

SYSTEM RECORD OF COMPLETION

Form Completion Date: 6-12-19 Supplemental Pages Attached: \_\_\_\_\_

1. PROPERTY INFORMATION

Name of property: 750 Warren Avenue  
Address: Portland  
Description of property: Warehouse - Storage  
Name of property representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Guardian Systems of Maine (GSM)  
Address: 320 Presumpscot Street, Portland  
Phone: 536-4800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Service organization: GSM  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Testing organization: GSM  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Effective date for test and inspection contract: \_\_\_\_\_  
Monitoring organization: Instant Alarm  
Address: \_\_\_\_\_  
Phone: 800-499-9070 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 608-1245 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_  
Means of transmission: Cell  
Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: POC 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: Potter Model number: IPA-60

4.2 Software and Firmware  
Firmware revision number: 5.0.1.0

4.3 Alarm Verification  This system does not incorporate alarm verification.  
Number of devices subject to alarm verification: 1 Alarm verification set for 60 seconds



**SYSTEM RECORD OF COMPLETION (continued)**

**5. SYSTEM POWER**

**5.1 Control Unit**

**5.1.1 Primary Power**

Input voltage of control panel: \_\_\_\_\_ Control panel amps: \_\_\_\_\_

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

Branch circuit disconnecting means location: PA beside Fmt Number: 13

**5.1.2 Secondary Power**

Type of secondary power: Battery entry of Tenax B

Location, if remote from the plant: \_\_\_\_\_

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			B	0
Device Power			B	0
Initiating Device			B	0
Notification Appliance			B	0
Other (specify):				

**7. REMOTE ANNUNCIATORS**

Type	Location
	<u>NA</u>

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	8	A	A	
Smoke Detectors	1	A	A	
Duct Smoke Detectors	0			
Heat Detectors	0			
Gas Detectors	0			
Waterflow Switches	0			
Tamper Switches	0			



**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	12 <sup>3</sup>	

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

**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: *Tygh Brubst* Printed name: Tygh Brubst Date: 6-12-19  
 Organization: GSM Title: President Phone: 536-4800

**12.2 System Operational Test**

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

Signed: *Andrew Wilson* Printed name: Andrew Wilson Date: 6/12/19  
 Organization: BSM Title: TECHNICIAN Phone: 536-4800

**12.3 Acceptance Test**

Date and time of acceptance test: \_\_\_\_\_  
 Installing contractor representative: \_\_\_\_\_  
 Testing contractor representative: \_\_\_\_\_  
 Property representative: \_\_\_\_\_  
 AHJ representative: *M. P. U. T.*



# SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 6/12/19 Inspection/Test Completion Date/Time: \_\_\_\_\_

Supplemental Form(s) Attached:  Yes  No

## 1. PROPERTY INFORMATION

Name of property: \_\_\_\_\_  
Address: 750 WARDEN AVE PORTLAND ME  
Description of property: STORAGE OCCUPANCY  
Name of property representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. TESTING AND MONITORING INFORMATION

Testing organization: GUARDIAN SYSTEMS OF MAINE (GSM)  
Address: 320 PRESUMSCOT ST PORTLAND, ME  
Phone: (207) 576-4800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Monitoring organization: INSTANT ALARM  
Address: \_\_\_\_\_  
Phone: (978) 744-9070 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 608-1245 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_  
Means of transmission: CELL  
Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. DOCUMENTATION

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

DOCUMENT CABINET

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: POTER Model number: CPA-60

### 4.2 Software Firmware

Firmware revision number: 5.0.1.0

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: \_\_\_\_\_ Location: PANEL PA TENANT B

Overcurrent protection type: \_\_\_\_\_ Amps: \_\_\_\_\_ Disconnecting means location: #13

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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: FACP

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: _____	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
	<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	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		NO ALS
Alarm restoration	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		
Trouble signal	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		
Trouble restoration	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		
Supervisory signal	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		
Supervisory restoration	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>		

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**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**7. NOTIFICATIONS THAT TESTING IS COMPLETE**

Monitoring organization	Contact: _____	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: 6/12/19 Time: \_\_\_\_\_

**9. CERTIFICATION**

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

Signed: \_\_\_\_\_ Printed name: Andrew Wilson Date: 6/12/19  
Organization: LSM Title: TECHNICIAN Phone: 531-1800  
Qualifications (refer to 10.5.3): Richard P. Sp...

**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: Ben Keller Printed name: Ben Keller Date: 6-17-2019  
Organization: Atlantic Title: Asset Manager Phone: 202-944-6450











**Guardian Systems of Maine**

320 Presumpscot St., Unit #2

Portland, ME 04103

207-536-4800 office

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.