

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
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.*

Form Completion Date: 04/04/2016 Supplemental Pages Attached: 3

1. PROPERTY INFORMATION

Name of property: SMITH HOUSE
Address: 899 RIVERSIDE STREET, PORTLAND, ME 04103
Description of property: NA
Name of property representative: NA
Address: NA
Phone: NA Fax: NA E-mail: NA

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: RM. PEARSON, INC
Address: 232 OSSIPPEE TRAIL, GORHAM, ME 04038
Phone: 207-839-3223 Fax: NA E-mail: NA
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net
Effective date for test and inspection contract: NA
Monitoring organization: CUNNINGHAM SECURITY
Address: 10 PRINCES POINT ROAD
Phone: 207-846-3350 Fax: NA E-mail: NA
Account number: 1486 Phone line 1: 207-878-9089 Phone line 2: 207-797-2776
Means of transmission: DACT
Entity to which alarms are retransmitted: Portland Fire Department Phone: (207) 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: NA

NFPA 72 edition: 13

4.1 Control Unit

Manufacturer: Honeywell Ademco Vista Model number: 128FB

4.2 Software and Firmware

Firmware revision number: NA

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A Alarm verification set for N/A seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5
 Overcurrent protection: Type: C.B. Amps: 15
 Branch circuit disconnecting means location: GP Basement Number: 40

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES
 Location, if remote from the plant: IN PANEL
 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	NA	NA	B	0
Device Power	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	N/A	N/A
Notification Appliance	N/A	N/A	B	0
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
Honeywell Alphanumeric	Main Entrance
NA	NA

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	3	ADDRESSABLE	ALARM	CONTACT
Smoke Detectors	25	ADDRESSABLE	ALARM	PHOTO
Duct Smoke Detectors	0	NA	NA	0
Heat Detectors	3	ADDRESSABLE	ALARM	CONTACT
Gas Detectors	3	ADDRESSABLE	GAS ALARM	CONTACT
Waterflow Switches	1	ADDRESSABLE	ALARM	CONTACT
Tamper Switches	3	ADDRESSABLE	SUPERVISORY	CONTACT

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	NA	NA
Visible	2	Strobe
Combination Audible and Visible	27	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	N/A
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	1
Elevator Recall	2
Elevator Shunt Trip	1
N/A	N/A
N/A	N/A

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
 Interconnected systems are listed on supplementary sheet N/A.

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: [Signature] Printed name: William Dandaneau Date: 4-4-17
 Organization: RN Pearson Inc. Title: Electrician Phone: _____

12.2 System Operational Test

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

Signed: [Signature] Printed name: Jordan Valliere Date: 04/04/2017
 Organization: Protection Professionals Title: Engineering Technician Phone: (207) 775-5755

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: 04/03/2017 – 10:00am Inspection/Test Completion Date/Time: 04/03/2017 – 4:00pm

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

1. PROPERTY INFORMATION

Name of property: SMITH HOUSE

Address: 899 RIVERSIDE STREET, PORTLAND, ME 04103

Description of property: NA

Name of property representative: NA

Address: NA

Phone: NA Fax: NA E-mail: NA

2. TESTING AND MONITORING INFORMATION

Testing organization: PROTECTION PROFESSIONALS

Address: 325 US ROUTE ONE FALMOUTH MAINE 04105

Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net

Monitoring organization: CUNNINGHAM SECURITY

Address: 10 PRINCES POINT ROAD

Phone: (207) 846-3350 Fax: Na E-mail: Na

Account number: 1486 Phone line 1: 207-878-9089 Phone line 2: 207-797-2776

Means of transmission: DACT

Entity to which alarms are retransmitted: Portland Fire Department Phone: (207) 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Honeywell Ademco Vista Model number: 128FB

4.2 Software and Firmware

Firmware revision number: NA

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac Amps: 5 Location: In FACP

Overcurrent protection type: CB Amps: 15 Disconnecting means location: GP – CB # 40

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: SLA 12/7 Battery Location: In FACP

Battery type (if applicable): SLA

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: Cunningham Security Time: 11:45am

Building management Contact: PC Construction Time: NA

Building occupants Contact: NA Time: NA

Authority having jurisdiction Contact: NA Time: NA

Other, if required NA Contact: NA Time: NA

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	X	X	
Lamps/LEDs/LCDs	X	X	
Fuses	X	<input type="checkbox"/>	
Trouble signals	X	X	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	NA
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	NA
Supervision	X	X	
Local annunciator	X	X	
Remote annunciators	X	X	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	NA
NA	NA	NA	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	X	X	
Load voltage	X	X	
Discharge test	X	X	
Charger test	X	X	
Remote panel batteries	X	X	

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	X	<input type="checkbox"/>	12:22:19	
Alarm restoration	X	<input type="checkbox"/>	12:34:49	
Trouble signal	X	<input type="checkbox"/>	10:52:44	
Trouble restoration	X	<input type="checkbox"/>	12:56:11	
Supervisory signal	X	<input type="checkbox"/>	10:53:17	
Supervisory restoration	X	<input type="checkbox"/>	12:52:39	

6.7 Public Emergency Alarm Reporting System

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

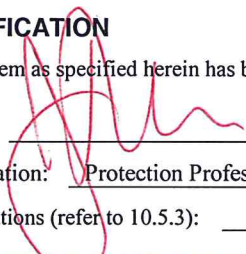
Monitoring organization	Contact: <u>Cunningham Security</u>	Time: <u>4:30pm</u>
Building management	Contact: <u>NA</u>	Time: <u>NA</u>
Building occupants	Contact: <u>NA</u>	Time: <u>NA</u>
Authority having jurisdiction	Contact: <u>NA</u>	Time: <u>NA</u>
Other, if required <u>NA</u>	Contact: <u>NA</u>	Time: <u>NA</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 04/03/2017 Time: 5:00PM

9. CERTIFICATION

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

Signed:  Printed name: Jordan Valliere Date: 04/04/2017
 Organization: Protection Professionals Title: Engineering Technician Phone: (207) 775-5755
 Qualifications (refer to 10.5.3): _____

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: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____