

**High Tech Fire Protection  
P.O. Box 156  
Minot, Maine 04258  
Tel: (207) 998-2551**

375-C-1  
100119

Date: April 28, 2010  
To: TRB Development Group, Inc./CVS-Northgate  
From: Linda LaBonte  
Re: Guarantee/fire sprinklers

MSG: High Tech Fire Protection hereby warrants and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project called fire protection at CVS Store #0329 at 91 Auburn Street in Portland, Maine for a period of one year from the date of substantial completion, April 28, 2010 (to April 28, 2011) We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.  
The sprinkler system meets or exceeds all requirements necessary to satisfy the requirements of NFPA #13 and the Local Authority Having Jurisdiction.

High Tech Fire Protection  
Linda LaBonte V. Pres.



**CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING**

**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 contractors. 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 **CVS STORE #329** DATE **3/17/10**

PROPERTY ADDRESS **91 AUBURN STREET, PORTLAND**

PLANS  
 ACCEPTED BY **State Fire Marshal's Office**  
 ADDRESS **#164 State House Station Augusta, Maine 04333-0164**  
 Installation conforms to accepted plans  
 Equipment used is approved 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?  
 If no, explain?  Yes  No  
 Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

LOCATION OF SYSTEM  
 Supplies buildings **ENTIRE SYSTEM**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	VICTAULIC	V2704	2010	1/2"	36	155°
VICTAULIC	V2708	2010	1/2"	26	155°	
VICTAULIC	V3606	2010	1"	11	155°	
VIKING	VK572	2010	3/4"	57	155°	
TYCO	DS-ONE	2010	1"	2	155°	

PIPING & FITTINGS  
 Type of pipe **SCHEDULE 10 & 40 STEEL**  
 Type of fittings **CAST & DUCTILE IRON**

ALARM VALVE OR FLOW INDICT.  
 Alarm Device  
 Type **VANE** Make **Potter** Model **VSR**  
 Maximum time to operate through test connection.  
 Minutes \_\_\_\_\_ Seconds **23**

DRY PIPE OPERATION TEST  
 Dry valve  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Serial no. \_\_\_\_\_ Q.O.D. \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Serial no. \_\_\_\_\_  

	Time to trip through test connection <sup>1</sup>		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet <sup>1</sup>		Alarm operated properly	
	Minutes	Seconds	Psi	Psi	Psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

 If no, explain \_\_\_\_\_

DELUGE & PREACTION VALVES  
 Operation  Pneumatic  Electric  Hydraulic  
 Piping supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both control stations?  Yes  No  
 Is there an accessible facility in each circuit for testing?  Yes  No If no, explain.  

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time of operate release	
		Yes	No	Yes	No	Minutes	Seconds

PRESSURE REDUCING VALVES	Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate
				Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)

<sup>1</sup> Measured from time inspector's test connection is opened.

TEST DESCRIPTION	Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.  Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours.		
TEST	All piping hydrostatically tested at <u>200</u> psi ( <u>    </u> bar) for <u>2</u> hours Dry piping pneumatically tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Equipment operates properly <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state reason  <u>No dry piping</u>
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems of stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Drain test <input type="checkbox"/>	Reading of gauge located near water supply test connection: <u>78</u> psi ( <u>    </u> bar)	Residual pressure with valve in test connection open wide: <u>70</u> psi ( <u>    </u> bar)
	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?		
BLANK TESTING GASKETS	Number used <u>0</u>	Locations <u>    </u>	Number removed <u>0</u>
	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		
If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Explain  <u>None used</u>	
WELDING	Welding piping <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes...		
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CUTOUTS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
HYDRAULIC DATA NAMEPLATE	Nameplate provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain	
REMARKS	Date left in service with all control valves open <u>4/28/10</u>		
SIGNATURES	Name of sprinkler contractor <u>High Tech Fire Protection</u>		
	Test witnessed by		
	For property owner (signed) <u>Dale Fiedler</u>	Title <u>Superintendent</u>	Date <u>4/25/2010</u>
For sprinkler contractor (signed) <u>Tom Z...</u>	Title <u>Inspector 310</u>	Date <u>4/28/10</u>	
Additional Explanations and notes			

**FIRE ALARM SYSTEM RECORD OF COMPLETION**

*To be completed by the system installation contractor at the time of system acceptance and approval.*

**1. PROTECTED PROPERTY INFORMATION**

Name of property: CVS Pharmacy  
 Address: 91 Auburn St  
 Description of property: Commercial/Retail  
 Occupancy type: Retail  
 Name of property representative: Tom Thompson  
 Address: 431 Great Circle, Nashville, TN. 37228  
 Phone: 800-860-7050 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Authority having jurisdiction over this property: Portland Fire Dept  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION**

Installation contractor for this equipment: Intellatech Security LLC  
 Address: 11 Tower Circle, Penacook, NH  
 Phone: 603-234-5794 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Service Organization for this equipment: Same  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Location of as-built drawings: At FACP Location of historical test reports: FACP  
 Location of system operation and maintenance manuals: At FACP  
 A contract for test & inspection in accordance with NFPA standards is in effect as of: \_\_\_\_\_  
 Contracted testing company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contract expires: \_\_\_\_\_ Contract number: \_\_\_\_\_ Frequency of routine inspections: \_\_\_\_\_

**3. TYPE OF FIRE ALARM SYSTEM OR SERVICE**

NFPA 72 Chapter Reference of System Type: Chapter 8  
 Name of organization receiving alarm signals with phone numbers (if applicable): \_\_\_\_\_  
 Alarm: CVS Pharmacy, Asset Protection Services Phone: 800-860-7050  
 Supervisory: CVS Pharmacy, Asset Protection Services Phone: 800-860-7050  
 Trouble: CVS Pharmacy, Asset Protection Services Phone: 800-860-7050  
 Entity to which alarms are retransmitted: Portland FD Phone: \_\_\_\_\_  
 Method of retransmission of alarms to that organization of location: Digital Comm./ Via Phone Lines

(NFPA 72, 1 of 5)

FIGURE 4.5.2.1 Record of Completion

**3. TYPE OF FIRE ALARM SYSTEM OR SERVICE** *(continued)*

If Chapter 8, note the means of transmission from the protected premises to the central station:

Digital Alarm Communicator    McCulloh    Multiplex    2-way radio    1-way radio    N/A

If Chapter 9, note the type of connection:    Local energy    Shunt    N/A

**3.1 System Software**

Operating system (executive) software revision level: \_\_\_\_\_ 3.4

Site-specific software revision date: 4/21/2010   Revision completed by: Bruce Davis

**4. SIGNALING LINE CIRCUITS**

*Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):*

Quantity: \_\_\_\_\_ 1   Style: \_\_\_\_\_ 6   Class: \_\_\_\_\_ A

**5. ALARM-INITIATING DEVICES AND CIRCUITS**

*Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):*

Quantity: \_\_\_\_\_ N/A   Style: \_\_\_\_\_   Class: \_\_\_\_\_

**5.1 Manual Initiating Devices**

**5.1.1 Manual Pull Station**   Number of manual pull stations: \_\_\_\_\_ 4

Type of devices:    Addressable    Conventional    Coded    Transmitter    N/A

**5.2 Automatic Initiating Devices**

**5.2.1 Area Smoke Detectors**   Number of manual pull stations: \_\_\_\_\_ 4

Type of Coverage:    Complete area    Partial area    Nonrequired partial area    N/A

Type of devices:    Addressable    Conventional    Coded    Transmitter    N/A

Type of smoke detector sensing technology:    Ionization    Photoelectric

**5.2.2 Duct Smoke Detectors**   Number of manual pull stations: \_\_\_\_\_ 4

Type of Coverage: \_\_\_\_\_

Type of devices:    Addressable    Conventional    Coded    Transmitter    N/A

Type of smoke detector sensing technology:    Ionization    Photoelectric

**5.2.3 Heat Detectors**   Number of manual pull stations: \_\_\_\_\_ 11

Type of Coverage:    Complete area    Partial area    Nonrequired partial area    N/A

Type of devices:    Addressable    Conventional    Coded    Transmitter    N/A

**5.2.4 Sprinkler Waterflow Detectors**   Number of manual pull stations: \_\_\_\_\_ 2

Type of devices:    Addressable    Conventional    Coded    Transmitter    N/A

**5.2.5 Alarm Verification**   Number of manual pull stations: \_\_\_\_\_

Alarm verification on this system is:    Enabled    Disabled    Set for \_\_\_\_\_ seconds

FIGURE 4.5.2.1 *Continued*

**6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS**

**6.1 Sprinkler System** Number of valve supervisory switches: 3  
 Type of devices:  Addressable  Conventional  Coded  Transmitter  N/A

**6.2 Fire Pump**  
 Type of fire pump:  Electric  Diesel  
 Type of fire pump supervisory devices:  Addressable  Conventional  Coded  Transmitter  N/A

Fire pump Functions Supervised  
 Fire pump power  Fire pump running  Fire pump phase reversal  Selector switch not in auto  
 Engine or control panel trouble  Low fuel  
 Other: \_\_\_\_\_

**6.3 Engine-Driven Generator**  
 Type of generator supervisory devices:  Addressable  Conventional  Coded  Transmitter  N/A  
 Engine or control panel trouble  Generator running  Selector switch not in auto  Low fuel  
 Other: \_\_\_\_\_

**7. ANNUNCIATORS**

**7.1 Annunciator 1**  Local  Remote  
 Type:  Addressable  Directory  Graphic  N/A Location: Entry Foyer  
**7.2 Annunciator 2**  Local  Remote  
 Type:  Addressable  Directory  Graphic  N/A Location: \_\_\_\_\_  
**7.3 Annunciator 3**  Local  Remote  
 Type:  Addressable  Directory  Graphic  N/A Location: \_\_\_\_\_

**8. ALARM NOTIFICATION DEVICES AND CIRCUITS**

**8.1 Emergency Voice Alarm Service**  
 Number of single voice alarm channels: N/A Number of multiple voice alarm channels: \_\_\_\_\_  
 Number of speakers: \_\_\_\_\_ Number of speaker zones: \_\_\_\_\_

**8.2 Telephone Jacks**  
 Number of telephone jacks installed: N/A Number of telephone handsets stored on site: \_\_\_\_\_  
 Type of telephone system installed:  Electrically powered  Sound powered  N/A

**8.3 Nonvoice Audible System**  
*Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):*  
 Quantity: 2 Style: Y Class: A

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**8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)****8.4 Types and Quantities of Nonvoice Notification Appliances Installed**

Bells: \_\_\_\_\_ With Visual device: \_\_\_\_\_ Horns: 10 With Visual device: 10  
 Chimes: \_\_\_\_\_ With Visual device: \_\_\_\_\_ Bells: \_\_\_\_\_ With Visual device: \_\_\_\_\_  
 Visual devices without audible devices: 3 Other (describe): \_\_\_\_\_

**9. EMERGENCY CONTROL FUNCTIONS ACTIVATED**

- Hold-open door releasing devices       Smoke management or smoke control  
 Door unlocking       Elevator recall       Other

**10. SYSTEM POWER SUPPLY****10.1 Primary Power**

Nominal Voltage: 120 VAC Amps: 20  
 Overcurrent protection: Type Circuit Breaker Amps: 20  
 Location (of primary supply panelboard): Electric Panel Area, Panel B, Breaker 51  
 Disconnecting means location: \_\_\_\_\_

**10.2 Secondary Power**

Location: FACP Type: Sealed Nominal voltage: 12 Current rating: 18  
 Number of standby batteries: \_\_\_\_\_ 2 Amp hour rating: 18  
 Location of emergency generator: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_  
 Calculated capacity of secondary power to drive the system  
 In standby mode: 24 hours In alarm mode: 5 Minutes

**11. RECORD OF SYSTEM INSTALLATION**

*Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.*

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

- NFPA 72       NFPA 70, *National Electrical Code*, Article 760  
 Manufacturer's published instructions       Other (please specify): City of Portland Regulations  
 System deviations from referenced NFPA standards: None

Signed: \_\_\_\_\_ Printed name: Bruce Davis Date: 4/20/2010  
 Organization: Intalatech Security LLC Title: \_\_\_\_\_ Phone: 603-234-5794

**12. RECORD OF SYSTEM OPERATION**

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

- NFPA 72       NFPA 70, *National Electrical Code*, Article 760  
 Manufacturer's published instructions       Other (please specify): \_\_\_\_\_  
 Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

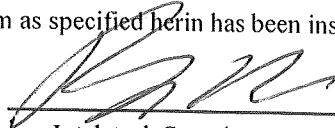
Signed: \_\_\_\_\_ Printed name: Bruce Davis Date: 4/20/2010  
 Organization: Intalatech Security LLC Title: \_\_\_\_\_ Phone: 603-234-5794

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**13. CERTIFICATIONS AND APPROVALS**

**13.1 System Installation Contractor**

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

Signed:  Printed name: Bruce Davis Date: 4/20/2010  
Organization: Intalatech Security LLC Title: \_\_\_\_\_ Phone: 603-234-5794

**13.2 System Service Contactor**

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

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**13.3 Central Station**

This system as specified herin will be monitored according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**13.4 Property Representative**

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**13.5 Authority Having Jurisdiction**

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herin.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: April 24, 2010  
 Time: 3:00 PM

**Service Organization**

Name: Intellatech Security LLC  
 Address: 11 Tower Circle  
Penacook, NH  
 Representative: Bruce Davis  
 License No.: \_\_\_\_\_  
 Telephone: 603-234-5794

**Property Name (User)**

Name: CVS Pharmacy  
 Address: 91 Auburn St. Portland Me  
 Owner Contact: Tom Thompson  
 Telephone: 800-860-7050

**Monitoring Entity**

Contact: CVS Asset Protection Services  
 Telephone: 800-860-7050  
 Monitoring Acct No. 4150

**Approving Agency**

Contact: Portland Fire  
 Telephone: Ben Watson

**Type Transmission**

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) \_\_\_\_\_

**Service**

- Weekly
- Monthly
- Quarterly
- Semi-annually
- Annually
- Other (Specify) \_\_\_\_\_

Panel Manufacturer: Firelite  
 Circuit Styles: 6  
 No. of Circuits: 1  
 Software Rev: 4/27/2010

Model No.: MS9200UDLS

Last Date System Had Any Service Performed: \_\_\_\_\_  
 Last Date System Software or Configuration was Revised: \_\_\_\_\_

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>4</u>	<u>6</u>	<u>4</u>	MANUAL STATIONS
<u>5</u>	<u>6</u>	<u>5</u>	ION DETECTORS
<u>4</u>	<u>6</u>	<u>4</u>	PHOTO DETECTORS
<u>11</u>	<u>6</u>	<u>11</u>	DUCT DETECTORS
<u>2</u>	<u>6</u>	<u>2</u>	HEAT DETECTORS
<u>3</u>	<u>6</u>	<u>3</u>	WATERFLOW SWITCHES
			SUPERVISORY SWITCHES
			OTHER: (SPECIFY) _____

Alarm verification feature is disabled  enabled \_\_\_\_\_

FIGURE 10.6.2.3 Inspection and Testing Form.

**ALARM NOTIFICATION APPLIANCE AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			BELLS
			HORNS
			CHIMES
3	A	3	STROBES
			SPEAKERS
9	A	9	OTHER (SPECIFY): <u>Horn/Strobe</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: \_\_\_\_\_

ARE CIRCUITS MONITORED FOR INTEGRITY? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			BUILDING TEMP.
			SITE WATER TEMP.
			SITE WATER LEVEL
			FIRE PUMP POWER
			FIRE PUMP RUNNING
			FIRE PUMP AUTO POSITION
			FIRE PUMP OR CONTROLLER TRBL.
			GENERATOR IN AUTO POSITION
			GENERATOR OR CONTROLLER TRBL.
			SWITCH TRANSFER
			GENERATOR ENGINE RUNNING
			OTHER (SPECIFY): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 6

**SYSTEM POWER SUPPLIES**

a. Primary (Main): Nominal Voltage 120VAC Amps 20  
 Overcurrent Protection: Type Circuit Breaker Amps 20  
 Location (of Primary Supply Panelboard): Electric Panel Area, Panel B Breaker 51  
 Disconnecting Means Location: Circuit Breaker

b. Secondary (Standby)

Sealed \_\_\_\_\_ Storage Battery: Amp-Hr Rating 18  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for 24 hours  
 Engine-drive generator dedicated to the fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_

**TYPE BATTERY**

Dry Cell  Lead-Acid  
 Nickel-Cadmium  Other (Specify): \_\_\_\_\_  
 Sealed Lead-Acid

c. Emergency or standby system used as a backup to primary supply, instead of using a secondary power supply:

- Emergency system described in NFPA 70, Article 700
- Legally required standby described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702, which also meets the performance of Article 700 or 701.

PRIOR TO ANY TESTING				
NOTIFICATIONS ARE MADE	Yes	No	Who	Time
MONITORING ENTITY	X	---	_____	_____
BUILDING OCCUPANTS	X	---	_____	_____
BUILDING MANAGEMENT	X	---	_____	_____
OTHER (SPECIFY) _____	---	---	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	---	---	_____	_____

SYSTEM TESTS AND INSPECTIONS			
TYPE:	Visual	Functional	Comments
CONTROL PANEL	X	X	_____
INTERFACE EQUIPMENT	X	X	_____
LAMPS/LEDS	X	X	_____
FUSES	X	X	_____
PRIMARY POWER SUPPLY	X	X	_____
TROUBLE SIGNALS	X	X	_____
DISCONNECT SWITCH	X	X	_____
GROUND FAULT MONITORING	X	X	_____

SECONDARY POWER			
TYPE:	Visual	Functional	Comments
BATTERY CONDITION	X	---	_____
LOAD VOLTAGE	---	X	_____
DISCHARGE VOLTAGE	---	---	_____
CHARGER TEST	---	---	_____
SPECIFIC GRAVITY	---	---	_____

TRANSIENT SUPPRESSORS			
TYPE:	Visual	Functional	Comments
REMOTE ANNUNCIATORS	X	X	_____
NOTIFICATION APPLIANCES	---	---	_____
AUDIBLE	X	X	_____
VISUAL	X	X	_____
SPEAKERS	---	---	_____
VOICE CLARITY	---	---	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	---	---	_____	_____	---	---
_____	_____	---	---	_____	_____	---	---
_____	_____	---	---	_____	_____	---	---
_____	_____	---	---	_____	_____	---	---
_____	_____	---	---	_____	_____	---	---

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Tech Signature Customer Signature

FIGURE 10.6.2.3 Continued 2007 Edition

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
PHONE SET	___	___	N/A
PHONE JACKS	___	___	_____
OFF-HOOK INDICATOR	___	___	_____
AMPLIFIER(S)	___	___	_____
PHONE GENERATORS	___	___	_____
CALL IN SIGNAL	___	___	_____
SYSTEM PERFORMANCE	___	___	_____

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	___	___	___
Carbon Monoxide Detector/System	___	___	___
(Specify) _____	___	___	___

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	___	___	___
(Specify) _____	___	___	___
(Specify) _____	___	___	___

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	___	___	___
(Specify) _____	___	___	___
(Specify) _____	___	___	___

SPECIAL PROCEDURES \_\_\_\_\_

COMMENTS \_\_\_\_\_

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
ALARM SIGNAL	X	X	_____	_____
ALARM RESTORATION	X	X	_____	_____
TROUBLE SIGNAL	X	X	_____	_____
TROUBLE SIGNAL RESTORATION	X	X	_____	_____
SUPERVISORY SIGNAL	X	X	_____	_____
SUPERVISORY RESTORATION	X	X	_____	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
BUILDING MANAGEMENT	X	___	_____	_____
MONITORING AGENCY	X	___	_____	_____
BUILDING OCCUPANTS	X	___	_____	_____
OTHER (SPECIFY) _____	___	___	_____	_____

THE FOLLOWING DID NOT OPERATE PROPERLY \_\_\_\_\_

SYSTEM RESTORED TO NORMAL OPERATION Date: \_\_\_\_\_ Time: \_\_\_\_\_

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH NFPA STANDARDS  
 Name of Inspector: **Bruce Davis** Date: 4/27/2010 Time: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Signature: \_\_\_\_\_

FIGURE 10.6.2.3 Continued