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: 04/06/2020 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

Address: 66 Milliken Street Portland Maine 04103 Unit E

Description of property: Cannabis Production, Testing and Grow Cacility

Name of property representative: Ray Payne

Address: 66 Milliken Street Portland Maine 04103 Unit E

Phone: NA Fax: NA E-mail: NA

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: Centralarm (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

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	C2C Extracts Main Entrance Unit E
LCD Alphanumeric Display	Nova Analytic Labs Main Entrance Unit C

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	5	Addressable	Alarm	Contact
Smoke Detectors	11	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	NA	NA	NA	NA
Heat Detectors	1	NA	NA	NA
Gas Detectors	2	Addressable	Supervisory Gas	CO
Waterflow Switches	4	Addressable	Alarm	Contact
Tamper Switches	4	Addressable	Supervisory	Contact

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	2	CO Detector Sounder Base
Visible	4	Strobe
Combination Audible and Visible	15	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: 04/06/2020

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: 04/06/2020 Inspection/Test Completion Date/Time: 04/06/2020

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

1. PROPERTY INFORMATION

Name of property: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

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: NA Fax: NA 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 (Eastern Fire)

Address: 170 Kittyhawk Avenue Auburn, Maine 04210

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:

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	☒	☒	
Lamps/LEDs/LCDs	☒	☒	
Fuses	☒	☒	
Trouble signals	☒	☒	
Disconnect switches	☒	☒	
Ground-fault monitoring	☒	☒	
Supervision	☒	☒	
Local annunciator	☒	☒	
Remote annunciators	☒	☒	Main Entrance Unit E & Unit C
Remote power panels	☒	☒	PSN-64 C2C Extracts Electrical Room
NA	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☒	☒	
Load voltage	☒	☒	
Discharge test	☒	☒	
Charger test	☒	☒	
Remote panel batteries	☒	☒	

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	☐	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☐	NA	NA
Alarm restoration	☐	☐	NA	NA
Trouble signal	☐	☐	NA	NA
Trouble restoration	☐	☐	NA	NA
Supervisory signal	☐	☐	NA	NA
Supervisory restoration	☐	☐	NA	NA

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: 4/6/2020 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: 04/06/2020

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: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

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
Smoke	27	Above Fire Alarm Control Panel	Pass
Pull Station	51	Nova Analytic Labs Electrical Room	Pass
Smoke	52	Nova Analytic Labs Electrical Room	Pass
Heat	53	Nova Analytic Labs Kitchen Break Room	Pass
CO/sb	54	Nova Analytic Labs Kitchen Break Room	Pass
Smoke	55	Nova Analytic Labs Kitchen Break Room	Pass
Smoke	56	Nova Analytic Labs Mass Spec Area	Pass
Pull Station	57	Nova Analytic Labs Main Entrance	Pass

INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Smoke	58	Nova Analytic Labs Rear Hallway	Pass
Smoke	59	Nova Analytic Labs Main Entrance	Pass
Smoke	60	Nova Analytic Labs Sample Area	Pass
Pull Station	61	Nova Analytic Labs Rear Hallway	Pass
DCM Module	62	Nova Analytic Labs Sprinkler Riser	Pass
DCM Module	62.1	Nova Analytic Labs Sprinjkler Tamper	Pass
DCM Module	62.2	NA	NA
DCM Module	63	Nova Analytic Labs Sprinkler Riser	Pass
DCM Module	63.1	Nova Analytic Labs Sprinkler Waterflow	Pass
DCM Module	63.2	NA	NA

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

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
AV	PSN – Ckt #1		Nova Electrical Room	Pass
V	PSN – Ckt #1		Nova Men's Room	Pass
V	PSN – Ckt #1		Nova Women's Room	Pass
AV	PSN – Ckt #1		Nova Kitchen Break Room	Pass
AV	PSN – Ckt #1		Nova Main Lobby	Pass
V	PSN – Ckt #1		Nova Conference Room	Pass
AV	PSN – Ckt #1		Nova Prep Area	Pass
AV (EOL)	PSN – Ckt #1		Nova Rear Hallway	

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: 04/06/2020 Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

Address: 66 Milliken Street Portland Maine 04103 Unit E

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
PSN 64	C2C Extracts Electrical Room	Nova Analytic Labs	HP Section 2 - CB# 37

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

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, UPS systems, remote battery systems, or other complex power systems. 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: 66 Milliken Street Portland Building - C2C Extracts & Nova Analytic Labs

Address: 66 Milliken Street Portland Maine 04103 Unit E

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 120vac Control panel amps: 5

Overcurrent protection: Type: CB Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

2.1.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.1.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

2.1.4 Batteries

Location: In panel Type: SLA Nominal voltage: 24vdc Amp/hour rating: 18

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

Input voltage of EVACS or MNS panel: NA EVACS or MNS amps: NA

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panelboard): NA

Disconnecting means location: NA

2. SYSTEM POWER *(continued)*

2.2.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.2.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

2.2.4 Batteries

Location: NA Type: NA Nominal voltage: NA Amp/hour rating: NA

Calculated capacity of batteries to drive the system:

In standby mode (hours): NA In alarm mode (minutes): NA

2.3 Notification Appliance Power Extender Panels

☒ This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): NA Power extender panel amps: NA

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panelboard): NA

Disconnecting means location: NA

2.3.2 Engine-Driven Generator

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

2.3.3 Uninterruptible Power System

Equipment powered by UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

2.3.4 Batteries

Location: NA Type: NA Nominal voltage: NA Amp/hour rating: NA

Calculated capacity of batteries to drive the system:

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION *(continued)*

In standby mode (hours):	NA	In alarm mode (minutes):	NA

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