838 - C016

INSPECTION AND TESTING FORM

PROPERTY NAME Sano's Pizzeria

MONITORING ENTITY NAME: Spacoast Security

ADDRESS: 505 Fore St Portland, ME

TELEPHONE: 1-800-432-1795

OWNER CONTACT: _____

MONITORING ACCOUNT REF. NO.: 1-450

TELEPHONE: _____

TYPE TRANSMISSION
- (✓) Digital Communicator
- ( ) Reverse Polarity
- ( ) Masterbox

SERVICE
- ( ) Monthly
- ( ) Quarterly
- ( ) Semi-annually
- ( ) Annually

PANEL MANUFACTURER: Notifier

MODEL NO.: System 500 (Existing)

CIRCUIT STYLES: B

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	
7	ALARM ZONES
10	MANUAL STATIONS
	ION DETECTORS
1	PHOTO DETECTORS
	DUCT DETECTORS
4	HEAT DETECTORS
Existing	WATERFLOW SWITCHES
	SUPERVISORY SWITCHES
	OTHER (SPECIFY): _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	
10	HORN/STROBES
	BELLS
	HORNS
	CHIMES
7	STROBES
	SPEAKERS
	OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: 2

ARE CIRCUITS SUPERVISED? (✓) YES ( ) NO

SIGNALING LINE CIRCUITS

Quantity NA Style(s) NA

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:

	YES	NO	WHO	TIME
MONITORING ENTITY	✓		Seccess ~~[illegible]~~ security	PFP
BUILDING OCCUPANTS	✓		Construction, Certified, [illegible]	
BUILDING MANAGEMENT	✓		G.C., owner	

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	✓	✓	Existing
INTERFACE/EQ.	✓	✓	
LAMPS/LEDS	✓	✓	
FUSES	✓	✓	
TROUBLE SIGNALS	✓	✓	
GROUND FAULT MONITORING	✓	✓	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	✓	✓	Existing
LOAD VOLTAGE	✓	✓	
CHARGER TEST	✓	✓	
REMOTE ANNUNCIATORS			NA
NOTIFICATIONS APPLIANCES			
AUDIBLE	✓	✓	
VISUAL	✓	✓	
Emergency Communications Equipment			
Phone Set	✓	✓	Existing
Phone Jacks	✓	✓	
Off-Hook Indicator	✓	✓	
Amplifier(s)			NA
Tone Generator(s)	✓	✓	
Call-In Signal	✓	✓	
System Performance	✓	✓	

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
ALARM SIGNAL	✓			
ALARM RESTORAL	✓			
TROUBLE SIGNAL	✓			
TROUBLE RESTORAL	✓			
SUPERVISORY SIGNAL				NA
SUPERVISORY RESTORAL				NA

NOTIFICATIONS THAT TESTING IS COMPLETE:

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	(✓)	( )		
MONITORING AGENCY	(✓)	( )	Sonitrol Security	PTO
BUILDING OCCUPANTS	(✓)	( )		

INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTIONS

LOCATION	DEVICE TYPE	PASS	FAIL
Basement North Stair	PS	✓	
" South Stair	PS	✓	
Basement	HSX2	✓	
"	Strobe x 2	✓	
1st FIR Front Entry	PS	✓	
" " " "	HD	✓	
" " Bar	HS	✓	
" " Side Exit	PS	✓	
" " " "	HD	✓	
" " Back Corner	Strobe	✓	
" " Back	HS	✓	
" " Back Exit	PS	✓	
" " " "	HD	✓	
" " FRONT South Elev	PS	✓	
" " " " "	HD	✓	
" " " " "	HS	✓	
" " Restroom	Strobe	✓	
" " Womens Rm	Strobe	✓	
" " Back Mens Rm	Strobe	✓	
" " " " "	Strobe	✓	
" " By Face of Stairs	SD	✓	
2nd FIR ~~main B.F.~~	PS	✓	
" " Corridor	HSX2	✓	
" " Front Stair	PS	✓	
main B.F. 2nd FIR Front Stair	PS	✓	
" " " "	HS	✓	
" " Back Stair	HS	✓	
Back Stair	PS	✓	
4th FIR ~~Hall~~	HS	✓	

PS = Pull Station
HD = Heat Detector
SD = Smoke Detector
HS = Horn Strobe

Record of Completion

Name of Protected Property: Sano's Pizzeria

Address: 505 Fore St. Portland Maine

Rep. of Protected Property (Name/Phone): _____

Authority Having Jurisdiction: _____

Address/Phone Number: _____

1. Type(s) of System or Service:

✓ NFPA 72, Chapter 3 - Local

If alarm is transmitted to location(s) off premise, list where received:

Spacecast Security 1-800-432-1795

_____ NFPA 72, Chapter 3 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels:_____ Single:_____ Multiple:_____

Quantity of speakers installed:_____ Quantity of speaker zones:_____

Quantity of telephones or telephone jacks included in system:_____

_____ NFPA 72, Chapter 4 - Auxiliary

Indicate type of connection:

Local energy: _____ Shunt: _____ Parallel telephone: _____

Location and telephone number for receipt of signals:

_____

_____ NFPA 72, Chapter 4 - Remote Station

Alarm signal received at:_____

Supervisory signal received at:_____

_____ NFPA 72, Chapter 4 - Proprietary

If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:

_____

Indicate how alarm is retransmitted:

_____

_____ NFPA 72, Chapter 4 - Central Station

The Prime Contractor:

_____

Central Station Location:

_____

Means of transmission of signals from the protected premise to the central station:

_____ McCulloh _____ Multiplex _____One-Way Radio

_____ Digital Alarm Communicator_____ Two-Way Radio _____ Others

Means of transmission of alarm to the public fire service communications center:

a._____

b. _____

System location: _____

	Organization Name/Phone	Representative Name/Phone
Installer	Morris Electric	
Supplier	Morris Inc.	1-800-370-3473
Service Organization	Morris Inc.	

Location of Record (As-Built) Drawings:

Location of Owner's Manuals:

Location of Test Reports:

A contract, dated _____, for test and inspection in accordance with NFPA Standards No.(s)_____, dated _____, is in effect.

2. Record of System Installation. (Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA Standards as listed below, was inspected by Michael Morris on 4-28-10, includes the devices listed below and has been in service since 4-28-10.

_____ NFPA 72, Chapters 1 3 4 5 6 7 (circle all that apply)

_____ NFPA 70, *National Electrical Code*, Article 760

X Manufacturer's Instructions

_____ Other (specify):

Signed: _____ Date: 4-29-10

Organization: Morris Electric

3. Record of System Operation:

All operational features and functions of this system were tested by Carl Perry on 4-28-10 and found to be operating properly in accordance with the requirements of:

✓ NFPA 72, Chapters 1 (3) 4 5 6 7 (circle all that apply)

_____ NFPA 70, *National Electrical Code*, Article 760

✓ Manufacturer's Instructions

_____ Other (specify):

Signed: Carl Perry Date: 4-28-10

Organization: Morris Inc

4. Alarm Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

MANUAL

a) 10 Manual Stations _____ Noncoded, Activating _____ Transmitters _____ Coded

b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete: _____ Partial: ✓

a) 1 Smoke Detectors _____ Ion 1 Photo

b) _____ Duct Detectors _____ Ion _____ Photo

c) 4 Heat Detectors _____ FT _____ RR ✓ FT/RR _____ RC

d) _____ Sprinkler Water Flow Switches: _____ Transmitters _____ Noncoded, Activating _____ Coded

e) _____ Other (list):

5. Supervisory Signal Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

GUARD'S TOUR:

a) _____ Coded Stations

b) _____ Noncoded Stations _____ Transmitters

c) _____ Compulsory Guard Tour System Comprised of _____ Transmitter Stations and _____ Intermediate Stations

Note: Combination devices recorded under 4(b) and 5(a).

SPRINKLER SYSTEM:

a) _____ Coded Valve Supervisory Signaling Attachments

b) _____ Valve Supervisory Switches _____ Transmitters

c) _____ Building Temperature Points

d) _____ Site Water Temperature Points

e) _____ Site Water Supply Level Points

ELECTRIC FIRE PUMP:

a) _____ Fire Pump Power

b) _____ Fire Pump Running

c) _____ Phase Reversal

ENGINE-DRIVEN FIRE PUMP:

a) _____ Selector in Auto Position

b) _____ Engine or Control Panel Trouble

c) _____ Fire Pump Running

ENGINE-DRIVEN GENERATOR:

a) _____ Selector in Auto Position

b) _____ Control Panel Trouble

c) _____ Transfer Switches

d) _____ Engine Running

OTHER SUPERVISORY FUNCTION(S) (SPECIFY) _____

_____

6. Alarm Notification Appliances and Circuits

Quantity of notification appliance circuits connected to the system: _____

Types and quantities of alarm notification appliances installed:

a) _____ Bells _____ Inch

b) _____ Speakers

c) _____ Horns

d) _____ Chimes

e) 10 Other: Horn Strobes

f) 7 Visible Signals Type: Strobe ~~with audible~~ ✓ without audible

g) _____ Local Annunciator

7. Signaling Line Circuits:

Quantity and Style (See NFPA 72, Table 3-6) of signaling line circuits connected to System:

Quantity: NA Style: _____

8. System Power Supplies

a) Primary (Main): Nominal Voltage: _____ Current Rating: _____

Overcurrent Protection: Type: Circuit Breaker Current Rating: 20 Amp

Location: Basement House panel Circuit 6

b) Secondary (Standby):

✓ Storage Battery: Amp-Hour Rating 12V 7AH x 2

Calculated capacity to drive system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:

_____ Emergency System described in NFPA 70, Article 700

_____ Legally Required Standby System described in NFPA 70, Article 701

_____ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

9. System Software

a) Operating System Software Revision Level(s): _____

b) Application Software Revision Level(s): _____

c) Revision Completed by: _____

(name) (firm)

10. Comments:

_____

_____

(signed) for Central Station or Alarm Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA Standard(s):

_____

_____

System deviations from the referenced NFPA standard(s) are:

_____

_____

_____

(signed) for Central Station or Alarm Service Company (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by Authority Having Jurisdiction):

_____

(signed) Representative of the Authority Having Jurisdiction (title) (date)