

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: 07/30/2019 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: C2C Extracts
Address: 66 Milliken Street Portland Maine 04103 Unit E
Description of property: Cannabis production, testing and grow facility
Name of property representative: Ray Payne
Address: 66 Milliken Street Portland Maine 04103 Unit E
Phone: _____ Fax: _____ E-mail: c2cextracts@gmail.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: AAA Energy Services
Address: 4 Commercial Rd, Scarborough, ME 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
Address: 170 Kittyhawk Avenue Auburn, Maine 04210
Phone: (207) 784-1507 Fax: NA E-mail: NA
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: (207) 874-8576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: FIRE2019-00198
NFPA 72 edition: 2019

4.1 Control Unit

Manufacturer: Potter Model number: IPA-100

4.2 Software and Firmware

Firmware revision number: NA

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: 12V - 18AH Battery (X2)
 Location, if remote from the plant: In Fire Alarm Control Panel
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 25 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	NA	NA
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 Unit E
NA	NA

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	2	Addressable	Alarm	Contact
Smoke Detectors	5	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	NA	NA	NA	NA
Heat Detectors	NA	NA	NA	NA
Gas Detectors	1	Addressable	Supervisory Gas	CO
Waterflow Switches	3	Addressable	Alarm	Contact
Tamper Switches	3	Addressable	Supervisory	Contact

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	1	CO Detector Sounder Base
Visible	2	Strobe
Combination Audible and Visible	9	Horn Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	NA
HVAC Shutdown	1 - Phase 2
Fire/Smoke Dampers	1 - Phase 2
Door Unlocking	NA
Elevator Recall	NA
Elevator Shunt Trip	NA
HAL Extraction Activation Supervision Module	1
NA	NA

11. INTERCONNECTED SYSTEMS

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

12. CERTIFICATION AND APPROVALS

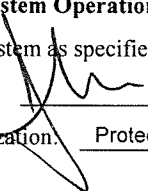
12.1 System Installation Contractor

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: _____
 Organization: Protection Professionals Title: SR. 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 (yes/no)

1. PROPERTY INFORMATION

Name of property: C2C Extracts

Address: 66 Milliken Street Portland Maine 04103 Unit E

Description of property: Cannabis production, testing and grow facility

Name of property representative: Ray Payne

Address: 66 Milliken Street Portland Maine 04103

Phone: _____ Fax: _____ E-mail: c2cextracts@gmail.com

2. TESTING AND MONITORING INFORMATION

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

Monitoring organization: Centralarm

Address: NA

Phone: 1-800-639-2066 Fax: NA E-mail: NA

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: (207) 874-8576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Potter Model number: IPA-100

4.2 Software and Firmware

Firmware revision number: NA

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 5 Location: _____

Overcurrent protection type: Circuit Breaker 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: 12V - 18AH Battery (X2) Location: In Fire Alarm Control Panel

Battery type (if applicable): SLA

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: _____ 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 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 Unit E
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	Future
NA	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

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

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 type="checkbox"/>	<input type="checkbox"/>		
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"/>		

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: _____	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: _____ 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: SR. Technician / Operations Phone: (207) 775-5755

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: C2C Extracts

Address: 66 Milliken Street Portland Maine 04103 Unit E

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull	10	C2C Reception Area	Pass
Smoke	11	C2C Reception Area	Pass
Smoke	12	C2C Hallway By Packing Supply	Pass
Smoke	13	C2C Break Room	Pass
CO	14	C2C Hallway By Break Room	Pass
Smoke	15	C2C Hallway By Break Room	Pass
Smoke	16	C2C Hallway By Extraction Labs	Pass
DCM - Module	18	C2C Sprinkler Main Riser Waterflow & Tamppers	Pass
SIM/DIM - Module	19	C2C Extraction Lab Gas LEL Activation	Pass
Pull	20	C2C Rear Exit	Pass
DCM - Module	21	C2C Sprinkler Riser Front Flow & Tamper	Pass
DCM - Module	22	C2C Hal Extraction Riser Flow & Tamper	Pass
	23		
	24		
Relay Module	25	City Tie - AES Zone 1 Activation - Waterflow	Pass
Relay Module	26	City Tie - AES Zone 3 Activation - Smokes & Pulls	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: C2C Extracts

Address: 66 Milliken Street Portland Maine 04103 Unit E

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
AV	1		Intake Conference Room	Pass
AV	1		Hall by Intake Conference Room	Pass
AV	1		Reception Area	Pass
V	1		Men's Restroom	Pass
AV	1		Hallway by Restroom	Pass
V	1		Women's Restroom	Pass
AV	1		Packing Room	Pass
AV	1		Process Room	Pass
AV	1		Extraction Labs	Pass
AV	1		Hallway by Extraction Lab	Pass
AV	1		Rear Storage Area	Pass

**INTERFACE COMPONENT
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an interface component test record for circuit interfaces, signaling line circuit interfaces, and fire alarm control interfaces.
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: C2C Extracts
Address: 66 Milliken Street Portland Maine 04103 Unit E

2. INTERFACE COMPONENT TEST RESULTS

Interface Component Type	Address	Location	Test Results
HAL Booth	18,19	HAL Booth control panel	Pass