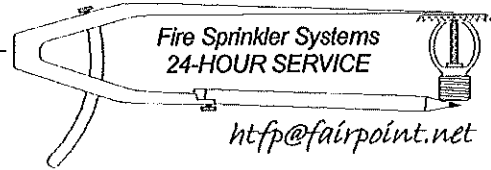


HIGH TECH FIRE PROTECTION

P.O. Box 156 • Minot, ME 04258-0156

Phone: (207)998-2551 • Fax: (207)998-4187



Date: April 25, 2013
To: Landry / French Construction
From: Richard Smith
Re: Guarantee/fire sprinklers

MSG: Jerric Corp. D/B/A High Tech Fire Protection hereby warrants and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project entitled **Retail Space at Allagash Brewery in Portland, Maine** for a period of one year from the date of substantial completion (**April 15, 2013**).

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work and / or materials completed / installed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

Our scope of work completed on the existing sprinkler system meets or exceeds all requirements necessary for an approved NFPA #13 commercial sprinkler system and the Local Authority.

Richard Smith, Treasurer
Jerric Corp. D/B/A High Tech Fire Protection

*Specializing in Commercial and Residential Fire Sprinkler Systems
Design • Installation • Inspection • Service*

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

*To be completed by the system inspector or tester at the time of the inspection or 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.

Date of this inspection or test: 04/24/2013

Time of inspection or test: 8:00 AM

1. PROPERTY INFORMATION

Name of property: Allagash Brewing

Address: 50 Industrial Way Portland, Maine

Description of property: Allagash brewery and retail store

Occupancy type: Comercial

Name of property representative:

Address:

Phone:

Fax:

E-mail:

Authority having jurisdiction over this property: Portlad Fire department

Phone: 2078748576

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Norris Inc

Address: 2257 Braodway South Portland Maine

Phone: 1803703473

Fax:

E-mail:

Service technician or tester: John Wolfe

Qualifications of technician or tester:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number:

Frequency of tests and inspections:

Monitoring organization for this equipment: Cunningham Security

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Address:

Phone:

Fax:

E-mail:

Entity to which alarms are retransmitted:

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify):

NFPA 72, Fig. 14.6.2.4 (p. 1 of 11)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: Notifier

Model number: NFW2-100

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone

Wide-area MNS

Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS

MNS ACU only

Wide-area MNS to regional national alerting interface

Local operating console (LOC)

Direct recipient MNS (DRMNS)

Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface

In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: Fire Alarm Panel

3.4 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 VAC

Control panel amps: 2.0 AMPS

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.1.3 Uninterruptible Power System

This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: FACP Type: Sealed Lead Nominal voltage: 24 VDC Amp/hour rating: 12 AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: _____ EVACS or MNS panel amps: _____

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): 120 VAC Power extender panel amps: 3.2 Amps

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: FCPS Type: Sealed Lead Acid Nominal voltage: 24 VDC Amp/hour rating: 7 AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: Retail Left entrance Notifier Ann-80 Series

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

| | | |
|-------------------------------|-----------------------------|---------------|
| Monitoring organization | Contact: Cunnigham Security | Time: 6:15 |
| Building management | Contact: | Time: 9:30 AM |
| Building occupants | Contact: All | Time: 9:30 AM |
| Authority having jurisdiction | Contact: | Time: |
| Other, if required | Contact: | Time: |

7. TESTING RESULTS

7.1 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"/> | |
| Power extender panels | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Isolation modules | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

| Description | Visual Inspection | Functional Test | Comments |
|-------------------|-------------------------------------|-------------------------------------|----------|
| 120-volt power | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Generator or UPS | <input type="checkbox"/> | <input type="checkbox"/> | |
| Battery condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Load voltage | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discharge test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Charger test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

| Description | Visual Inspection | Functional Test | Comments |
|--|--------------------------|--------------------------|----------|
| Control unit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps/LEDs/LCDs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Primary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Secondary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trouble signals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disconnect switches | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground-fault monitoring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Panel supervision | <input type="checkbox"/> | <input type="checkbox"/> | |
| System performance | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient _____ dBA Alarm _____ dBA (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

| Description | Visual Inspection | Functional Test | Comments |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Lamps/LEDs/LCDs | <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"/> | |
| Secondary power supply | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Trouble signals | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Ground-fault monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Panel supervision | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.5 Mass Notification Equipment

| Description | Visual Inspection | Functional Test | Comments |
|----------------------------------|--------------------------|--------------------------|----------|
| Functional test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reset/power down test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Primary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| UPS power test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trouble signals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disconnect switches | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground-fault monitoring | <input type="checkbox"/> | <input type="checkbox"/> | |
| CCU security mechanism | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prerecorded message content | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prerecorded message activation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Software backup performed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Test backup software | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire alarm to MNS interface | <input type="checkbox"/> | <input type="checkbox"/> | |
| MNS to fire alarm interface | <input type="checkbox"/> | <input type="checkbox"/> | |
| In-building MNS to wide-area MNS | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

| Description | Visual Inspection | Functional Test | Comments |
|---|--------------------------|--------------------------|----------|
| MNS to direct recipient MNS | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7.6 Two-Way Communications Equipment

| Description | Visual Inspection | Functional Test | Comments |
|---|--------------------------|--------------------------|----------|
| Phone handsets | <input type="checkbox"/> | <input type="checkbox"/> | |
| Phone jacks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Off-hook indicator | <input type="checkbox"/> | <input type="checkbox"/> | |
| Call-in signal | <input type="checkbox"/> | <input type="checkbox"/> | |
| System performance | <input type="checkbox"/> | <input type="checkbox"/> | |
| System audibility | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radio communications enhancement system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Area of refuge communication system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator emergency communications system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.7 Combination Systems

| Description | Visual Inspection | Functional Test | Comments |
|--|--------------------------|--------------------------|----------|
| Fire extinguishing monitoring devices/system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Carbon monoxide detector/system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Combination fire/security system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.8 Special Hazard Systems

| Description (specify) | Visual Inspection | Functional Test | Comments |
|-----------------------|--------------------------|--------------------------|----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure predischARGE notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

| Description (specify) | Visual Inspection | Functional Test | Comments |
|-----------------------------|--------------------------|--------------------------|----------|
| Engine-driven generator | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire pump | <input type="checkbox"/> | <input type="checkbox"/> | |
| Special suppression systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.11 Auxillary Functions

| Description | Visual Inspection | Functional Test | Comments |
|--------------------------------|--------------------------|--------------------------|----------|
| Door-releasing devices | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fan shutdown | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke management/smoke control | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke damper operation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke shutter release | <input type="checkbox"/> | <input type="checkbox"/> | |
| Door unlocking | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator recall | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator shunt trip | <input type="checkbox"/> | <input type="checkbox"/> | |
| MNS override of FA signals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

| Description | Visual Inspection | Functional Test | Time | Comments |
|-------------------------|-------------------------------------|-------------------------------------|----------|------------------|
| Alarm signal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10:13 AM | Smoke above FACP |
| Alarm restoration | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10:23 AM | Smoke Above FACP |
| Trouble signal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10:12 | Bell Circuit |
| Trouble restoration | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10:40 | Bell Circuit |
| Supervisory signal | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Supervisory restoration | <input type="checkbox"/> | <input type="checkbox"/> | | |

8. NOTIFICATIONS THAT TESTING IS COMPLETE

| | | |
|-------------------------------|---------------------|-------------|
| Monitoring organization | Contact: Cunningham | Time: 11:30 |
| Building management | Contact: | Time: 11:30 |
| Building occupants | Contact: all | Time: 11:30 |
| Authority having jurisdiction | Contact: | Time: |
| Other, if required | Contact: | Time: |

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 4/24/2013 Time: 3:00

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

| | | |
|---------------|---------------|--------|
| Signed: | Printed name: | Date: |
| Organization: | Title: | Phone: |

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

| | | |
|---------------|---------------|--------|
| Signed: | Printed name: | Date: |
| Organization: | Title: | Phone: |

DEVICE TEST RESULTS

(Attach additional sheets if required)

| Device Type | Address | Location | Test Results |
|-----------------------|---------|------------------------------|--------------|
| Sprinkler Water Flow | 01 | Exp. Module across from FACP | Pass |
| Sprinkler Tamper | 02 | Exp. Module across from FACP | Pass |
| Old Pull Stations | 03 | Exp. Module across from FACP | Pass |
| Old Smoke Detectors | 04 | Exp. Module across from FACP | Pass |
| 2/2011 Addition Pulls | 05 | Exp. Module across from FACP | Pass |
| spare | 06 | Exp. Module across from FACP | Pass |
| Smoke Detector | 15 | Above FACP | Pass |
| Pull Station | 16 | New Retail RT Side | Pass |
| Pull Station | 17 | New Retail LFT Side | Pass |
| Pull Station | 19 | 2 nd Flr Mezz | Pass |
| Pull Station | 20 | 2 nd Flr Mezz | Pass |
| AV | | New Mezz | Pass |
| VO | | New Mez | Pass |
| AV | | New Stairs | Pass |
| AV | | New Breawery | Pass |
| AV | | New Brewery | Pass |
| AV | | New Brewery | Pass |
| AV | | New Office | Pass |
| AV | | New Retail | Pass |
| AV | | New Retail | Pass |
| VO | | New Mens Room | Pass |
| VO | | New Mens Room | Pass |



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fax 207.879.0540

www.norrisinc.com

April 24, 2013

Corey Electric
Donny Harmon
609 Main St, Suite 3
Westbrook, ME 04092

Subject: Allagash Brewing

Dear Donny,

As requested, I am writing to confirm the fire alarm system add for the above mentioned subject, was inspected and tested and at the time of inspection the system was found to be operational and to the best of our knowledge, met or exceeded all of the requirements as established by the plans and specifications for the project and all applicable local codes including NFPA 72.

It was a pleasure working with you on this project. Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. W. Driesen', written in a cursive style.

Douglas W. Driesen
Service Manager

8. NOTIFICATIONS THAT TESTING IS COMPLETE

| | | |
|-------------------------------|---------------------|-------------|
| Monitoring organization | Contact: Cunningham | Time: 11:30 |
| Building management | Contact: | Time: 11:30 |
| Building occupants | Contact: all | Time: 11:30 |
| Authority having jurisdiction | Contact: | Time: |
| Other, if required | Contact: | Time: |

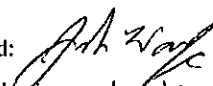
9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 4/24/2013 Time: 3:00

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:  Printed name: John Wolfe Date: 4-24-13
Organization: Norris inc Title: Phone:

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: Printed name: Date:
Organization: Title: Phone: