

7. Annunciator(s)

Number: 1 Type: Graphic/LED Location: Front Lobby/Office

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 – Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and class of notification appliance circuits connected to system (see NFPA 72, table 6.7):

Quantity: _____ Style: _____ Class: _____

Types and quantities of notification appliances installed:

(a) Bells _____ With Visible _____

(b) Speakers _____ With Visible _____

(c) Horns 14 With Visible 14

(d) Chimes _____ With Visible _____

(e) Other _____ With Visible _____

(f) Visible appliances without audible: 5

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage: 24V Current rating: 4 Amps
Overcurrent protection: Type: _____ Current rating: _____
Location: _____

(b) Secondary (standby):
Storage battery: 24V Amp-hour rating: 10Ah
Calculated capacity to drive system, in hours: 8
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

(c) Emergency system used as backup to primary power supply: _____
Emergency system described in NFPA 70, Article 700: _____

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are: Sprinkler Wet system #2 Tamper Closed due to incapsulation of sprinkler riser. Dry system ~~also~~ Tamper Closed due to incapsulation of sprinkler riser.

Maul/Marin (signed) for installation contractor/supplier (title) 4/25/05 (date)

Jack Do (signed) for alarm service company (title) Tech/Rep (date) 4/25/05

(signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title) (date)

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity: 5 Style: _____ Class: B

MANUAL

(a) Manual stations: Noncoded X Transmitters _____ Coded _____ Addressable _____

(b) Combination manual fire alarm and guard's tour coded stations 4

AUTOMATIC

Coverage: Complete ✓ Partial _____

Selective _____ Nonrequired _____

(a) Smoke Detectors _____ Ion _____ Photo 4 Addressable _____

(b) Duct detectors _____ Ion _____ Photo _____ Addressable _____

(c) Heat detectors _____ FT _____ RR _____ FT/RR _____ RC _____ Addressable _____

(d) Sprinkler waterflow indicators: Transmitters _____ Noncoded 3 Coded _____ Addressable _____

(e) The alarm verification feature is disabled X or enabled _____, changed from _____ seconds to _____ seconds.

(f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

(a) _____ Coded Stations

(b) _____ Noncoded stations

(c) _____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations

Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM:

Check if provided

(a) _____ Valve supervisory switches

(b) _____ Building temperature points

(c) _____ Site water temperature points

(d) _____ Site water supply level points

Electric fire pump:

(e) _____ Fire pump power

(f) _____ Fire pump running

(g) _____ Phase reversal

Engine-driven fire pump:

(h) _____ Selector in auto position

(i) _____ engine or control panel trouble

(j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:

(a) _____ Selector in auto position

(b) _____ Control panel trouble

(c) _____ Transfer switches

(d) _____ Engine running

Other supervisory function(s) (specify): _____

NFPA 72, Chapter 8 - Central Station
Prime contractor: Simplex Grinnell Monitoring
Central station location: Westminster, Mass.

Means of transmission of signals from the protected premises to the central station:
 McCulloh Multiplex One-way radio
 Digital alarm communicator Two-way radio Others

Means of transmission of alarms to the public fire service communications center:
(a) Built in Communicator
(b) _____

System location: FACP

NFPA 72, Chapter 9 - Auxillary
Indicate type of connection: Local energy Shunt Parallel telephone
Location of telephone number for recipient of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Terry Davis on 4/25/05, includes the devices shown in 5 and 6, and has been in service since _____.

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, National electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: Terry Davis Date: 4/25/05

Organization: Simplex Grinnell

3. Record of System Operation

Documentation in accordance with Inspection testing Form, Figure 10.6.2.3, is attached _____.

All operational features and functions of this system were tested by Terry Davis date 4/25/05 and found to be operating properly in accordance with the requirements of:

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, National electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: Terry Davis Date: 4/25/05

Organization: Simplex Grinnell

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: 2 Style: _____ Class: B

Quantity: _____ Style: _____ Class: _____

Quantity: _____ Style: _____ Class: _____

FIRE ALARM SYSTEM RECORD OF COMPLETION

(Ref: NFPA 72 [2002 Ed])

Name of protected property: Alside Supply
Address: 88 Walch Dr., Portland, Me 04103
Representative of protected property (name/phone): _____
Authority having jurisdiction: City of Portland Fire Department
Address/telephone number: 207-874-8576

Installer: Keely Electric 207 799 3772
Supplier: SimplexGrinnell
Service organization: _____
Organization name/phone *Representative name/phone*

Location of record (as-built) drawings: _____
Location of operation and maintenance manuals: _____
Location of test reports: _____
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: _____ Expiration date: _____

System Software
(a) Operating system (executive) software revision level(s): _____
(b) Site-specific software revision date: _____
(c) Revision completed by: _____
(name) *(firm)*

1. Type(s) of System or Service

_____ NFPA 72, Chapter 6 – Local
If alarm is transmitted to location(s) off premises, list where received: _____

_____ NFPA 72, Chapter 8 – Remote Station
Telephone numbers of the organization receiving alarm: _____
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
Indicate how alarm is retransmitted: _____

_____ NFPA 72, Chapter 8 – Proprietary
Telephone numbers of the organization receiving alarm: _____
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
Indicate how alarm is retransmitted: _____

100 Simplex Drive
Westminster, MA
01441-0001 U.S.A.

BOOK #	
CALL #	1,6,6,4,6,2,2
SEQ. #	

DISTRICT	SERVICE AT CUSTOMER NUMBER	SITE AND PROJECT NO.	TR ARRIVAL DATE	TR COMP. DATE	NON-BILL	SVC. CODE	MIN	TRACT
1,4,7			0,4,2,5,0,5	0,4,2,5,0,5				
NAME <i>Alside Supply</i>			INSP. DATE	CUSTOMER P.O.		AND/OR CUSTOMER CONTACT NAME (PRINT)		
ADDRESS (OR ATTN. OF)			0,4,1,0,5					
ADDRESS			SERVICE CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES
88 Welch St.				8,4,0				
CITY	STATE	ZIP	WARRANTY CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	ARRIVAL
Portland	Me	04103						
			TLP CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	DEPARTURE

CONTROL PANEL									
MANUFACTURER	MODEL NO.	SERIAL NO.	WIRING DIAG. NO.	SEQUENCE NO.	THRU				
Simplex	4006-9101								
TYPE OF SIGNALING			POWER SOURCE	CIR. BRKR. LOCATION	NO.	LOCKED CIR. BRKR	DEDICATED CIR.		
<input checked="" type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL			.P1		47	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
BATTERIES			TROUBLE CONDITIONS		RESPONSE TO:	ZONE TROUBLE	SIGNAL TROUBLE	AC/OP POWER LOSS	EARTH GROUND
<input type="checkbox"/> NOTE # 04/05 VOLTAGE WITH CHARGER <input type="checkbox"/> NORM VOLT WITHOUT CHARGER <input type="checkbox"/> N/A					<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #	<input type="checkbox"/> NORM <input type="checkbox"/> NOTE #	<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #	<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #	<input type="checkbox"/> NORM <input type="checkbox"/> NOTE #
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:					STRICTLY SIGNATURE		TR #		
CUSTOMER SIGNATURE					<i>[Signature]</i>		5,4,1,6,1		
SEE NOTATION NO.	THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL THE WARRANTY BEGINS ON				SIGNALS SOUNDED PER CUSTOMER REQUEST				
	MONTH DAY YR.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N CUST. INIT.				

AUXILIARY FUNCTIONS									
ANNUNCIATOR			DOOR HOLDERS		ELEVATOR FIRE RECALL				
Simplex			<input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input checked="" type="checkbox"/> N/A				
MODEL 9606-9101			ELEVATOR FIRE RECALL		HVAC SHUTDOWN				
<input type="checkbox"/> INCAND. <input checked="" type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input type="checkbox"/> LED <input type="checkbox"/> DROP			<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input checked="" type="checkbox"/> QTY. <input type="checkbox"/> N/A				
CITY CONNECTION OR			OFFICIAL CONTACTED		SPECIAL CONSIDERATIONS - LIST ANY UNIQUE FUNCTIONS TO BE AWARE OF BEFORE TESTING				
<input type="checkbox"/> NORM <input type="checkbox"/> NOTE #					1.				
CENTRAL STATION MONITORING			TIME OF DAY		2.				
<input type="checkbox"/> NORM <input type="checkbox"/> NOTE #			OUT OF SERVICE IN SERVICE		3.				

MPX/TPR CHECKLIST				PERIPHERAL/PARTS USED				THE NUMBER OF PERIPHERAL DEVICES TESTED ARE:			
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST	ITEM	PRODUCT I.D.	QTY.	INV.LOC./SEQ.	NC	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	No. Tested	okay
NO. OF XPNDRS TESTED	LOCATION NOTE #	1							4	4	-
POWER SUPPLY VOLTAGE NOTE #	LOCATION NOTE #	2							4	4	-
CHARGER VOLTAGE NOTE #	LOCATION NOTE #	3							1	1	-
GROUND FAULT NOTE #	LOCATION NOTE #	4									
BATTERIES VOLTAGE NOTE #	LOCATION NOTE #	5									
POINTS TESTED	LOCATION NOTE #	6									
OTHER	LOCATION NOTE #	7									
PRINTERS	NOTE #	8									

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:									
None As Follows (describe fully)									
PROBLEM CODE					CORRECTIVE ACTION		RELATED TR		RELATED CALL #
CLOSE DATE					SERV. COMPL		RSN		