

Fire Suppression Inspection and Testing Report



EASTERN FIRE
POWERED BY API Group

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: _____
Phone: _____
Email: _____
Account number: _____
Phone line 1: _____
Phone line 2: _____
Means of transmission: _____
Entity to which alarms are retransmitted: _____
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



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

5.1 Addressable Panels

5.1 Addressable Panels								
Control Unit	Manufacturer: Ansl		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

Power Supplies								
Control Unit	Manufacturer: Altronix		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 checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A



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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:	Centralalarm	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

Inspection Notes

Recommend combining the 2 releasing panels into 1

Room Integrity

- a. Is integrity of the hazard space visually acceptable?
- b. Are door sweeps & door frame weather stripping installed?
- c. Are door stripping and sweeps free of any light penetrations?
- d. Are doors self-closing?
- e. Did doors closures operate properly?
- f. Are wall and ceiling penetrations properly sealed?

- Yes No N/A

Safety Requirements: CO2 Systems

- a. Signage: Is proper signage installed?
- b. Is a Pneumatic Delay Timer & Pneumatic Pre-Discharge Alarm installed?
- c. Are lock-out valves available?
- d. Is a Solenoid disconnect switch or releasing circuit disconnect available at the control panel?
- 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?
- 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 ors
- Establishment & enforcement of confined space entry procedures for such areas.

Safety Requirements: Clean Agent Systems

- a. Signage: Is proper signage installed?
- b. Is a Solenoid Disconnect Switch or Releasing Circuit Disconnect available at the control panel?

- Yes No N/A
- Yes No N/A