

SYSTEM RECORD OF COMPLETION

Form Completion Date: 7/23/15 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: Kaufmann House
Address: 899 Riverside St. Portland, ME
Description of property: Two story building
Name of property representative: n/a
Address: n/a
Phone: n/a Fax: n/a E-mail: n/a

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Corey Electric
Address: 609 Main St Suite 3 Westbrook, ME
Phone: 207-591-8151 Fax: n/a E-mail: n/a
Service organization: Norris, Inc
Address: 2257 West Broadway South Portland, ME
Phone: 1-800-370-3473 Fax: 207-879-0540 E-mail: www.norrisinc.com
Testing organization: n/a
Address: n/a
Phone: n/a Fax: n/a E-mail: n/a
Effective date for test and inspection contract: n/a
Monitoring organization: Cunningham Security
Address: 10 Princes Point Rd Yarmouth, ME
Phone: 207-846-3350 Fax: n/a E-mail: n/a
Account number: 63001067 Phone line 1: 321-2107 Phone line 2: 756-8827
Means of transmission: Digital Communicator
Entity to which alarms are retransmitted: Portland Fire Dept Phone: n/a

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: At fire panel

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: n/a
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Notifier Model number: NFW2-100

4.2 Software and Firmware

Firmware revision number: 7

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 0 Alarm verification set for 0 seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 3
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: Stairwell near panel Number: 17

5.1.2 Secondary Power

Type of secondary power: Battery
 Location, if remote from the plant: n/a
 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	1	0	B	n/a
Device Power	1	0	B	n/a
Initiating Device	0	0	0	0
Notification Appliance	3	0	B	n/a
Other (specify):	n/a	n/a	n/a	n/a

7. REMOTE ANNUNCIATORS

Type	Location
LCD	Main Lobby

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	7	Addressable	Alarm	n/a
Smoke Detectors	20	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	0	n/a	n/a	n/a
Heat Detectors	1	Addressable	n/a	Thermal
Gas Detectors	4	Conventional	Supervisory	n/a
Waterflow Switches	1	Conventional	Alarm	n/a
Tamper Switches	3	Conventional	Supervisory	n/a

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	12	Mini Horns
Visible	11	Strobe
Combination Audible and Visible	10	Horn Strobes

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	4
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	1
Elevator Shunt Trip	1

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: _____ Printed name: _____ Date: 7/23/15
 Organization: Corey Electric Title: Electrician Phone: 207-591-8151

12.2 System Operational Test

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

Signed: _____ Printed name: Wade Morin Date: 7/23/15
 Organization: Norris, Inc Title: Technician Phone: 800-370-3473

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 7/23/15 10:48 AM Inspection/Test Completion Date/Time: 7/23/15 12:30 PM

Supplemental Form(s) Attached: yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Kaufmann House

Address: 899 Riverside St. Portland, ME

Description of property: Two story building

Name of property representative: n/a

Address: n/a

Phone: n/a Fax: n/a E-mail: n/a

2. TESTING AND MONITORING INFORMATION

Testing organization: Norris, Inc

Address: 2257 West Broadway South Portland, ME

Phone: 800-370-3473 Fax: 207-879-0540 E-mail: www.norrisinc.com

Monitoring organization: Cunningham Security

Address: 10 Princes Point Rd Yarmouth, ME

Phone: 207-846-3350 Fax: n/a E-mail: n/a

Account number: 63001067 Phone line 1: 321-2107 Phone line 2: 756-8827

Means of transmission: Digital Communicator

Entity to which alarms are retransmitted: Portland Fire Dept Phone: 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: At panel

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Notifier Model number: NFW2-100

4.2 Software and Firmware

Firmware revision number: 7

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 VAC Amps: 3 Location: Stairwell near panel

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: 17

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: In panel

Battery type (if applicable): Sealed Lead Acid

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: <u>Cunningham Security</u>	Time: <u>10:43</u>
Building management	Contact: <u>n/a</u>	Time: <u>n/a</u>
Building occupants	Contact: <u>n/a</u>	Time: <u>n/a</u>
Authority having jurisdiction	Contact: <u>n/a</u>	Time: <u>n/a</u>
Other, if required	Contact: <u>n/a</u>	Time: <u>n/a</u>

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"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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 type="checkbox"/>	<input type="checkbox"/>	10:49	
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>	11:03	
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>	11:27	
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>	11:28	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>	11:18	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	11:19	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		n/a
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		n/a
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		n/a
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		n/a
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		n/a
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		n/a

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Cunningham Security</u>	Time: _____
Building management	Contact: <u>n/a</u>	Time: <u>n/a</u>
Building occupants	Contact: <u>n/a</u>	Time: <u>n/a</u>
Authority having jurisdiction	Contact: <u>n/a</u>	Time: <u>n/a</u>
Other, if required	Contact: <u>n/a</u>	Time: <u>n/a</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 7/23/15 Time: 12:30 PM

9. CERTIFICATION

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

Signed: _____ Printed name: Wade Morin Date: 7/23/15
Organization: Norris, Inc Title: Technician Phone: 800-370-3473
Qualifications (refer to 10.5.3): Licensed electrician, NICET certified

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: n/a Printed name: n/a Date: n/a
Organization: n/a Title: n/a Phone: n/a

Horn Strobe	Lounge
Horn Strobe	Living Room
Horn Strobe	Lobby
Horn Strobe	Office
Horn Strobe	Kitchen
Horn Strobe	Dining Room
Horn Strobe	Staff Station 1st Floor
Horn Strobe	Hall 1st Floor
Horn Strobe	Staff Station 2nd Flr
Horn Strobe	Hall 2nd Floor
Strobe	Library
Strobe	1st Floor Hall
Strobe	Restroom 1
Strobe	Staff Restroom
Strobe	Foyer
Strobe	Bathroom 2
Strobe	Bathroom 3
Strobe	Bathroom 4
Strobe	Sitting Area
Strobe	Bedroom
Strobe	Study Room
Mini Horn	Bedroom 126
Mini Horn	Bedroom 127
Mini Horn	Bedroom 128
Mini Horn	Bedroom 129
Mini Horn	Bedroom 207
Mini Horn	Bedroom 208
Mini Horn	Bedroom 209
Mini Horn	Bedroom 212
Mini Horn	Bedroom 214
Mini Horn	Bedroom 219
Mini Horn	Bedroom 220
Mini Horn	Bedroom 200

NOTIFICATION APPLIANCE POWER PANEL SUPPLEMENTARY RECORD OF COMPLETION

Form Completion Date: 7/23/15 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Kaufmann House

Address: 899 Riverside St Portland, ME

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Notifier FCPS-24S8	Basement next to FACP	Entire building	Panel in stairwell, Circuit 17

See Main System Record of Completion for additional information, certifications, and approvals.

DEAN & ALLYN, INC.

FIRE PROTECTION / SPECIAL HAZARD

116 Lewiston Road
Gray, ME 04039
P-207-657-5646 / F-207-657-5647

July 30, 2015

PC Construction, Inc.
131 Presumpscot St
Portland, ME 04101
Attn: Lee Brawn

Re: Spurwink Kaufman House
899 Riverside St
Portland, ME

Dear Mr. Brawn,

Thank you for choosing Dean & Allyn, Inc. for your fire protection needs for the referenced project. This letter serves to confirm that the work provided, as described below was performed in accordance with the requirements of NFPA 13 and state & local codes.

Description:

The existing wet sprinkler system was modified to provide compliant fire sprinkler coverage of the subject building renovation. Existing code deficiencies were corrected and the system left in service as of the date of this letter. There was no change to the existing occupancy hazard classification per NFPA 13.

Very truly yours,

Dean & Allyn, Inc.



Derek Narvaez
Project Manager