

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: 5/14/2020 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: Halcyon Organics
Address: 66 Miliken Street Portland, ME 04103
Description of property: Marijuana processing and cultivation facility
Name of property representative: Halcyon Organics
Address: 850 Washington AvenuePortland, ME 04103
Phone: 908-872-2509 Fax: NA E-mail: alexdavidson@halcyonorgonacisholding.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: AAA Energy Services
Address: 4 Commercial Road Scarborough Maine 04074
Phone: 207-883-1473 Fax: _____ E-mail: aaaenergy.com
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: _____
Monitoring organization: Eastern Fire Protection (Centralarm)
Address: 170 Kittyhawk Ave Auburn Maine 04210
Phone: 207-942-8014 Fax: NA E-mail: easternfiregroup.com
Account number: 19601507 Phone line 1: NA Phone line 2: NA
Means of transmission: Starlink SLE-CDMA Fire Communicator
Entity to which alarms are retransmitted: Portland Fire Department Phone: 1-207-874-8576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

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

NFPA 72 edition: 2009

4.1 Control Unit

Manufacturer: Potter Model number: IPA-100

4.2 Software and Firmware

Firmware revision number: _____

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: NA Alarm verification set for NA 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: Circuit Breaker Amps: 15
 Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: SLA Batteries
 Location, if remote from the plant: In Fire Alarm Control 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	NA	NA	B	0
Initiating Device	NA	NA	B	0
Notification Appliance	NA	NA	B	0
Other (specify): NA	NA	NA	NA	NA

7. REMOTE ANNUNCIATORS

Type	Location
LCD Alphanumeric display	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	7	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	4	Addressable	Supervisory	Photoelectric
Heat Detectors	3	Addressable	Alarm	Fixed temp/ ROR
Gas Detectors	1	Addressable	Gas Alarm	CO
Waterflow Switches	1	Addressable	Alarm	Contact
Tamper Switches	1	Addressable	Supervisory	Contact

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	1	Co detector sounder base Potter PAD100-SB
Visible	6	Strobe only Potter S-24R
Combination Audible and Visible	17	Horn Strobe Potter HS-24R

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	NA
HVAC Shutdown	3
Fire/Smoke Dampers	NA
Door Unlocking	NA
Elevator Recall	NA
Elevator Shunt Trip	NA
NA	NA
NA	NA

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet _____ .

12. CERTIFICATION AND APPROVALS

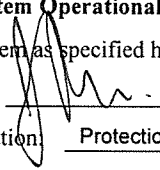
12.1 System Installation Contractor

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

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

12.2 System Operational Test

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

Signed:  _____ Printed name: Jordan Valliere Date: 5/14/2020
 Organization: Protection Professionals Title: Lead Technician, Operations 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: _____ Inspection/Test Completion Date/Time: _____

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

1. PROPERTY INFORMATION

Name of property: Halcyon Organics

Address: 66 Miliken Street Portland, ME 04103

Description of property: Marijuana processing and cultivation facility

Name of property representative: Halcyon Organics

Address: 850 Washington Avenue Portland, ME 04103

Phone: 908-872-2509 Fax: NA E-mail: alex davidson@halcyonorganacisholding.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Protection Professionals

Address: 325 US Route 1 Falmouth Maine 04105

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

Monitoring organization: Eastern Fire Protection

Address: 170 Kittyhawk Ave Auburn Maine 04210

Phone: 207-942-8014 Fax: NA E-mail: easternfiregroup.com

Account number: 19601507 Phone line 1: NA Phone line 2: NA

Means of transmission: Starlink SLE-CDMA Fire Communicator

Entity to which alarms are retransmitted: Portland Fire Department Phone: 1-207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Fire alarm document cabinet

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: IPA-100

4.2 Software and Firmware

Firmware revision number: V. 1

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 5 Location: In Fire Alarm Control Panel

Overcurrent protection type: CB Amps: 15 Disconnecting means location: _____

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Batteries Location: In Fire Alarm Control Panel

Battery type (if applicable): Sealed Lead Acid

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: <u>Centralarm</u>	Time: _____
Building management	Contact: <u>All</u>	Time: _____
Building occupants	Contact: <u>All</u>	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire Department</u>	Time: _____
Other, if required	Contact: <u>NA</u>	Time: <u>NA</u>

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 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"/>	Main entrance Halcyon Organics
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical room
NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

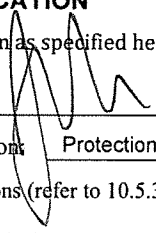
Monitoring organization	Contact: <u>Centralarm</u>	Time: _____
Building management	Contact: <u>All</u>	Time: _____
Building occupants	Contact: <u>All</u>	Time: _____
Authority having jurisdiction	Contact: <u>Portland Fire Department</u>	Time: _____
Other, if required NA	Contact: <u>NA</u>	Time: <u>NA</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

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: _____
 Organization: Protection Professionals Title: Technician Phone: _____
 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: _____

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/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.*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Halcyon Organics

Address: 66 Milliken Street Portland, ME 04103

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull	30	Halcyon Loading Dock	Pass
Smoke	31	Halcyon Main Entrance	Pass
NA	32	NA	NA
Heat	33	Halcyon Electrical Room	Pass
CO	34	Halcyon Break Room	Pass
Smoke	35	Halcyon Hall 125	Pass
Heat	36	Halcyon water distribution	Pass
Smoke	37	Halcyon Main Entrance	Pass
Smoke	38	Halcyon Hallway by 111	Pass
Duct Detector	39	Halcyon AHU 2	Pass
NA	40	NA	NA
Smoke	41	Halcyon hall 111	Pass
Duct Detector	42	Halcyon AHU 1	Pass
Smoke	43	Halcyon hall 111	Pass
Duct Detector	44	Halcyon AHU 3	Pass
NA	45	NA	NA
Smoke	46	Halcyon Break Room	Pass
DIM	47	Halcyon Sprinkler Waterflow & Tamper	Pass
DIM	47.1	Halcyon Sprinkler Waterflow	Pass
DIM	47.2	Halcyon Sprinkler Tamper	
Pull	48	Halcyon Main Entrance	Pass
Relay	49	Halcyon Door Release on Alarm	Pass

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/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.*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Halcyon Organics

Address: 66 Milliken Street Portland, ME 04103

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
V	Halcyon main entry	Pass
AV	Halcyon break room	Pass
V	Halcyon dirty locker room	Pass
AVwp	Halcyon shower room	Pass
AV	Halcyon clean locker room	Pass
V	Halcyon utility hall	Pass
V	Halcyon women's room	Pass
V	Halcyon men's room	Pass
AV	Halcyon hall 111	Pass
AV	Halcyon utility hall	Pass
AVcl	Halcyon flower room 4	Pass
AVcl	Halcyon flower room 3	Pass
AV	Halcyon utility hall	Pass
AV	Halcyon hall121	Pass
AV	Halcyon hall 111	Pass
AVcl	Halcyon flower room 2	Pass
AVcl	Halcyon flower room 1	Pass
AV	Halcyon utility hall	Pass
AVcl	Halcyon vegetation 104	Pass
AV	Halcyon hall 111	Pass
V	Halcyon trim room	Pass
AV	Halcyon Loading dock	Pass
AVcl	Halcyon Processing	Pass
AB	Halcyon break room CO detector	Pass

**NOTIFICATION APPLIANCE POWER PANEL
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It includes a list of types and locations of notification appliance power extender panels.

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.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Halcyon Organics

Address: 66 Miliken Street Portland, ME 04103

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Potter PSN 64	Halcyon organics electrical room	Halcyon Organics	Halcyon Organic electric room

See Main System Record of Completion for additional information, certifications, and approvals.