

Fire Suppression Inspection and Testing Report



EASTERN FIRE
POWERED BY API Group

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: _____
Phone: _____ **Centralalarm**
Email: _____ **18006392066**
Account number: _____ **N/A**
Phone line 1: _____ **196A5019**
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:	Centralalarm	8:30 AM
Building management:	MRRA	8:30 AM

5. System Information - Panels / Power

5.1 Addressable Panels								
Control Unit	Manufacturer:		Model Number:	Location:			Software Revision:	
ANSUL	AUTOPULSE IQ-396X	MAIN ELECTRIC ROOM	N/A	18006392066	N/A	196A5019	N/A	Radio
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? Pneumatic Electric Other
Select the Electric release type. IVO GCA Solenoid SQUIB

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.

 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



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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:	Centralalarm	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

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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

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? 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



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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?

If Yes, what type?

- Yes No N/A
- 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?
- b. Is a Solenoid Disconnect Switch or Releasing Circuit Disconnect available at the control panel?

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