

Report of Inspection/Test

Annual Sprinkler

June 23, 2015

Property

Washington Crossing-Unit 47 Washington Crossing

Delaware St
Portland, ME 04101

Owner/Agent

Delaware Ave.
Portland, ME 04101

Eastern Fire Services, Inc.
170 Kitty Hawk Avenue
Auburn, ME 04211-1582
Phone 207.795.6314
Fax 207.782.0566
efs@teameastern.com
www.efp-efs.com
Contractor License# 259
Conducted by: Barry Keisman



Inspection Ref: 1-03404-A

Print Date: 7/2/2015

Signatures

Inspector - Printed Barry Keisman	Inspector - Signature	Date Completed	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.	
Owner's Representative - Print Washington Crossing	Owner's Representative - Signature	Date Completed	Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.	
Witness - Printed x	Witness - Signature	Date Completed	I certify that I witnessed the inspection and test of the life safety system and all valves have been left in the open position.	
Fire Inspector - Printed x	Fire Inspector - Signature	Date Completed	I certify that I witnessed the inspection and test of the life safety system at the above premises	
System Off	07:00	Monitoring Company	Monitoring Company Operator	Alarm Panel/Code
System On	03:00		dispatch	elec bell NA

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Flow Test									
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Valve									
Control	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
DC (Double Check)	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%

Water Based System Inspection

Yes	Gauges on wet pipe system in good condition and showing normal water supply pressure?	Yes	Is the water motor gong operating properly (if present)
Yes	Alarm devices free from physical damage?	Yes	Hydraulic nameplate, if provided, securely attached to riser and legible?
Yes	Valve supervisory switches indicate movement?		
Fire Department Connection			
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?

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Fire Department Connection

NA Valve clapper operational over its full range (if caps are not in place) ?

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?
No	Was an obstruction investigation conducted and the system flushed ?		

Sprinklers

Yes	Extra high, very extra high and ultra high temperature sprinklers tested ?	Yes	Are sprinklers spaced properly to protect hazard ?
Yes	Proper number and type of spare sprinklers?	Yes	Free of corrosion?
Yes	Free of obstructions to spray patterns?	Yes	Free of foreign materials including paint?
Yes	Free of physical damage?	Yes	Are all sprinklers in service dated 1920 or later?
Yes	Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.
Yes	If sprinklers have been replaced, were they proper replacements?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
basement	Main drain	1	75	65	75	0	Yes

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Seal	Inspection				Maint.			Test		
					Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	Tamper	Alarm	Time to Alarm
basement	Control	1-1/4	Pad Locked	15177B	Ok	Ok	Ok	Ok	Ok	ball valve	Ok	Ok	Ok	10

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

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Backflow Prevention Assembly Test and Maintenance Report

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Water Company

Property Access

Owner/Agent Contact

Alarm Company		Phone	Reference 0000		Date/Time Off 07:00	Date/Time On 03:00
Location of Assembly basement			Service Type-Class-Use fire		Meter/Acct # 0000	
Device Manufacturer Febco	Model 850	Size 1-1/4"	Type DC	Serial No. H00036	Date of Install na	New Install ? No
Gauge Manufacturer	Model	Type	Purchase Date	Serial No.	Date Calibrated	Next Date Due

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve 2.0 psi	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop across check valve 1.8 psi	<input type="checkbox"/> Did not open Opened at: _____ psi	<input type="checkbox"/> Did not open Air inlet opened: _____ psi <input type="checkbox"/> Leaked Check held at: _____ psi
REPAIRS	<input type="checkbox"/> Cleaned <input checked="" type="checkbox"/> REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Locknuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input checked="" type="checkbox"/> REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> O-Ring <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Locknuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input checked="" type="checkbox"/> REPLACED <input type="checkbox"/> RV Assembly OR <input type="checkbox"/> Rubber Kit Disc <input type="checkbox"/> Diaphragm Seat <input type="checkbox"/> Spring Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input checked="" type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
FINAL TEST	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve x psi	<input checked="" type="checkbox"/> Closed Tight Pressure drop across check valve x psi	<input type="checkbox"/> Did not open Opened at: _____ psi	<input type="checkbox"/> Satisfactory

RESULTS OF TEST: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	CONTROL VALVE #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaked	LINE PRESSURE: 75 psi
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Witness to Assembly Test (Print)	Witness to Assembly Test Signature	Date	I ACKNOWLEDGE THE CONTROL VALVES HAVE BEEN LEFT IN THE OPEN POSITION
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APPROVALS

I CERTIFY THAT THIS DATA IS ACCURATE AND RELECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY					
INITIAL TEST	Certified Tester (Print)	Certified Tester Signature	Date	Certified Tester # 8962	Exp. Date 6/2015
FINAL TEST	Certified Tester (Print)	Certified Tester Signature	Date	Certified Tester # 8962	Exp. Date 6/2015