



DATE: 2/5/2015
TIME: 8:00 AM

SERVICE ORGANIZATION

Name: Securadyne Systems
Address: 4 Thomas Drive, Westbrook, Maine 04092
Representative: John Kimball
License No: LM50011890
Telephone: (207) 828-0022

PROPERTY NAME (USER)

Name: Allagash Employee Building
Address: 81 Industrial Way
City, State & ZIP: Portland, Me
Owner Contact: Boulos
Telephone: _____

MONITORING ENTITY

Contact: Cunningham Security
Telephone: (207) 846-3350
Monitoring Account Number: 63-0296
Transmission Type: Digital Dialer

ALT PROPERTY MGMT CO.

Contact: _____
Telephone: _____
Rcvr 1-800-639-3354
Rcvr 1-800-639-3356

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style / Class	QNTY	DEVICE	MFG & MODEL#
_____	SLC	5	Manual Fire Alarm Boxes	SK-Pull
_____	_____	_____	Ion Detectors	_____
_____	SLC	1	Photo Detectors	SK-Photo
_____	_____	_____	F/T Heat Detectors	_____
_____	_____	_____	ROR Heat Detectors	_____
_____	SLC	2	Duct Smoke Detector	SK-Duct
_____	SLC	2	Duct Shutdown	SK-Relay
_____	_____	_____	Waterflow	_____
_____	_____	_____	Other Supervisory Switches	_____
_____	_____	_____	Other (Specify):	_____
_____	_____	_____	Other (Specify):	_____

Alarm verification feature is disabled enabled _____

SIGNALING LINE CIRCUIT INFORMATION

Quantity 1 Circuit Style _____ Class B Style .07

ALARM NOTIFICATION DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	QNTY	DEVICE	MFG & MODEL#
_____	Class B Style Y	13	Horn / Strobes	System Sensor P2R
_____	Class B Style Y	2	Strobes	System Sensor SR
_____	_____	_____	Horns	_____
_____	_____	_____	Speakers	_____
_____	_____	_____	Speaker / Strobes	_____
_____	_____	_____	Other (Specify)	_____

Number of Alarm Notification Alarm Circuits (NAC): _____

Are Circuits Monitored for Integrity? Yes No

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	QNTY	DEVICE	MFG & MODEL#
_____	_____	_____	Water Flow	_____
_____	_____	_____	Sprinkler Low Pressure	_____
_____	_____	_____	Sprinkler Low Air Pressure	_____
_____	_____	_____	Sprinkler Gate Valve Tamper	_____
_____	_____	_____	Building Temp.	_____
_____	_____	_____	Post Indicator Valve	_____
_____	_____	_____	Other (Specify):	_____

Surveillance Specialties Ltd.
Fire Alarm System Test Inspection Form

	<input type="checkbox"/>	<input type="checkbox"/>	
Communications with Off premise Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Verified with Cunningham

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION	COMMENTS
(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

The Following did not operate properly: _____

System restored to normal operation: Date: 2/5/2016 Time: 2:00 PM

Name of Inspector (s) John Kimball, Jason Derosier Date: 2/4/2015 Time: _____

Signature: _____

Printed Name & TITLE of Owner Representative: _____

Date: _____ Time: _____