

SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 2023 - 6:00am Inspection/Test Completion Date/Time: 2023 - 11:00am

Supplemental Form(s) Attached: ☒ Yes ☒ No

1. PROPERTY INFORMATION

Name of property: NMCC - AK Christie Complex

Address: 33 Edgemont Drive, Presque Isle, Maine 04769

Description of property: College

Name of property representative: _____

Address: Same as above

Phone: 207-768-2700 Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

Fire Alarm Control Panel (FACP) _____

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit _____ Model number: NFS-640

Manufacturer: Notifier _____

4.2 Software Firmware _____

Firmware revision number: N/A

4.3 System Power _____

4.3.1 Primary (Main) Power _____

Nominal voltage: 120vac _____ Amps: 2a _____ Location: Electrical by Boiler Room

Overcurrent protection type: Circuit Breaker _____ Amps: 20a _____ Disconnecting means location: _____

Disconnect Above E/VAC Panel _____



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): Sealed Lead Acid 12v x 18ah
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): N/A In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: Via Management Time: _____
 Authority having jurisdiction Contact: Presque Isle Fire Department Time: _____
 Other, if required Contact: N/A Time: N/A

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"/>	Electrical by Boiler Room
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 type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input 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"/>	Main Entry
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2 next to Fire Alarm Control Panel , 1 across from bookstore
	<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 type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27.4VDC
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All batteries replaced Remote Panels 2022



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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>Via Management</u>	Time: _____
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 2023
Organization: _____ Title: _____ Phone: _____
Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____



**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time 023 - 6:00am Inspection/Test Completion Date/Time 2023 - 11:00am

Number of Supplemental Pages Attached: 1 of 8

1. PROPERTY INFORMATION

Name of property: NMCC - AK Christie Complex
Address: 33 Edgemont Dr. Presque Isle, Me

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	L1-M20	Boiler Room Entry	OK
Pull Station	L1-M21	Entrance Men's Locker Room	OK
Pull Station	L1-M22	Near Room 108	OK
Pull Station	L1-M23	Gym Entrance	OK
Pull Station	L1-M24	Gym Entrance	OK
Pull Station	L1-M25	Gym By Locker Room	OK
Pull Station	L1-M26	Gym Entrance by Vending	OK
Pull Station	L1-M27	Shop Entrance	OK
Pull Station	L1-M28	Computer Electronics Exit	OK
Pull Station	L1-M29	Electrical Shop Exit	OK
Pull Station	L1-M30	Drafting Room	OK
Pull Station	L1-M33	Sheetmetal By Entrance	OK
Pull Station	L1-M34	Computer Electronics	OK
Pull Station	L1-M35	By Student Cafe	OK
Pull Station	L1-M36	Martin 3rd Floor Elevator Lobby	OK
Pull Station	L1-M37	Hall By Boiler Room	OK
Pull Station	L1-M38	Stairwell By Boiler Room	OK
Pull Station	L1-M39	Rear Exit Lecture	OK



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Pull Station	L1-M40	Main Lobby	OK
Pull Station	L1-M41	Learning Center	OK
Pull Station	L1-M42	IT Exit	OK
Pull Station	L1-M43	Library Exit	OK
Pull Station	L1-M44	Library Hall Exit	OK
Pull Station	L1-M45	Library	OK
Pull Station	L1-M46	Conference Room	No access
Pull Station	L1-M47	Edmund's Entry 2nd Floor	OK
Pull Station	L1-M48	Edmund's Entry Near Christie	OK
Pull Station	L1-M49	Hall By Room 204	OK
Pull Station	L1-M50	Hall by Room 208	OK
Pull Station	L1-M51	Hall By Room 209	OK
Pull Station	L1-M52	Hall By Room 213A	OK
Pull Station	L1-M53	Hall By Conference Room	OK
Pull Station	L1-M54	Martin 3rd Floor Stairs	OK
Pull Station	L1-M55	Martin 2nd Floor	OK
Pull Station	L1-M56	Hall By Room 214	OK
Pull Station	L1-M57	Hall By Room 217	OK
Pull Station	L1-M58	Martin 1st Floor Exit	OK
Sprinkler Flow	144	Christie Water Flow	Done w/sprinkler test
Sprinkler Flow	145	Learning Center Water Flow	Done w/sprinkler test
Sprinkler Tamper	146	Sprinkler Tamper	Done w/sprinkler test
Heat Detector	L1-D01	Janitor's Closet Near Gym	OK
Heat Detector	L1-D02	Basketball Storage Gym	OK
Heat Detector	L1-D03	Intermural Room Gym	OK
Heat Detector	L1-D04	J Room Gym	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Heat Detector	L1-D05	Sheetmetal Shop	OK
Heat Detector	L1-D06	Laundry Room Gym	OK
Smoke Detector	L1-D07	Room 110	OK
Smoke Detector	L1-D08	Room 110	OK
Smoke Detector	L1-D09	Electrical Shop Rear	OK
Smoke Detector	L1-D10	Electrical Shop Front	OK
Smoke Detector	L1-D11	Machine Tool CHR 112	OK
Smoke Detector	L1-D12	Computer Room CHR 112	OK
Smoke Detector	L1-D13	Fire Alarm Panel	OK
Heat Detector	L1-D14	Telephone Room CHR Building	OK
Heat Detector	L1-D15	Boiler Room	OK
Heat Detector	L1-D16	Boiler Room	OK
Heat Detector	L1-D17	Janitor's Room	OK
Heat Detector	L1-D18	Christie Teacher's Room	OK
Smoke Detector	L1-D19	1st Floor Christie Elevator Lobby	OK
Smoke Detector	L1-D20	IT Hall Christie	OK
Smoke Detector	L1-D21	IT Reception	OK
Smoke Detector	L1-D22	IT Shop	OK
Smoke Detector	L1-D23	1st Floor Handicap Restroom	OK
Smoke Detector	L1-D24	1st Floor By Handicap Restroom	OK
Smoke Detector	L1-D25	Entrance to Media Center	OK
Smoke Detector	L1-D26	2nd Floor Near Kitchen Edmunds	OK
Smoke Detector	L1-D27	Hall Near Room 200	OK
Smoke Detector	L1-D28	2nd Floor Christie Elevator Lobby	OK
Heat Detector	L1-D29	Storage Closet Room 218	OK
Smoke Detector	L1-D30	Print Room By Room 218	OK
Heat Detector	L1-D31	Janitor's Closet by Room 208	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Smoke Detector	L1-D32	Martin Machine Room	OK
Smoke Detector	L1-D33	Martin's 1st Floor Elevator Recall	OK
Smoke Detector	L1-D34	Martin's 2nd Floor Elevator Recall	OK
Smoke Detector	L1-D35	Martin's 3rd Floor Elevator Recall	OK
Smoke Detector	L1-D36	Top of Shaft Martin	OK
Smoke Detector	L1-D37	Typing Room Closet 204	OK
Smoke Detector	L1-D38	Physics Room Closet 215	OK
Smoke Detector	L1-D39	Edmund's Machine Room	OK
Smoke Detector	L1-D40	Edmund's Elevator Recall 1st Floor	OK
Smoke Detector	L1-D41	Edmund's Elevator Recall 2nd Floor	OK
Smoke Detector	L1-D42	Edmund's Elevator Pit	OK
Smoke Detector	L1-D43	Edmund's Top Of Shaft	OK
Heat Detector	L1-D44	Janitor's Closet Room 221	OK
Heat Detector	L1-D45	Storage Closet Room 209	OK
Heat Detector	L1-D46	Storage Closet Room 207	OK
Heat Detector	L1-D47	Christie Lab Storage Closet	OK
Smoke Detector	L1-D50	Wellness Main Entry Vestibule	OK
Smoke Detector	L1-D62	Wellness Top Stair Mechanical Room 201	OK
Smoke Detector	L1-D64	Slim Lab Hall	OK
Smoke Detector	L1-D65	Slim Lab Hall	OK
Smoke Detector	L1-D66	Slim Lab Hall	OK
Duct Smoke Detector	L1-D80	Shop 1	OK
Duct Smoke Detector	L1-D81	Computer Shop	OK
Duct Smoke Detector	L1-D82	Computer Shop	OK
Duct Smoke Detector	L1-D89	Learning Center AHU	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 2023 - 6:00am Inspection/Test Completion Date/Time: 2023 - 11:00am

Number of Supplemental Pages Attached: 4 of 8

1. PROPERTY INFORMATION

Name of property: NMCC - AK Christie Complex
Address: 33 Edgemont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Hall Near Book Store	OK
Horn Strobe	Hall Near Book Store	OK
Horn Strobe	Hall Near Book Store	OK
Horn Strobe	Hall Outside of Fitness Center	OK
Horn Strobe	Study Area Near Fitness	OK
Strobe	Men's Room	OK
Strobe	Ladies Room	OK
Horn Strobe	Hall Near Restroom Near Gym	OK
Horn Strobe	Outside of Security Office	OK
Horn Strobe	Seating Area Near Cafe	OK
Horn Strobe	Store	OK
Horn Strobe	Store	OK
Horn Strobe	Edmund's Near Classrooms	OK
Horn Strobe	Edmund's Hall	OK
Horn Strobe	Edmund's Hall	OK
Horn Strobe	Edmund's Connector	OK
Horn Strobe	Edmund's Connector	OK



NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Edmund's Connector	OK
Horn Strobe	Outside of Registration	OK
Strobe	Handicap Restroom	OK
Horn Strobe	Billing Hallway	OK
Horn Strobe	Development Hallway	OK
Horn Strobe	Development Office	OK
Horn Strobe	Admissions	OK
Horn Strobe	Admissions Copy Room	OK
Horn Strobe	Admissions Office	OK
Horn Strobe	Admissions	OK
Horn Strobe	Admissions	OK
Horn Strobe	Admissions	OK
Horn Strobe	Admissions Office	OK
Horn Strobe	Admissions Office	OK
Strobe	Men's Room Outside of Admissions	OK
Strobe	Women's Room Outside of Admissions	OK
Horn Strobe	Room 101	OK
Horn Strobe	Admissions Office	OK
Horn Strobe	Development Office	OK
Horn Strobe	Development Office	OK
Horn Strobe	Outside of Bathroom Near Conference Room	OK
Strobe	Conference Room Men's Room	OK
Horn Strobe	Library Near Media	OK
Strobe	Conference Room Women's Room	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Near Back Exit In Library	OK
Horn Strobe	Library Near Media	OK
Horn Strobe	Library Hall	OK
Horn Strobe	Near Elevator Machine Room in Library	OK
Horn Strobe	Library Exit	OK
Horn Strobe	Conference Room	OK
Horn Strobe	Conference Room	OK
Horn Strobe	Conference Room	OK
Horn Strobe	Gym	OK
Horn Strobe	Men's Gym Locker Room	OK
Horn Strobe	Gym	OK
Horn Strobe	Women's Gym Locker Room	OK
Horn Strobe	Fitness Center	OK
Horn Strobe	Fitness Center	OK
Horn Strobe	Fitness Center	OK
Horn Strobe	Fitness Center	OK
Horn Strobe	Fitness Center Men's Locker Room	OK
Horn Strobe	Fitness Center Women's Locker Room	OK
Horn Strobe	Fitness Laundry Room	OK
Horn Strobe	Group Fitness	OK
Horn Strobe	Group Fitness	OK
Horn Strobe	Trades Hallway	OK
Horn Strobe	Trades Hallway	OK
Horn Strobe	Trades Front Hallway	OK
Horn Strobe	Trades Ramp	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Hall Near Electrical Lab	OK
Horn Strobe	Electrical Lab	OK
Horn Strobe	Wind Power Lab	OK
Horn Strobe	Computer Tech Lab	OK
Horn Strobe	2nd Floor Near 208	OK
Horn Strobe	Room 215	OK
Horn Strobe	Hall Near 214	OK
Horn Strobe	2nd Floor Edmunds	OK
Horn Strobe	2nd Floor Edmunds Hall Ceiling Mount	OK
Horn Strobe	2nd Floor Edmunds Hall Ceiling Mount	OK
Horn Strobe	2nd Floor Edmunds	OK
Horn Strobe	3rd Floor Edmunds	OK
Horn Strobe	3rd Floor Edmunds Back Offices	OK
Strobe	3rd Floor Edmunds Restroom	OK
Horn Strobe	2nd Floor Christie	OK
Horn Strobe	2nd Floor Christie	OK
Horn Strobe	Business Tech Class	OK
Horn Strobe	Christie Men's Room	OK
Horn Strobe	Christie Women's Room	OK
Horn Strobe	2nd Floor Christie	OK
Horn Strobe	2nd Floor Christie Top of Stairs	OK
Horn Strobe	Nursing Lobby	OK
Strobe	Nursing Rest Room	OK
Horn Strobe	Nursing Hall	OK
Horn Strobe	Nursing Hall	OK
Door Holders (10)		OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 2023 - 11:45am Inspection/Test Completion Date/Time: 12023 - 1:50pm

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: NMCC - Andrews Hall

Address: 33 Edgemont Drive Presque Isle, Maine 04769

Description of property: Doms

Name of property representative:

Address: Same as above

Phone: 207-768-2700 Fax: E-mail:

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Fire Lite Model number: MS-5010UD

4.2 Software Firmware

Firmware revision number:

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac Amps: 20 Location: Laundry

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location:

Panel LP#1 CKT #13



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): Sealed Lead Acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: Via Management Time: _____
 Authority having jurisdiction Contact: Presque Isle Fire Department Time: _____
 Other, if required Contact: N/A Time: N/A

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"/>	Entry
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<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"/>	Battery #1 13.2v 5.89ah #2 13.3 5.64 ah New 8/2020
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: Via Management _____	Time: _____
Authority having jurisdiction	Contact: Presque Isle Fire Department _____	Time: _____
Other, if required	Contact: N/A _____	Time: N/A _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 1/2023 _____

Organization: _____ Title _____ Phone _____

Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____



**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time 2/23 - 11:45am Inspection/Test Completion Date/Time: 2/23 - 1:50pm
Number of Supplemental Pages Attached: 1 of 5

1. PROPERTY INFORMATION

Name of property: NMCC Andrews Hall
Address: 33 Edgemont Dr. Presque Isle, Me

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	5-1	Main Entry Vestibule	OK
Heat Detector	5-2	Main Entry	OK
Heat Detector	5-3	Lobby	OK
Heat Detector	5-4	Game Room	OK
Pull Station	5-5	1st Floor Right Stairwell	OK
Smoke Detector	5-6	1st Floor Right Hallway	OK
Heat Detector	5-7	Laundry Room	OK
Heat Detector	5-8	Custodian 1st Floor Right Side #1	OK
Heat Detector	5-9	Custodian 1st Floor Right Side #2	OK
Smoke Detector	5-10	1st Floor Right Back Hallway	OK
Heat Detector	5-11	1st Floor Right Back Utility Room	OK
Heat Detector	5-12	Room 101	OK
Heat Detector	5-13	Room 102	OK
Heat Detector	5-14	Room 103	OK
Heat Detector	5-15	Room 104	OK
Heat Detector	5-16	Room 105	OK
Heat Detector	5-17	1st Floor Back Living Room	OK
Heat Detector	5-18	Room 106	OK
Heat Detector	5-19	Room 107	OK
Heat Detector	5-20	Room 108	OK



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Heat Detector	5-21	Room 109	OK
Heat Detector	5-22	Room 110	OK
Heat Detector	5-23	1st Floor Left Back Hallway	OK
Heat Detector	5-24	1st Floor Left Back Storage	OK
Smoke Detector	5-25	1st Floor Left Hall	OK
Pull Station	5-26	1st Floor Left Hall Stairwell	OK
Heat Detector	5-27	1st Floor Left Side Hall	OK
Pull Station	5-28	1st Floor Left Side Hall Side Exit	OK
Pull Station	6-1	2nd Floor Right Stairwell Hall	OK
Smoke Detector	6-2	2nd Floor Right Stairwell Hall	OK
Heat Detector	6-3	2nd Floor Right Stairwell Hall Utility Closet	OK
Smoke Detector	6-4	2nd Floor Back Hall	OK
Heat Detector	6-5	Women's Room	OK
Heat Detector	6-6	Room 201	OK
Heat Detector	6-7	Room 202	OK
Heat Detector	6-8	Room 203	OK
Heat Detector	6-9	Room 204	OK
Heat Detector	6-10	Room 205	OK
Heat Detector	6-11	IT Closet	OK
Heat Detector	6-12	Room 200	OK
Heat Detector	6-13	Room 206	OK
Heat Detector	6-14	Room 207	OK
Heat Detector	6-15	Room 208	OK
Heat Detector	6-16	Room 209	OK
Heat Detector	6-17	Room 210	OK
Heat Detector	6-18	2nd Floor Women's Room	OK
Heat Detector	6-19	2nd Floor Janitors Closet	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
Smoke Detector	6-20	2nd Floor Left Stairwell Hall	OK
Pull Station	6-21	2nd Floor Left Stairwell Hall	OK
Heat Detector	6-22	2nd Floor Phone Room	OK
Heat Detector	6-23	Room 211	OK
Heat Detector	6-24	Room 212	OK
Heat Detector	6-25	Room 213	OK
Heat Detector	6-26	Room 214	OK
Heat Detector	6-27	Room 215	OK
Heat Detector	6-28	2nd Floor Front Living Room	OK
Heat Detector	6-29	Room 216	OK
Heat Detector	6-30	Room 217	OK
Heat Detector	6-31	Room 218	OK
Heat Detector	6-32	Room 219	OK
Heat Detector	6-33	Room 220	OK
Heat Detector	6-34	2nd Floor Phone Room	OK
Heat Detector	6-35	2nd Floor Men's Room	OK
Smoke Detector	6-36	2nd Floor Front Right Hall	OK
Smoke Detector	7-1	3rd Floor Right Stairwell	OK
Smoke Detector	7-2	3rd Floor Right Stairwell Hall	OK
Heat Detector	7-3	3rd Floor Right Stairwell Hall Closet	OK
Pull Station	7-4	3rd Floor Right Stairwell Hall	OK
Heat Detector	7-5	3rd Floor IT Closet	OK
Heat Detector	7-6	3rd Floor Men's Room	OK
Heat Detector	7-7	Room 301	OK
Heat Detector	7-8	Room 302	OK
Heat Detector	7-9	Room 303	OK
Heat Detector	7-10	Room 304	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Heat Detector	7-11	Room 305	OK
Smoke Detector	7-12	3rd Floor Back Right Hall	OK
Heat Detector	7-13	3rd Floor Back Hall Storage	OK
Heat Detector	7-14	Room 306	OK
Heat Detector	7-15	Room 307	OK
Heat Detector	7-16	Room 308	OK
Heat Detector	7-17	Room 309	OK
Heat Detector	7-18	Room 310	OK
Heat Detector	7-19	3rd Floor Back Left Janitors Closet	OK
Heat Detector	7-20	3rd Floor Men's Room	OK
Smoke Detector	7-21	3rd Floor Back Left Hall	OK
Smoke Detector	7-22	3rd Floor Left Stairwell Hall	OK
Pull Station	7-23	3rd Floor Left Stairwell Hall	OK
Smoke Detector	7-24	3rd Floor Left Stairwell	OK
Heat Detector	7-25	3rd Floor Left Stairwell Hall Storage	OK
Heat Detector	7-26	3rd Floor Left Men's Room	OK
Heat Detector	7-27	Room 311	OK
Heat Detector	7-28	Room 312	OK
Heat Detector	7-29	Room 313	OK
Heat Detector	7-30	Room 314	OK
Heat Detector	7-31	Room 315	OK
Smoke Detector	7-32	3rd Floor Left Front Hall	OK
Heat Detector	7-33	3rd Floor Left Front Living Room	OK
Heat Detector	7-34	Room 316	OK
Heat Detector	7-35	Room 317	OK
Heat Detector	7-36	Room 318	OK
Heat Detector	7-37	Room 319	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 10/23 - 11:45am Inspection/Test Completion Date/Time: 10/23 - 1:50pm

Number of Supplemental Pages Attached: 5 of 5

1. PROPERTY INFORMATION

Name of property: NMCC Andrews Hall
Address: 33 Edgemont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Game Room	OK
Horn Strobe	Laundry	OK
Horn Strobe	1st Floor Back Right Hall	OK
Horn Strobe	1st Floor Back Right Hall	OK
Horn Strobe	1st Floor Side Exit	OK
Horn Strobe	Apartment	OK
Horn Strobe	RA Office	OK
Horn Strobe	2nd Floor Back Right Hall	OK
Horn Strobe	2nd Floor Back Left Hall	OK
Horn Strobe	2nd Floor Front Left Hall	OK
Horn Strobe	2nd Floor Front Right Hall	OK
Horn Strobe	3rd Floor Back Right Hall	OK
Horn Strobe	3rd Floor Back Left Hall	OK
Horn Strobe	3rd Floor Front Left Hall	OK
Horn Strobe	3rd Floor Front Right Hall	OK



SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: /2023 - 11:00am Inspection/Test Completion Date/Time: /2023 - 11:45am

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: NMCC - Automotive Body Repair

Address: 33 Edgemont Drive Presque Isle, Maine 04769

Description of property: Classroom/Shop

Name of property representative: _____

Address: Same as above

Phone: 207-551-5782 Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Silent Knight Model number: 5208

4.2 Software Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac Amps: 20 Location: Boiler Room

Overcurrent protection type: Fused Disc. Amps: 20 Disconnecting means location:

Beside MDP



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Panel

Type: Battery Location: _____

Battery type (if applicable): Sealed Lead Acid 12v x 7ah

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A

In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: Empty Time: N/A
 Authority having jurisdiction Contact: Presque Isle Fire Department Time: _____
 Other, if required Contact: N/A Time: N/A

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"/>	Entry
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<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"/>	New 6/2023
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.4VDC
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	



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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>Via Management</u>	Time: _____
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 1/2023

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____	Printed name: _____	Date: _____
Organization: _____	Title: _____	Phone: _____



[illegible]

Number of Supplemental Pages Attached: _____

Name of property: MMCC Automotive Body Repair
Address: 33 Edgemont Dr. Presque Isle Me

[illegible]

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time	2023 - 11:00am
Inspection/Test Completion Date/Time:	2023 - 11:45am

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: NMCC Automotive Body Repair

Address: 33 Edgemoont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

[illegible]

SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 2/2023 - 1:50pm Inspection/Test Completion Date/Time: 2023 - 3:00pm

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: NMCC - Reed Commons

Address: 33 Edgemont Dr. Presque Isle, Maine 04769

Description of property: College

Name of property representative: _____

Address: Same as above

Phone: _____

Fax: _____

E-mail: _____

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Fire Lite

Model number: ES-50X

4.2 Software Firmware

Firmware revision number: N/A

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac

Amps: 2a

Location: Mechanical Room

Overcurrent protection type: Circuit Breaker

Amps: 20A

Disconnecting means location:

LPC1, Circuit 36



SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Type: Battery Location: Fire Panel

Battery type (if applicable): Sealed Lead Acid 12V18Ah (2)

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): N/A In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: <u>N/A</u>	Time: _____
Building occupants	Contact: <u>N/A</u>	Time: _____
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

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"/>	Basement
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input 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"/>	Main Entry
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<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"/>	New 2021
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A



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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: N/A	Time: N/A
Building occupants	Contact: N/A	Time: N/A
Authority having jurisdiction	Contact: Presque Isle Fire Department	Time: _____
Other, if required	Contact: N/A	Time: N/A

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 1/2023

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____



**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 1/2/2023 - 1:50pm Inspection/Test Completion Date/Time: 1/2/2023 - 3:00pm
Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: NMCC Reed Commons
Address: 33 Edgemont Dr. Presque Isle, Me

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	M04	Main Entry	OK
Pull Station	M05	Side Exit	OK
CO Detector	M06	Mechanical Room 113	OK
CO Detector	M08	Kitchen	OK
CO Detector	M10	Kitchen	OK
CO Detector	M12	Dishwasher	OK
CO Detector	M13	Servery	OK
CO Detector	M14	Servery	OK
CO Detector	M17	Kitchen O/S Room	OK
Pull Station	M18	Exit to Loading Door	OK
CO Detector	M20	Back Hall Closet	OK
Pull Station	M22	Loading Dock	OK
CO Detector	M23	Teaching Kitchen	OK
CO Detector	M24	Teaching Kitchen	OK
Smoke Detector	D03	Corridor by Bathrooms	OK
Smoke Detector	D04	Corridor by Bathrooms	OK
Heat Detector	D05	Basement by Fire Panel	OK
Heat Detector	D06	Basement by Sprinkler	OK



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 1/2023 - 1:50pm Inspection/Test Completion Date/Time: 1/2023 - 3:00pm

Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: NMCC Reed Commons
Address: 33 Edgemont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Dishwashing	OK
Strobe	Kitchen Bathroom	OK
Horn Strobe	Kitchen Rear	OK
Horn Strobe	Kitchen Hall	OK
Strobe	Soda Racks / Storage	OK
Horn Strobe	Teaching Kitchen	OK
Horn Strobe	Servary	OK
Horn Strobe	Cafe Seating	OK
Horn Strobe	Main Entry Hall	OK
Horn Strobe	Side Entry	OK
Strobe	Mens Bathroom	OK
Strobe	Womens Bathroom	OK



SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 12/23 - 2:00pm Inspection/Test Completion Date/Time: 2023 - 2:45pm

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: MMCC Aroostook Hall

Address: 33 Edgemont Drive Presque Isle, Maine 04769

Description of property: Classrooms

Name of property representative: _____

Address: Same as above

Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Fire Lite Model number: ES-50X

4.2 Software Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac Amps: 2a Location: DD-a Electrical Room

Overcurrent protection type: Circuit Breaker Amps: 20A Disconnecting means location: _____

DP-A, Circuit 14



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.3.2 Secondary Power

Type: Batteries

Location:

Battery type (if applicable): Sealed Lead Acid 12V 7Ah (2)

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A

In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization _____

Contact: _____

Time: _____

Building management **Contact:** N/A **Time:** N/A

Building occupants Contact: Empty Time: N/A

Authority having jurisdiction _____

Contact: Presque Isle Fire Department _____

Time: _____

Other, if required _____

Contact: N/A _____

Time: N/A _____

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"/>	Main Entry Vestibule
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<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"/>	New 2022
Load voltage		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test		<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26.7VDC
Remote panel batteries		<input type="checkbox"/>	<input type="checkbox"/>	N/A



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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: <u>1</u>	Time: _____
Building management	Contact: <u>N/A</u>	Time: <u>N/A</u>
Building occupants	Contact: <u>Empty</u>	Time: <u>N/A</u>
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 1/2023

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3):

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____



[illegible]

Number of Supplemental Pages Attached: 2

Name of property: NMCC Airoostock Hall
Address: 33 Edgemont Dr. Presque Isle, Me

Address: 33 Edgemoont Dr. Presque Isle, Me

[illegible]

[illegible]

Number of Supplemental Pages Attached: 2

Name of property: NMCC Alroostook Hall
Address: 33 Edgemont Dr. Presque Isle, Me

[illegible]

SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 1/2023 - 2:50pm Inspection/Test Completion Date/Time: 1/2023 - 4:00pm

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: NMCC Malinan Trades

Address: 33 Edgemont Drive Presque Isle, Maine 04769

Description of property: Classrooms, Shop

Name of property representative: _____

Address: Same as above

Phone: 207-768-2700 Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Onsite location of the required record documents and site-specific software:
None

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit
Manufacturer: Silent Knight Model number: 5208

4.2 Software Firmware
Firmware revision number: _____

4.3 System Power
4.3.1 Primary (Main) Power
Nominal voltage: 120vac Amps: 2a Location: Compressor Room
Overcurrent protection type: Circuit Breaker Amps: 20a Disconnecting means location:
Panel MDD Circuit 2



SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

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

4.3.2 Secondary Power

Cabinet to Right of Panel

Type: Battery

Location: _____

Battery type (if applicable): Sealed Lead Acid 12V x 7ah

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): N/A

In alarm mode (minutes): N/A

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>Empty</u>	Time: <u>N/A</u>
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

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"/>	Floor 2 Mechanical
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<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"/>	New 7/2020
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27 3VDC
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A



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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: <u>Empty</u>	Time: _____
Authority having jurisdiction	Contact: <u>Presque Isle Fire Department</u>	Time: _____
Other, if required	Contact: <u>N/A</u>	Time: <u>N/A</u>

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signer: _____ Printed name: _____ Date: 6 / 2023

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____	Printed name: _____	Date: _____
Organization: _____	Title: _____	Phone: _____



**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 2023 - 2:50pm Inspection/Test Completion Date/Time: 2023 - 4:00pm
Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: NMCC Mallman Trades
Address: 33 Edgemont Dr. Presque Isle, M

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	3-1	Automotive Shop Back Exit	OK
Pull Station	3-2	Automotive Classroom Exit	OK
Pull Station	3-3	Automotive Shop North Exit	OK
Pull Station	4-1	Diesel Classroom Exit	OK
Pull Station	4-1	Diesel Shop Exit	OK
Pull Station	5-1	Welding Shop Exit	OK
Pull Station	5-2	Welding Classroom Exit	OK
Pull Station	6-1	Plumbing Shop Exit	OK
Pull Station	6-2	Plumbing Classroom Exit	OK
Pull Station	6-3	2nd Floor Main Entry	OK
Pull Station	6-4	2nd Floor Side Exit	OK
Pull Station	6-5	Building Trades South Exit	OK
Pull Station	6-6	Building Trades North Exit	OK
Pull Station	6-7	Boiler Room	OK



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time 12/23 - 2:50pm Inspection/Test Completion Date/Time: 2023 - 4:00pm

Number of Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: NMCC Mallman Trades
Address: 33 Edgemont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	Automotive Shop	OK
Horn Strobe	Automotive Shop	OK
Horn Strobe	Automotive Shop	OK
Horn Strobe	Automotive Shop	OK
Horn Strobe	Diesel Shop	OK
Horn Strobe	Diesel Shop	OK
Horn Strobe	Welding Shop	OK
Horn Strobe	Welding Shop	OK
Horn Strobe	Plumbing Shop	OK
Horn Strobe	Plumbing Shop	OK
Horn Strobe	Building Trades Shop	OK
Horn Strobe	Building Trades Shop	OK
Horn Strobe	Boiler Room	OK
Strobe	1st Floor Restroom	OK
Strobe	1st Floor Restroom	OK
Horn Strobe	2nd Floor Ladies Room	OK
Horn Strobe	2nd Floor Men's room	OK
Horn Strobe	1st Floor Hall	OK
Horn Strobe	1st Floor Stairwell	OK
Horn Strobe	2nd Floor Stairwell	OK



SYSTEM RECORD OF INSPECTION AND TESTING

Inspection/Test Start Date/Time: 2023 - 9:00am Inspection/Test Completion Date/Time: /2023 - 11:00am

Supplemental Form(s) Attached: ☒ Yes ☐ No

1. PROPERTY INFORMATION

Name of property: NMCC, Paris J. Snow Hall

Address: 33 Edgemont Drive Presque Isle, Maine 04769

Description of property: Housing

Name of property representative:

Address: Same as above

Phone:

Fax:

E-mail:

2. TESTING AND MONITORING INFORMATION

3. DOCUMENTATION

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

N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Fire Lite

Model number: MS-9050

4.2 Software Firmware

Firmware revision number:

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120vac

Amps: 20

Location: Boiler Room

Overcurrent protection type: Breaker

Amps: 20

Disconnecting means location:

Panel MP CKT#33



SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Panel

Type: Battery

Location: _____

Battery type (if applicable): Sealed Lead Acid 12v x 7ah

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____
Building management Contact: _____ Time: _____
Building occupants Contact: Via Management Time: _____
Authority having jurisdiction Contact: Presque Isle Time: _____
Other, if required Contact: N/A Time: N/A

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Entry	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 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 type="checkbox"/>	<input type="checkbox"/>		
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</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"/>	<u>New 6/2023</u>
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>27.3VDC</u>
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</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 type="checkbox"/>	<input type="checkbox"/>	N/A	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
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

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____ Via Management	Time: _____
Authority having jurisdiction	Contact: _____ Presque Isle	Time: _____
Other, if required	Contact: _____ N/A	Time: _____ N/A

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

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

Signed: _____ Printed name: _____ Date: 1/2023

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3): _____

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

No defects found

10.1 Acceptance by Owner or Owner's Representative:

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

Signed: _____	Printed name: _____	Date: _____
Organization: _____	Title: _____	Phone: _____



**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 2023 - 8:00am Inspection/Test Completion Date/Time: 2023 - 11:00am

Number of Supplemental Pages Attached: 1 of 3

1. PROPERTY INFORMATION

Name of property: NMCC Paris J. Snow Hall
Address: 33 Edgemont Dr. Presque Isle, Me

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	3	Main Entry	Ok
Smoke Detector	2	Conference Room	Ok
Smoke Detector	2	Conference Room	Ok
Pull Station	3	Conference Room Exit	Ok
Heat Detector	2	Kitchen	Ok
Smoke Detector	2	Mechanical Room Off Kitchen	Ok
Smoke Detector	2	1st Floor Elevator Landing	Done w/elevator test
Pull Station	3	Outside of Elevator	Ok
Smoke Detector	2	1st Floor Hall Near 102	Ok
Smoke Detector	2	1st Floor Hall Near 101	Ok
Smoke Detector	2	1st Floor Hall Near Storage	Ok
Heat Detector	2	1st Floor Hall Near Storage	Ok
Heat Detector	2	Storage Custodian	Ok
Heat Detector	2	Storage Near Fountain	Ok
Heat Detector	2	IT Closet	Ok
Heat Detector	2	Custodians	Ok
Smoke Detector	2	Hall Near 104	Ok
Smoke Detector	2	Hall Near 104	Ok
Pull Station	3	1st Floor Hall Near Back Stairwell	Ok
Pull Station	3	1st Floor Back Stairwell	Ok



INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results
Smoke Detector	2	1st Floor Back Stairwell	OK
Heat Detector	2	Boiler Room	OK
Pull Station	3	Boiler Room	OK
Heat Detector	4	Elevator Room Heat	Done w/elevator test
Smoke Detector	4	2nd Floor Elevator Landing	Done w/elevator test
Pull Station	5	2nd Floor Front Hall	OK
Smoke Detector	4	2nd Floor Near 202	OK
Smoke Detector	4	2nd Floor Near 203	OK
Smoke Detector	4	2nd Floor Hall Near Fountain	OK
Heat Detector	4	2nd Floor Hall Near Fountain	OK
Heat Detector	4	2nd Floor Right Storage	OK
Heat Detector	4	2nd Floor Right Storage	OK
Heat Detector	4	2nd Floor Left Storage	OK
Heat Detector	4	2nd Floor Left Storage	OK
Smoke Detector	4	2nd Floor Near 205	OK
Smoke Detector	4	2nd Floor Near 205	OK
Pull Station	5	2nd Floor Back Hall	OK
Smoke Detector	4	Laundry Room	OK
Smoke Detector	4	2nd Floor Stairwell	OK
Smoke Detector	2	1st Floor Suite 100	OK
Smoke Detector	2	1st Floor Suite 101	OK
Smoke Detector	2	1st Floor Suite 102	OK
Smoke Detector	2	1st Floor Suite 103	OK
Smoke Detector	2	1st Floor Suite 104	OK
Smoke Detector	4	2nd Floor Suite 200	OK
Smoke Detector	4	2nd Floor Suite 201	OK
Smoke Detector	4	2nd Floor Suite 202	OK

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS (continued)

[illegible]

See main System Record of Inspection and Testing for additional information, certifications, and approvals.



**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

Inspection/Test Start Date/Time: 1/20/23 - 9:00am Inspection/Test Completion Date/Time: 2023 - 11:00am

Number of Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: NMCC Paris J. Snow Hall
Address: 33 Edgemont Dr. Presque Isle, Me

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	1st Floor Near Elevator	OK
Horn Strobe	Dining Room	OK
Horn Strobe	Men's Room	OK
Horn Strobe	Ladies Room	OK
Horn Strobe	Hall Near 104	OK
Horn Strobe	Mild Hall 1st Floor	OK
Horn Strobe	2nd Floor Near Elevator	OK
Horn Strobe	2nd Floor Near Fountain	OK
Horn Strobe	2nd Floor Back Hall	OK
Horn Strobe	1st Floor Suite 100	OK
Horn Strobe	1st Floor Suite 101	OK
Horn Strobe	1st Floor Suite 102	OK
Horn Strobe	1st Floor Suite 103	OK
Horn Strobe	1st Floor Suite 104	OK
Horn Strobe	2nd Floor Suite 200	OK
Horn Strobe	2nd Floor Suite 201	OK
Horn Strobe	2nd Floor Suite 202	OK
Horn Strobe	2nd Floor Suite 203	OK
Horn Strobe	2nd Floor Suite 204	OK

