

SYSTEM RECORD OF COMPLETION

Form Completion Date: 3-11-19 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: TASTEFULLY BAKED
Address: 2 EVERGREEN DR PORTLAND, ME 04103
Description of property: BUSINESS OCCUPANCY
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Manetti Electric
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: Guardian Systems of Maine, LLC
Address: 320 Presumpscot St. Unit #2 Portland, ME 04103
Phone: (207) 536-4800 Fax: _____ E-mail: Rich@guardiansystemsmaine.com
Testing organization: Guardian Systems of Maine, LLC
Address: 320 Presumpscot St. Unit #2 Portland, ME 04103
Phone: (207) 536-4800 Fax: _____ E-mail: Rich@guardiansystemsmaine.com
Effective date for test and inspection contract: _____
Monitoring organization: Instant Alarm Systems
Address: 303 Highland Ave, Salem, MA 01970
Phone: (978) 744-9070 Fax: _____ E-mail: _____
Account number: 608-1231 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: Document Cabinet BY FACE

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: PATCO Model number: IPA4000

4.2 Software and Firmware

Firmware revision number: 5.0.1.0

4.3 Alarm Verification

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

NFPA 72 (p. 1 of 3)



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: KITCHEN Number: 1

5.1.2 Secondary Power

Type of secondary power: BATTERY
 Location, if remote from the plant: @ 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			B	0
Device Power			I	0
Initiating Device			I	0
Notification Appliance			I	0
Other (specify):			✓	0

7. REMOTE ANNUNCIATORS

Type	Location
	<u>None</u>

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	<u>2</u>	<u>ADDRESSABLE</u>	<u>ALARM</u>	
Smoke Detectors	<u>1</u>	<u>ADDRESSABLE</u>	<u>ALARM</u>	
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches	<u>1</u>	<u>A</u>	<u>A</u>	
Tamper Switches	<u>1</u>	<u>A</u>	<u>A</u>	
<u>CO2 SYSTEM</u>	<u>1</u>	<u>A</u>	<u>A</u>	

NFPA 72 (p. 2 of 3)



SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	3	
Combination Audible and Visible	5	

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: Mark P. Johnson Printed name: Mark P. Johnson Date: 3/11/19
 Organization: Mancini Elect. Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: Rich Bobst Jr Printed name: Rich Bobst Jr Date: 3-1-19
 Organization: GSM Title: President Phone: 536-4800

12.3 Acceptance Test

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



SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 3-11-19 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: Yes No

1. PROPERTY INFORMATION

Name of property: TASTEFULLY BASED
Address: 2 EVERGREEN DR
Description of property: BUSINESS OCCUPANCY
Name of property representative:
Address:
Phone: Fax: E-mail:

2. TESTING AND MONITORING INFORMATION

Testing organization: Guardian Systems of Maine, LLC
Address: 320 Presumpscot St. Unit #2 Portland, ME 04103
Phone: (207) 536-4800 Fax: E-mail: Rich@guardiansystemsmaine.com
Monitoring organization: Instant Alarm Systems
Address: 303 Highland Ave. Salem, MA 01970
Phone: (978) 744-9070 Fax: E-mail:
Account number: 608-1231 Phone line 1: all Phone line 2:
Means of transmission:
Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software:
DOCUMENT CABINET BY FAX

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit
Manufacturer: Potter Model number: IPA4000

4.2 Software Firmware
Firmware revision number: 5.0.10

4.3 System Power
4.3.1 Primary (Main) Power
Nominal voltage: 120V Amps: Location: Kitchen - 1
Overcurrent protection type: Amps: Disconnecting means location:

Empty rectangular box for additional notes or details.



SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: BATTERY Location: Panel

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: Yes 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 type="checkbox"/>	<input 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"/>	<u>NA</u>
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
	<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 type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>

NFPA 72 (p. 2 of 4)



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	<input type="checkbox"/>	<input type="checkbox"/>		NA
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Yes</u>	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: 3-1-19 Time: _____

9. CERTIFICATION

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

Signed: [Signature] Printed name: Paul Bracket Jr Date: 3-1-19
Organization: GSIM Title: President Phone: 536 4800
Qualifications (refer to 10.5.3): NICET IV

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: [Signature] Printed name: Jason Baker Date: 3-1-2019
Organization: _____ Title: _____ Phone: _____



Account #		608-1231		
Zone	Point address	Code	Alarm type	Location
	1	Smoke	Fire	Over fire panel
	2	Pull	Fire	Main Entry
	3	Pull	Fire	Receiving Door
	4	Security	Burglary	Burglar alarm panel; requires verification
	5	Fire input	Fire	CO2 Suppression system
	6			Spare
	7.1	Waterflow	Fire	Sprinkler in extraction Room
	7.2	Tamper	Supervisory	Sprinkler for extraction Room

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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.