

# Fire Suppression Inspection and Testing Report



**Location Code:** DTHVTOT

**Contact:** Owner or Manager

**Contact Address:** 74 ORION STREET  
Brunswick, ME 04011

**Phone:**

**Email:**

**Property Evaluated:** MRRA - HANGAR 4 (Assembly)  
74 ORION STREET  
Brunswick, ME 04011

**Description:** Fire Suppression (Foam Suppression  
System)

**Work Order:** SV2307030240/1

**Company:** Eastern Fire

**Address:** 170 Kittyhawk Ave., P.O. Box 1390  
Auburn, ME 04210

**Company Phone:** 207-784-1507

**Company Fax:** 207-782-0566

**Inspector:** Alex Haggan  
Not Required

**Date of Work:** 7/5/2023

**Frequency:** Annual

**Tag:** N/A

---

## Deficiency Summary

**Status:** Open

a. Did all tested initiating devices pass?

All pull stations did not trigger foam release

M22-2 & M22-1 - could not open covers due to cage

---

**Status:** Open

b. Are door sweeps & door frame weather stripping installed?

Some doors have no bottom weather stripping installed

---

**Status:** Open

c. Are door stripping and sweeps free of any light penetrations?

Some doors have no bottom weather stripping installed

---

## General Comments

*These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.*

There are no general comments for this submission



**Eastern Fire**  
170 Kittyhawk Ave., P.O. Box 1390  
Auburn, ME 04210  
Phone: 207-784-1507

## Fire Suppression Inspection and Testing Report

### 1. Property Information

Tag \_\_\_\_\_ N/A  
Inspection Frequency: \_\_\_\_\_ Annual  
Property Being Evaluated: \_\_\_\_\_  
MRRA - HANGAR 4 (Assembly) \_\_\_\_\_  
Owner: \_\_\_\_\_  
Owner or Manager \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
74 ORION STREET, Brunswick, ME, 04011 \_\_\_\_\_  
Assembly Description: \_\_\_\_\_  
Fire Suppression (Foam Suppression System) \_\_\_\_\_

### 2. Owner's Section

Has the Owners section been answered on another inspection report that will be submitted with this inspection report? ☒ Yes ☐ No

### 3. Monitoring Information

Is there a monitoring entity? ☒ Yes ☐ No  
Monitoring organization: \_\_\_\_\_ Centralarm  
Phone: \_\_\_\_\_ 18006392066  
Email: \_\_\_\_\_ N/A  
Account number: \_\_\_\_\_ 196A5018  
Phone line 1: \_\_\_\_\_ N/A  
Phone line 2: \_\_\_\_\_ N/A  
Means of transmission: \_\_\_\_\_ AES Radio VIA FACP  
Entity to which alarms are retransmitted: \_\_\_\_\_ Brunswick Fire Dispatch  
Phone: \_\_\_\_\_ (207)721-4301

### 4. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Centralarm	10:00 AM
Building management:	MRRA	10:00 AM

### 5. System Information - Panels / Power

### 5.1 Addressable Panels

Control Unit	Manufacturer: Ansul		Model Number: IQ301		Location: Hangar 4 Sprinkler Room		Software Revision: NA	
SLC Loops	Max #: 1	# Utilized: 1	Addresses Available: N/A		NAC Circuits	Max #: 4	# Utilized: 0	Style/Class: B
Primary Power	Voltage: 120 VAC	Amps: N/A	Overcurrent Protection Type: Circuit Breaker		Amps: N/A	Disconnecting Means Location: Electrical Room		
Battery 1	Voltage: 12 VDC	Amps: 35 Ah	Mfr Year: 2018	Load Test Battery 1	VDC: 13.05 VDC	Ah: 90%	Charger Voltage: 26.78 VDC	Result of Battery 1 & 2
Battery 2	Voltage: 12 VDC	Amps: 35 Ah	Mfr Year: 2018	Load Test Battery 2	VDC: 13.08 VDC	Ah: 90%	Charger Voltage: 26.78 VDC	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced
Secondary Power	Other Power Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:					

Control Unit	Manufacturer: Notifier		Model Number: NFW2-100		Location: Hangar 4 Sprinkler Room		Software Revision: N/A	
SLC Loops	Max #: 1	# Utilized: 1	Addresses Available: N/A		NAC Circuits	Max #: 4	# Utilized: 4	Style/Class: A
Primary Power	Voltage: 120 VAC	Amps: N/A	Overcurrent Protection Type: Circuit Breaker		Amps: N/A	Disconnecting Means Location: Electrical Room		
Battery 1	Voltage: 12 VDC	Amps: 12 Ah	Mfr Year: 2018	Load Test Battery 1	VDC: 13.12 VDC	Ah: 100%	Charger Voltage: 27.27 VDC	Result of Battery 1 & 2
Battery 2	Voltage: 12 VDC	Amps: 12 Ah	Mfr Year: 2018	Load Test Battery 2	VDC: 13.18 VDC	Ah: 100%	Charger Voltage: 27.27 VDC	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced
Secondary Power	Other Power Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:					

### 5.3 Additional Power Supplies

Are there additional power supplies?

☒ Yes ☐ No

### Power Supplies

Control Unit	Manufacturer: Altronic		Model Number: AL1024ULX		Location: Beside Foam Releasing Panel		Disconnecting Location: N/A	
Battery 1	Voltage: 12 VDC	Amps: 7 AH	Mfr Year: 2018	Load Test Battery 1	VDC: 13.08 VDC	Ah: 100%	Charger Voltage: 27.45 VDC	Result of Battery 1 & 2
Battery 2	Voltage: 12 VDC	Amps: 7 AH	Mfr Year: 2018	Load Test Battery 2	VDC: 13.02 VDC	Ah: 100%	Charger Voltage: 27.45 VDC	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced

### 5.4 Suppression Cylinder Inspection

#### 5.5 Additional Cylinder Info

What is the release type?

Select the Electric release type.

What is the hazard reserve protection?

Describe hazard reserve protection.

☐ Pneumatic ☒ Electric ☐ Other  
☐ IVO ☐ GCA ☒ Solenoid ☐ SQUIB  
☐ Wet Sprinkler ☐ Dry Sprinkler ☐ PreAction  
☐ Clean Agent ☐ Gas ☒ Other ☐ None  
 AFFF Foam

## 6. Testing Results

### 6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps / LEDs / LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

### 6.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

### 6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

a. Did all tested initiating devices pass?

☐ Yes ☒ No ☐ N/A

### 6.4 Notification Appliances

Include Notification Appliances Table on this Report?

☒ Yes ☐ No

#### Notification Appliances

Appliance Type	Notification Function	# Installed	# Tested	Test Results
Bell(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Horn(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Horn/Strobe(s)	Pre Discharge/Discharge	23	23	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Mini Horn(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Speaker(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Speaker/Strobe(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Strobe(s)		0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

### 6.5 Interface Equipment

Include Interface Equipment on this Report?

☐ Yes ☒ No

### 6.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A



**Eastern Fire**  
170 Kittyhawk Ave., P.O. Box 1390  
Auburn, ME 04210  
Phone: 207-784-1507

## 6.7 Air Sampling Detection

Is there Air Sampling Detection?

☐ Yes ☒ No

## 6.8 Device Information

Devices				
Pull Station Manufacturer(s) Notifier	Type <input type="checkbox"/> Keyed <input type="checkbox"/> Hex Key <input checked="" type="checkbox"/> Screw	Detector manufacturer(s) Notifier	Notification device manufacturer(s) System sensor	Color <input checked="" type="checkbox"/> Red <input type="checkbox"/> White

## 7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Centralarm	4:00 PM
Building management:	MRRA	4:00 PM

## 8. System Restored To Normal Operation

Date: 7/5/2023  
Time: 4:00 PM

## 9. Observations

*These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.*

Please see the summary section at the top of the form for the comments.

## 10. Inspector Information:

Test Verification:

Inspected By

Inspector Signature

Alex Haggan

Inspector License:

Date of Work

Not Required

7/5/2023

## Inspection Notes

Recommend combining the 2 releasing panels into 1

### Room Integrity

- a. Is integrity of the hazard space visually acceptable? ☒ Yes ☐ No ☐ N/A
- b. Are door sweeps & door frame weather stripping installed? ☐ Yes ☒ No ☐ N/A
- c. Are door stripping and sweeps free of any light penetrations? ☐ Yes ☒ No ☐ N/A
- d. Are doors self-closing? ☒ Yes ☐ No ☐ N/A
- e. Did doors closures operate properly? ☐ Yes ☐ No ☒ N/A
- f. Are wall and ceiling penetrations properly sealed? ☒ Yes ☐ No ☐ N/A

### Safety Requirements: CO2 Systems

- a. Signage: Is proper signage installed? ☐ Yes ☐ No ☒ N/A
- b. Is a Pneumatic Delay Timer & Pneumatic Pre-Discharge Alarm installed? ☐ Yes ☐ No ☒ N/A
- c. Are lock-out valves available? ☐ Yes ☐ No ☒ N/A
- d. Is a Solenoid disconnect switch or releasing circuit disconnect available at the control panel? ☐ Yes ☐ No ☒ N/A
- e. Are visual and audible devices located at the entrance to each occupiable space protected by a CO2 system & at the entrance to each space where CO2 could migrate? ☐ Yes ☐ No ☒ N/A
- f. Are provisions available to prohibit entry of unprotected personnel to the protected spaces. If yes, what type? ☐ Yes ☐ No ☒ N/A

If Yes, what type?

☐ Distinctive Odorizer

☐ Automatic alarms activated by CO2 or O2 detect

☐ Establishment & enforcement of confined space entry procedures for such areas.

### Safety Requirements: Clean Agent Systems

- a. Signage: Is proper signage installed? ☐ Yes ☐ No ☒ N/A
- b. Is a Solenoid Disconnect Switch or Releasing Circuit Disconnect available at the control panel? ☐ Yes ☐ No ☒ N/A