	5			Tested	Passed
PSSA	EvergreenCreditUnion	2nd	North Stair Exit	4			Tested	Passed
PSSA	EvergreenCreditUnion	2nd	Stair Exit @ Elevator	4			Tested	Passed

PSD 1st Boiler Rm (SL)

1 Passed



SITE: Evergreen Credit Union

ALARM INDICATING DEVICES

SUMMARY TEST RESULTS

<u>Dev. Type</u>	<u>Description</u>	<u>Total</u>	<u>Number Tested</u>	<u>Number Failed</u>	<u>Number Not Tested</u>
A/V	Audio/Visual Signal Device	7	7	0	0
ANNC	Annunciator	1	1	0	0
VSIG	Visual Only Signal	11	11	0	0

DETAIL TEST RESULTS

<u>Dev Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
VSIG	EvergreenCreditUnion	1st	Employee Entry				Tested	Passed
VSIG	EvergreenCreditUnion	1st	Front Center Office				Tested	Passed
VSIG	EvergreenCreditUnion	1st	Hall near Restrooms				Tested	Passed
A/V	EvergreenCreditUnion	1st	Lobby Exit				Tested	Passed
ANNC	EvergreenCreditUnion	1st	Main Entry Vestibule				Tested	Passed
VSIG	EvergreenCreditUnion	1st	Men's Restroom				Tested	Passed
A/V	EvergreenCreditUnion	1st	Office Area on Column				Tested	Passed
VSIG	EvergreenCreditUnion	1st	Teller Area Exit @ Copier				Tested	Passed
VSIG	EvergreenCreditUnion	1st	Women's Restroom				Tested	Passed
VSIG	EvergreenCreditUnion	2nd	Break Room				Tested	Passed
A/V	EvergreenCreditUnion	2nd	Elevator Lobby				Tested	Passed
A/V	EvergreenCreditUnion	2nd	Executive Office Area				Tested	Passed
A/V	EvergreenCreditUnion	2nd	Hall near Mechanical Room				Tested	Passed
VSIG	EvergreenCreditUnion	2nd	Large Conference Room				Tested	Passed
A/V	EvergreenCreditUnion	2nd	Main Office Area (L)				Tested	Passed
A/V	EvergreenCreditUnion	2nd	Main Office Area (R)				Tested	Passed
VSIG	EvergreenCreditUnion	2nd	Men's Restroom				Tested	Passed
VSIG	EvergreenCreditUnion	2nd	Small Office near Break Room				Tested	Passed
VSIG	EvergreenCreditUnion	2nd	Women's Restroom				Tested	Passed



**SITE: Evergreen Credit Union**

**INSPECTION DEFICIENCIES SUMMARY**

**THERE WERE NO DEFICIENCIES NOTED DURING THIS INSPECTION**



**SITE: Evergreen Credit Union**

**RECOMMENDATIONS**


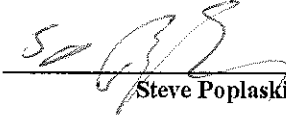
**SMOKE DETECTOR IN ELEVATOR MACHINE ROOM BE RELOCATED TO CEILING PER CURRENT NFPA CODE (SHEETROCK CEILING).**





SimplexGrinnell  
FIRE ALARM INSPECTION REPORT

SITE: Evergreen Credit Union

Customer	Date
 John Linscott	<u>2.26.18</u> Date
 Steve Poplaski	<u>2.26.18</u> Date

IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT, PLEASE CONTACT

Vicky Allen, Service Supv. Branch Service Manager

Phone: (207) 842-6440  
Address: 30 Thomas Drive  
Westbrook, ME 04092

22504103.02

