

SYSTEM RECORD OF COMPLETION

Form Completion Date: 3-11-19 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____
Address: 320 PRESUMPSCOT ST PORTLAND, ME
Description of property: COMMERCIAL BUSINESS OCCUPANCY
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Guardian Systems of Maine (GSM)
Address: 320 Presumpscot Street
Phone: 536-4800 Fax: _____ E-mail: _____
Service organization: GSM
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Testing organization: GSM
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Instant Alarm
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: 608-1233 Phone line 1: _____ Phone line 2: _____
Means of transmission: CEW
Entity to which alarms are retransmitted: INSTANT ALARM Phone: 1-800-499-9070

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: DOCUMENT CABINET

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: 2007

4.1 Control Unit

Manufacturer: POTTER Model number: IPA-60

4.2 Software and Firmware

Firmware revision number: 5.0.1.0

4.3 Alarm Verification

This system does not incorporate alarm verification.
Number of devices subject to alarm verification: 1 Alarm verification set for 60 seconds

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5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VDC Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: LEFT PANEL BESIDE FALP Number: 3

5.1.2 Secondary Power

Type of secondary power: BATTERY

Location, if remote from the plant: _____

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			B	Ø
Device Power			B	Ø
Initiating Device			3	Ø
Notification Appliance			3	Ø
Other (specify):			B	Ø

7. REMOTE ANNUNCIATORS

Type	Location
	<u>FAR RIGHT TENANT BY DOOR</u>

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	<u>9</u>	<u>ADDRESSABLE</u>	<u>ALARM</u>	
Smoke Detectors	<u>1</u>	<u>ADDRESSABLE</u>	<u>ALARM</u>	
Duct Smoke Detectors	<u>0</u>	<u>N/A</u>	<u>N/A</u>	
Heat Detectors	<u>0</u>	<u>N/A</u>	<u>N/A</u>	
Gas Detectors	<u>0</u>	<u>N/A</u>	<u>N/A</u>	
Waterflow Switches	<u>0</u>	<u>N/A</u>	<u>N/A</u>	
Tamper Switches	<u>0</u>	<u>N/A</u>	<u>N/A</u>	

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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	3	
Combination Audible and Visible	1 9	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

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: Peter Baker Printed name: _____ Date: _____
 Organization: GSM Title: Installer Phone: _____

12.2 System Operational Test

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

Signed: Rick Brobst Jr. Printed name: Rick Brobst Jr. Date: 3-11-19
 Organization: GSM Title: President Phone: 586-4800

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

Inspection/Test Start Date/Time: 3-11-19 Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: Yes No

1. PROPERTY INFORMATION

Name of property: _____
Address: 320 PRESUMPSCOT ST PORTLAND, ME
Description of property: BUSINESS OCCUPANCY
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: GSM
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Monitoring organization: Instant Alarm
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: 608-1233 Phone line 1: _____ Phone line 2: _____
Means of transmission: CELL
Entity to which alarms are retransmitted: INSTANT ALARM Phone: 1800-499-9070

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software:

DOCUMENT CABINET

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: POTTEL Model number: IPA-60

4.2 Software Firmware

Firmware revision number: 5.0.1.0

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VDC Amps: _____ Location: LEFT PANEL BREAKER #3

Overcurrent protection type: _____ Amps: _____ Disconnecting means location:

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SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: BATTERY Location: PANEL

Battery type (if applicable): _____

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: <u>yes</u>	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"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
	<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"/>	<u>NA</u>



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 checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input checked="" 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
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"/>		



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Yes

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: 3-11-19 _____ Time: _____

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: [Signature] Printed name: Rich Brooks Date: 3-11-19
Organization: GSM Title: President Phone: 536-4800

Qualifications (refer to 10.5.3): NICET IV

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

[Empty box for recording defects or malfunctions]

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: [Signature] Printed name: MATTHEW FLATTERY Date: 3-14-19
Organization: CASC. Dry Electro Title: MEMBER Phone: 207-221-3331





Guardian Systems of Maine
320 Presumpscot St., Unit #2
Portland, ME 04103
207-536-4800 office

To Whom It May Concern:

Please note that a fire alarm inspection is an assessment of the conditions of the fire alarm system at the date and time of the inspection. This is only a test of the existing devices and is not a code assessment. Some of the devices may not be tested because of accessibility or another vendor is required to provide a complete test such as a sprinkler vendor, suppression system vendor, or an elevator vendor. This should be noted on the inspection report.

If a device is listed as tested, then it has triggered the appropriate alarm condition at the fire panel as per manufacturing specifications and NFPA-72 only. All of the local audio/visual devices will be tested with one or more devices only. The audio/visual devices will not be activated for each individual initiating device unless noted on the inspection report accordingly.

If the device is only visually inspected, then the inspector has only examined the device from a distance to determine if it seems intact. This is no assessment of functionality.

If a device is not connected to the system at the time of the inspection, then this will be noted. This device has not been assessed for functionality on the current fire alarm system.

Lastly a fire alarm device can fail at any time. It is important that the user of the system check the alarm panel's display once week as a minimum as per NFPA-72. Any trouble conditions should be reported to the service provider as soon as possible. Any physical change to the system such as removal of a device or damage to a device should be reported to your service provider immediately. In addition, depending on the physical change, the fire department should be notified immediately.

Please note we would be happy to provide an assessment of the existing conditions of the building for an additional fee. Please call our office and make arrangements.

Thank you for the chance to be your service provider.