

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

A

400 River
Indus
Prewy

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Unitil DATE 9/14/15

PROPERTY ADDRESS 376 Riverside Inlet Park Portland, Me.

PLANS
ACCEPTED BY APPROVING AUTHORITY(S) NAMES
SFM's office
ADDRESS
Augusta
INSTALLATION CONFORMS TO ACCEPTED PLANS YES NO
EQUIPMENT USED IS APPROVED YES NO
IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS
HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT YES NO
IF NO, EXPLAIN
HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES YES NO
IF NO, EXPLAIN

LOCATION OF SYSTEM
SUPPLIES BLDGS.
Welding Rm 1 2nd Fl. 1st Jp Sys #2

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>TYFRB Products</u>	<u>TY40</u>	<u>2015</u>	<u>1/2"</u>	<u>29</u>	<u>200</u>
	<u>TY 13 upright</u>	<u>TY40</u>	<u>2015</u>	<u>1/2"</u>	<u>5</u>	<u>200"</u>

PIPE AND FITTINGS
PIPE CONFORMS TO NFPA 13 STANDARD YES NO
FITTINGS CONFORM TO NFPA 13 STANDARD YES NO
IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	<u>Water Flow Sw.</u>	<u>Potter</u>	<u>VSR-F</u>	<u>-</u>	<u>44</u>

DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.					
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET	ALARM OPERATED PROPERLY		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

IF NO, EXPLAIN

SYSTEM RECORD OF COMPLETION

Form Completion Date: Sept. 9, 2015 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Northern Utilities - Util
Address: 376 Riverside Industrial Parkway Portland, Maine
Description of property: General Industrial Occupancy
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Milliken Brothers
Address: 474 Riverside Industrial Parkway Portland, Maine 04103
Phone: 207-797-8375 Fax: _____ E-mail: mbi@millikenbrosinc.com
Service organization: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 West Broadway South Portland, Maine 04106
Phone: 207-883-3473 Fax: 207-879-0540 E-mail: norrisinc.com
Effective date for test and inspection contract: Testing of new installation only
Monitoring organization: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: _____
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document box under fire alarm panel

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: 2015-01741
NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: Notifier Model number: NFW2-100

4.2 Software and Firmware

Firmware revision number: 7.1 b1

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 Control panel amps: 3.0

Overcurrent protection: Type: circuit breaker Amps: 20

Branch circuit disconnecting means location: 2nd floor Panel PP2-Sec.1 Number: 28

5.1.2 Secondary Power

Type of secondary power: Battery

Location, if remote from the plant: Inside fire 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		X	4	0
Device Power				
Initiating Device				
Notification Appliance		X	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	11	Addressable	Alarm	
Smoke Detectors	30	Addressable	Alarm	Photo
Duct Smoke Detectors	4	Addressable	Supervisory	Photo
Heat Detectors	4	addressable	Alarm	
Gas Detectors	2	Addressable	Supervisory	CO detector
Waterflow Switches	2	Addressable Module	Alarm	
Tamper Switches	2	Addressable module	Supervisory	

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	1	Strobe only (added to system)
Combination Audible and Visible	7	Horn stobes (added to system)

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	1 roll down door
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	


11. INTERCONNECTED SYSTEMS

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

12. CERTIFICATION AND APPROVALS

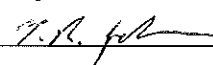
12.1 System Installation Contractor

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

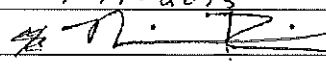
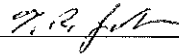
Signed:  Printed name: Nick Rinchich Date: 9-9-2015
 Organization: Milliken Brothers Inc. Title: Electrician Phone: 207-797-8375

12.2 System Operational Test

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

Signed:  Printed name: Tim Johnson Date: 9-9-2015
 Organization: Norris Inc Title: Technician Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: 9-14-2015
 Installing contractor representative: 
 Testing contractor representative: 
 Property representative: _____
 AHJ representative: 