

# Fire Suppression Inspection and Testing Report



**Location Code:** YYJDOVX

**Contact:** Owner or Manager

**Contact Address:** 112 ORION STREET  
Brunswick, ME 04011

**Phone:**

**Email:**

**Property Evaluated:** MRRA - HANGAR 5 (Assembly)  
112 ORION STREET  
Brunswick, ME 04011

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

**Work Order:** SV2307030270/1

**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:** 7/6/2023

**Frequency:** Annual

**Tag:** N/A

---

## Deficiency Summary

**Status:** Open

Addressable Panel - ANSUL AUTOPULSE IQ-396X

MAIN ELECTRIC ROOM

Battery Load Test

Battery 1 - VDC: Failed - Age, Ah: Failed - Age, Charger Voltage: 27.39 VDC - -

Battery 2 - VDC: Failed - Age, Ah: Failed - Age, Charger Voltage: 27.39 VDC - Fail - Failed - Age

---

**Status:** Open

6.2 Secondary Power

Battery condition - Visual Inspection: Yes, Functional Test: Yes

Failed - Age

---

**Status:** Open

a. Did all tested initiating devices pass?

Flame detectors covered but functional

---

## 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.*

PUMP TROUBLES NOT MONITORED



**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 5 (Assembly) \_\_\_\_\_  
Owner: \_\_\_\_\_  
Owner or Manager \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
112 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: \_\_\_\_\_ 196A5019  
Phone line 1: \_\_\_\_\_ N/A  
Phone line 2: \_\_\_\_\_ N/A  
Means of transmission: \_\_\_\_\_ Radio  
Entity to which alarms are retransmitted: \_\_\_\_\_ Brunswick FD  
Phone: \_\_\_\_\_ (207)721-4301

### 4. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Centralarm	8:30 AM
Building management:	MRRA	8:30 AM

### 5. System Information - Panels / Power

5.1 Addressable Panels								
Control Unit	Manufacturer: ANSUL		Model Number: AUTOPULSE IQ-396X		Location: MAIN ELECTRIC ROOM		Software Revision: N/A	
SLC Loops	Max #: 2	# Utilized: 2	Addresses Available: N/A		NAC Circuits	Max #: 4	# Utilized: 1	Style/Class: B
Primary Power	Voltage: 120 VAC	Amps: N/A	Overcurrent Protection Type: CIRCUIT BREAKER		Amps: 20	Disconnecting Means Location: STAND-ALONE BREAKER		
Battery 1	Voltage: 12 VDC	Amps: 18 Ah	Mfr Year: 2018	Load Test Battery 1	VDC: Failed - Age	Ah: Failed - Age	Charger Voltage: 27.39 VDC	Result of Battery 1 & 2
Battery 2	Voltage: 12 VDC	Amps: 18 Ah	Mfr Year: 2018	Load Test Battery 2	VDC: Failed - Age	Ah: Failed - Age	Charger Voltage: 27.39 VDC	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> Replaced
Secondary Power	Other Power Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description: Generator					

### 5.3 Additional Power Supplies

Are there additional power supplies? ☐ Yes ☒ No

### 5.4 Suppression Cylinder Inspection

#### 5.5 Additional Cylinder Info

What is the release type?  
Select the Electric release type.  
☐ Pneumatic ☒ Electric ☐ Other  
☐ IVO ☐ GCA ☒ Solenoid ☐ SQUIB



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

What is the hazard reserve protection?

☐ Wet Sprinkler ☐ Dry Sprinkler ☐ PreAction  
☐ Clean Agent ☐ Gas ☒ Other ☐ None  
AFFF FOAM

Describe hazard reserve protection.

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input 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 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
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 type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<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
Discharge test	<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
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 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

### 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

Complete supplementary appliance test form for all notification appliances.

### 6.5 Interface Equipment

Include Interface Equipment on this Report?

☒ Yes ☐ No

#### Interface Equipment

Description	Contact	Aux Relay	# Installed	# Tested	Test Results	Comments
HVAC	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
Dampers	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
EPO (Emergency Power Off)	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
Door Control	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	
Building Alarm Tie in	<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	3	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Trouble, Pre-Alarm, Alarm



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

## 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

## 6.7 Air Sampling Detection

Is there Air Sampling Detection?

☐ Yes ☒ No

## 6.8 Device Information

Devices				
Pull Station Manufacturer(s) N/A	Type <input checked="" type="checkbox"/> Keyed <input type="checkbox"/> Hex Key <input type="checkbox"/> Screw	Detector manufacturer(s) DET-TRONIX	Notification device manufacturer(s) N/A	Color <input checked="" type="checkbox"/> Red <input type="checkbox"/> White

## 7. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	Centralarm	3:00 PM
Building management:	MRRA	3:00 PM

## 8. System Restored To Normal Operation

Date: 7/6/2023  
Time: 3:00 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

7/6/2023

## Inspection Notes

FOAM PANEL ALARM DOES NOT TRIP A/V'S ON SILENT KNIGHT PANEL. PUMP TROUBLES NOT MONITORED

## Room Integrity

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



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

---

#### 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 detectors
- ☐ 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