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SEP 09 2024
BY:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Date: 08/20/2024 St. Joseph Rehabilitation and Residence, a long-term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is not in substantial compliance.	E 000	RECEIVED SEP 15 2024 BY: _____	
E 015 SS=F	Subsistence Needs for Staff and Patients CFR(s): 483.73(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

09/15/2024

09/17/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 015	Continued From page 1 (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to maintain provision of subsistence needs for staff and patients whether they evacuate or shelter in place for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Findings: On August 20, 2024, between 9:00 AM and 3:00 PM, a surveyor, with the Director of Nursing	E 015	SEP 15 2024 BY: _____	

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E 015	Continued From page 2 present observed the following: 1. The was no evidence in the emergency preparedness plan for medical and pharmaceutical supplies and how they would get replenished in the event they had to evacuate or shelter in place. The Director of Nursing provided a policy to me not a signed MOU. When I advised I need to see a signed MOU. She expressed frustration stating she is overwhelmed by this and the new building. She asked if I needed it right now, I advised we have been on site for the last 6 hours and requested this. If I do not physically see the documents that it will result in a tag. She stated you do what you have to do. 2. The was no evidence in the emergency preparedness plan for fuel to maintain the generator to run for more then the allotted time of fuel on site. The surveyor confirmed these findings with the Director of Nursing at the time of the observation.	E 015	SEP 15 2024 BY: _____	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 08/20/2024 St. Josephs Rehabilitation and Residence a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101, Life Safety Code, 2012 Edition, as referenced in Part 483.90(a-d) - Physical Environment and is not in substantial compliance.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101	K 211		

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K 211	Continued From page 3 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the aisles, passageways, corridors, exit discharges, exit locations, and accesses free of all obstructions to full use in case of emergency in 3 of 4 resident care wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, and 7.1.10.1 Findings: On 08/20/2024 between 09:00 AM, and 3:00 PM a surveyor, with the Director of Facilities Management present, observed the following: 1. A chair was blocking the marked exit door at the end of the corridor in the A wing. 2. A 3 drawer non wheeled chest is stored in the corridor between resident rooms A13 and A15. 3. A 3 drawer non wheeled chest is stored in the corridor between resident rooms A19 and A21. 4. A chair is stored in the exit corridor that reduced the corridor width to 5' 8" by resident room A17. 5. A linen cart is stored in the corridor between resident rooms A17, and A19. 6. A chair is stored in the exit corridor between resident rooms A4 and A5 that reduced the corridor width to 5' 11".	K 211	RECEIVED SEP 15 2024 BY:	

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K 211	Continued From page 4 7. A sphygmomanometer and a linen cart is stored is stored in the exit corridor between resident rooms A4, and A5. 8. A linen cart is stored in the exit corridor between resident rooms B13 and B15. 9. The marked exit discharge to the public way from the C wing dayroom has rotten boards on the ramp, missing handrails, and a 3-inch difference in the walking surfaces where the ramp meets the pavement. The lift to the threshold from the ramp is 6 inches with unstable planking. 10. A brown wheeled linen cart is stored in the exit corridor in the C wing by the blue bulletin board. 11. The paved exit discharge to the public way from wings B and E has a trip hazard crack greater than 1 inch between the smooth pavement and the rough pavement, and a round sunken portion of pavement that is pooling water that is approximately 9 inches in diameter and 3/4 inches deep. The surveyor confirmed these findings with the Director of Facilities Management at the time of the observation.	K 211	RECEIVED SEP 15 2024 BY:	
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used,	K 222		

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K 222	Continued From page 5 only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4	K 222	RECEIVED SEP 15 2024 BY:	

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K 222	Continued From page 6 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on Observations the facility failed to ensure doors at the means of egress meet the requirement of NFPA 101 life safety code 2012 edition 19.2.2.2.5.1, 19.2.2.2.6 for locking. Finding: Observations and Interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. E2 wing exit door was locked and marked with delayed egress signage for 15 seconds. Pressed and held panic hardware for greater than 15 seconds and the door did not unlock. The inspector could not exit the building unless staff unlocked the door. Unable to verify if all staff had code to unlock door since wing is unstaffed. The surveyor confirmed this finding with the acting Director of Facilities Management at the time of the observation.	K 222	RECEIVED SEP 15 2024 BY:	
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure	K 321		

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K 321	Continued From page 7	K 321		

Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9.
When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.
Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.
Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.
19.3.2.1, 19.3.5.9

Area	Automatic Sprinkler
Separation	N/A
a. Boiler and Fuel-Fired Heater Rooms	
b. Laundries (larger than 100 square feet)	
c. Repair, Maintenance, and Paint Shops	
d. Soiled Linen Rooms (exceeding 64 gallons)	
e. Trash Collection Rooms (exceeding 64 gallons)	
f. Combustible Storage Rooms/Spaces (over 50 square feet)	
g. Laboratories (if classified as Severe Hazard - see K322)	

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the long-term care facility failed to maintain hazard areas in 3 of 4 resident care wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1.

Findings:

On 08/20/2024 between 09:00 AM, and 3:00 PM a surveyor, with the Director of Facilities

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K 321	Continued From page 8 Management present, observed the following: 1. The Hospice suite was found to have half of the space being used as a combustible storage area, and the other half for residential space. There is not proper fire rated seperation between the storage and the residential space. The residential space is currently unoccupied. 2. The doors to the Hospice suite room that is now being used as storage do not self-close and positively latch as there is not self closing hardware attached to the doors. 3. The storage room in the connector wing (E11) has a foot peg installed that prevents the door from self-closing. The surveyor confirmed these findings with the Director of Facilities Management at the time of the observation.	K 321	RECEIVED SEP 15 2024 BY:	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or	K 324		

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K 324	Continued From page 9 * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1 Finding: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. The wheeled, 6 burner gas-fired stove/oven located on the cooking line in the kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning.	K 324	RECEIVED SEP 15 2024 BY:	

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K 324	Continued From page 10 The surveyor confirmed this finding with the acting Director of Facilities Management at the time of the observation.	K 324	RECEIVED SEP 15 2024 BY:_____	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that the fire alarm was maintained in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Findings: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. The facility had no documentation or was aware of the fire alarm system having been tested within the last 12 months. The Director of Facilities Management advised the former Director of Facilities Management retired in July 2024 and he is unsure where there paperwork is. 2. The facility had no documentation or was	K 345		

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K 345	Continued From page 11 aware of the fire alarm system ever being sensitivity tested in the past 5 years. The surveyor confirmed these findings with the acting Director of Facilities Management at the time of the observation.	K 345	RECEIVED SEP 15 2024 BY:	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and inspection documentation review, the long term care facility failed to maintain the wet sprinkler system per NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Sections 5.2.1.1.1-4, 5.2.6, 6.2.3, and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1., 4.6.12, and	K 353		

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K 353	Continued From page 12 9.7.6. Findings: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00 AM to 3:00 PM identified: 1. According to the most recent quarterly sprinkler inspection report and observation at the sprinkler riser the 5-year internal inspection is overdue on both wet risers and both dry risers. (07.18.2019). Call to sprinkler company confirmed this. 2. According to the most recent quarterly sprinkler inspection report and observation at the sprinkler riser the 5-year gauges inspection is overdue on both wet risers and both dry risers. (07.18.2019). Call to sprinkler company confirmed this. 3. The escutcheon ring is missing from the sprinkler head in the administrator's office. 4. There is red non-factory paint on the sprinkler head fusible link in the A-wing sprinkler room on the far left side. The surveyor confirmed these findings with the acting Director of Facilities Management at the time of the observation.	K 353	RECEIVED SEP 15 2024 BY:	
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire	K 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 SEP 09 2024 BY: B. WING	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 355	Continued From page 13 Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation, documentation review, and interview the facility failed to ensure portable fire extinguishers are installed and maintained in accordance with NFPA 101, Life Safety Code, 2012 edition, Sections 4.6.12, 9.7.4.1, and 19.3.5.12. in 2 of 3 housed resident wings and the service areas. Also reference NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, sections 5.5.5.3, 6.1.3.4, 6.1.3.8, 7.2.1.2, and 7.3.1.1. Findings: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. The portable fire extinguisher in the D wing dayroom was last maintained in December of 2022 making it due for the next annual maintenance in 9 months ago in December of 2023. There are only 6 monthly inspections done on this extinguisher with the last monthly inspection of this extinguisher was in January of 2023. Portable Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year and inspected at least once per calendar month. 2. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the portable fire extinguisher. Neither Class K portable fire	K 355	RECEIVED SEP 15 2024 BY:	

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	205134	A. BUILDING 01 _____ B. WING _____	08/20/2024

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K 355	Continued From page 14 extinguisher in the kitchen has a decal posted. 3. The red ABC extinguisher in the kitchen has no monthly inspections annotated on the attached tag for February, March, April, or May of 2023. 4. The red carbon dioxide extinguisher in the kitchen has no monthly inspections annotated on the attached tag for June or July of 2023. 5. The B wing breakroom fire extinguisher is resting on the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. 6. The B wing physician's office portable fire extinguisher has no monthly inspections annotated on the attached tag for July of 2023. 7. The B wing salon portable fire extinguisher has no monthly inspections annotated on the attached tag for July of 2023. 8. The central supply portable fire extinguisher has no monthly inspections annotated on the attached tag for May, June, or July of 2023. 9. The C wing nurses station portable fire extinguisher has no monthly inspections annotated on the attached tag for June, or July of 2023. 10. The portable fire extinguisher at the end of the marked exit corridor by resident room C23 has no inspection tag attached to the extinguisher. The surveyor couldn't inspect the annual maintenance or the monthly inspections of this extinguisher, as no other inspection documentation could be provided.	K 355	RECEIVED SEP 15 2024 BY:_____	

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	205134	A. BUILDING 01 B. WING	08/20/2024

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K 355	Continued From page 15 11. The portable fire extinguisher at the C wing chat room has no inspection tag attached to the extinguisher. The surveyor couldn't inspect the annual maintenance or the monthly inspections of this extinguisher as no other inspection documentation could be provided. These findings were verified by the Facilities Management Director at the time of observation.	K 355	RECEIVED SEP 15 2024 BY:_____	
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other	K 363		

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K 363	Continued From page 16 materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation, and interview the facility failed to maintain the corridor doors to close properly to resist the passage of smoke in accordance with NFPA 101, Life Safety Code, 2012 edition, 3.6.3 in 3 of 4 resident wings and the service areas. Interview with the Facilities Management Director revealed that the resident room doors are not looked at unless there is a staff complaint. Findings: Observations and Interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00 AM to 3:00 PM identified: 1. Resident room A18 door rubs on the striker plate preventing it from fully closing and latching properly. 2. Resident room A14 door is delaminating at the top as well as the upper latch side. 3. Resident room B22 has the striker plate	K 363	RECEIVED SEP 15 2024 BY:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 B. WING	08/20/2024

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K 363	Continued From page 17 opening in the door frame full of medical gloves that prevent the door latch from entering the opening in the striker plate on the door frame. 4. Resident room B18 door hits on the frame preventing it from closing and latching properly. 5. Resident room B16 door hits on the frame preventing it from closing and latching properly. 6. Resident room D6 door is delaminating on the hinge side. 7. Resident room D11 latch does not extend out of the door to penetrate the opening in the striker plate on the door frame. These findings were verified by the Facilities Management Director at the time of observation.	K 363	RECEIVED SEP 15 2024 BY:	
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9	K 374		

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K 374	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on observation, and interview the facility failed to maintain the self closing requirement of cross-corridor smoke barrier doors per NFPA 101, Life Safety Code, 2012 edition, Section 19.3.7.8. Findings: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00 AM to 3:00 PM identified: 1. The A wing 45 minute cross-corridor smoke barrier doors hit each other when they close which prevents them from fully closing and resisiting the passage of smoke. 2. The C wing 45 minute cross-corridor smoke barrier doors by resident rooms C9 and C11 hit at the top of the door frame when they close which prevents them from fully closing and resisiting the passage of smoke These findings were verified by the Facilities Management Director at the time of observation.	K 374	RECEIVED SEP 15 2024 BY: _____	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted	K 712		

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K 712	Continued From page 19 between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observations and interview, this long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6. Finding: Observations and Interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified, confirmed that the following fire drill for the facility was not completed or missing: 1. The facility was unable to provide any documentation of fire drills performed over last 12 months. Director of Facilities Management states the former Director of Facilities Management (retired July 2024) had all the fire drill paperwork and is unsure where it is. The surveyor confirmed this finding with the Director of Facilities Management at the time of the observation and record review.	K 712		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying	K 918		

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K 918	Continued From page 20 service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long-term care facility failed to maintain the required documentation to indicate that the emergency generator was tested weekly and monthly per NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.3 and NFPA 110, Standard for Emergency and Standby	K 918		

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K 918	Continued From page 21 Power Systems, 2010 Edition, Section 8.4.1. Findings: Observations and Interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. The weekly inspections for the generator were not provided. The Director of Facilities Management advised that the former Director of Facilities Management Chuck retired in July of 2024 and did not provide him with the documents. He stated that he has not performed a weekly generator inspection since taking over the role of Director of Facilities Management. 2. The monthly under load tests for the generator were not provided. The Director of Facilities Management advised that the former Director of Facilities ManagementChuck retired in July of 2024 and did not provide him with the documents. The surveyor confirmed these findings with the acting Director of Facilities Management at the time of the observation.	K 918	RECEIVED SEP 15 2024 BY:	
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99)	K 919		

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K 919	Continued From page 22 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to test and maintain multiple outlet connections in patient rooms NFPA 99, Healthcare Facilities Code, 2012 Edition, Sections 10.2.3.6 Findings: Observations and interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00AM to 3:00 PM identified: 1. Patient bedrooms multiple outlet connections that are not hospital grade and have no record of testing connection. The Director of Facilities Management stated he changes the outlets every year, he has no record that the outlets are hospital grade and when they were replaced. 2. Patient room C14 was missing outlet cover. This was corrected immediately when identified. 3. Rooms throughout the facility have air conditioning units plugged into multiple outlet connections. The surveyor confirmed these findings with the Director of Facilities Management at the time of the observation and record review.	K 919	RECEIVED SEP 15 2024 BY:	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and	K 923		

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K 923	Continued From page 23 ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, and interview the facility failed to maintain the oxygen cylinder storage areas per NFPA 99, Health Care Facilities Code, 2012 edition, sections 11.3, and 11.6.5.	K 923	RECEIVED SEP 15 2024 BY:	

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K 923	Continued From page 24 Findings: Observations and Interviews during a facility tour with the Facilities Management Director present on 08/20/2024 from 09:00 AM to 3:00 PM identified: 1. The oxygen storage area in the E2 wing does not have signage inside the room to segregate full from empty cylinders to avoid confusion and delay if a full cylinder is needed in a rapid manner. 2. The oxygen storage area in the E2 wing is lacking a precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." displayed on the door. Currently there is just a label of a cylinder on the door of the oxygen room. 3. Oxidizing gases are not separated from combustibles by 5 feet. Rooms containing more than 300 cubic feet of oxygen shall not have combustible storage or materials within 5 feet of the cylinders. 4. The oxygen door was not locked. The door was not secured to prevent unauthorized entry. 5. The oxygen storage room in the nurse's station in the B wing was held open, and not secured to prevent unauthorized entry. These findings were verified by the Facilities Management Director at the time of observation.	K 923	RECEIVED SEP 15 2024 BY:	

E 015: Subsistence Needs for Staff and Patients.

* No residents were negatively impacted from this deficiency.

* All residents had the potential to be impacted by this deficiency.

* SJR has agreements for each of the areas to feed, hydrate, clean, keep mechanical services running. Unfortunately, the documents/MOU's were stored on the computer of the recently resigned Director of Facilities Management & Operations. The documents were not saved on SJR's shared drive so all members of the Leadership Team could access for reference.

Once the situation was known, it took over 24 hours to access his files using SJR's computer resource company. Once we had access, the required documents were made available for inspection to the Licensing Team, but not with Frire Marshal inspectors.

All documents are now on the shared drive. The mechanical MOU's with Dead River etc. will be given to MaineHealth's Facilities Management Team. SJR will cease to operate as a nursing home on September 20, 2024. At that time the Facility will be transferred to the MH's Team responsible for the safety and upkeep of SJR.

Completion Date: September 20, 2024.

K 211: Means of Egress – General.

- No residents were negatively impacted from this deficiency.
- All residents had the potential to be impacted by this deficiency.
- All chairs were removed from the corridor on Community A and put in storage. The 3 drawer non-wheeled Isolation Chests were removed and replaced with wheeled approved Isolation Carts. Housekeeping informed that their Linen Carts cannot be left unattended in the hallways. Linen must be delivered and cart brought back to Laundry Area when completed. Unit Managers, House Supervisors, and Leadership Team educated on the necessity to keep hallways compliant. When conducting tasks on each community, view hallways and take action if any unapproved items are left in the hall.
- This will continue until we leave SJR and it is closed on September 20, 2024. At that time all hallways will be cleared completely and items stored as we transition the Facility over to MaineHealth on this last day.

- **Work order signed with Lopez Landscaping to repair egress walkways at Wings B & E by restoring base material and recoating with cold patch. This project is scheduled for September 18, 2024.**
- **Completion Date: August 20, 2024. Ongoing inspections till September 20, 2024.**

K 222: Egress Doors.

- No residents were negatively impacted by this deficiency.
- All residents on the C Community had the potential to be impacted by this deficiency.
- Director of facilities consulted with the contracted service company for this security system. Delay then release restored to proper working order. Service Company did a follow-up inspection to see if system still maintain compliance. Maintenance to check on their daily rounds for on-going compliance. Service Company contact information to be given to MaineHealth representatives on September 20, 2024 when SJR Ceases its nursing home operations.
- **Completion Date: September 20, 2024.**

K 321: Hazardous Areas – Enclosure.

- No residents were negatively impacted by this deficiency.
- All residents had the potential to be impacted by this deficiency.
- Foot Peg was removed from the Storage Room. Staff informed the Hospice Suite is no longer required. Entire area is for organized storage only. Self-closing latches **(self closing only)** will be installed prior to the closing of SJR on September 20, 2024.
- **Completion Date: August 21, 2024. Ongoing inspection till September 20, 2024.**

K 324: Cooking Facilities.

- No residents were negatively impacted by this deficiency.
- All residents had the potential to be impacted by this deficiency.
- Floor markings for the correct alignment of the 6 Burner Gas Stove/Oven were completed. Since this area had been deep cleaned by a professional cleaning service, it is not anticipated the Stove will need to be moved from its current position till our closing date of September 20, 2024. At this time MaineHealth

staff will coordinate the shutting down of all appliances as part of their securing the Facilities operations as an empty building.

- **Completion Date: September 20, 2024.**

K 345: Fire Alarm System – Testing and Maintenance.

- No residents were negatively impacted by this deficiency.
- All residents had the potential to be impacted by this deficiency.
- Contracted Service for the inspections was contacted and copies obtained indicating the Fire Alarm System had been tested in the prior 12 months. The sensitivity test was completed with 24 hours from the finding it had not been completed. This information is now available for the MaineHealth staff next to the panel for the Fire Alarm System.
- **Completion Date: August 20, 2024. Copy enclosed. Ongoing till September 20, 2024.**

K 353: Sprinkler System – Maintenance and Testing.

- No residents were negatively impacted by this deficiency.
- All residents had the potential to be impacted by this deficiency.
- The escutcheon ring was installed in the Administrator's Office.
- The Sprinkler Head with the red paint was replaced.
- The five-year gauges inspection for wet and dry risers was completed within 24 hours from the finding. Reports are now available for the MaineHealth staff when they assume the Facility on September 20, 2024.
- **Completion Date: August 21, 2024. Copy Enclosed. Ongoing till September 20, 2024.**

K 355: Portable Fire Extinguishers.

- No residents were negatively impacted by this deficiency.
- All residents had the potential to be impacted by this deficiency.
- All Portable Fire Extinguishers were inspected by the Director of Facilities Management and noted on each individual tag. A picture of the required placard for the Class K Extinguisher was given to the Facility. It was made and placed in proper location. The Extinguisher on the floor was inspected and hung on the wall meeting the standard of height etc. The MaineHealth Staff in a pre-closing

walk thru was educated on the inspections and sign required for the Class K Extinguisher until they shut down the Kitchen equipment completely from use. September inspections of the Portable Fire Extinguishers will be completed by SJR staff prior to last day of operations.

- **Completion Date: September 20, 2024.**

K 363: Corridor Doors.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.
- All resident doors are to be re-inspected prior to relocating on September 20, 2024. All doors cited under finding K 363 were repaired and tested for compliance. All resident room doors will be left open after September 20th to allow visual inspection of the rooms by MaineHealth's on-site security.
- **Completion Date: September 20, 2024.**

K 373: Subdivision of Building Spaces – Smoke Barrier.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.
- The A and C Wing Cross- Corridor Smoke Barrier Doors were adjusted/fixed so they close fully. Director of Facilities to test Cross-Barrier doors weekly until the building closes operations on September 20, 2024.
- **Completion date: September 20, 2024.**

K 712: Fire Drills.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.
- SJR located a partial summary of current year Fire Alarm Drills. Search still underway now that we have access to prior DF's computer storage files. September Fire Drill to be completed prior to the closing date of September 20, 2024 by SJR staff.
- **Completion Date: September 20, 2024.**

K 918: Electrical Systems – Essential Electric System.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.

- SJR has not been successful in locating the documentation for the Load Testing etc. We do have the monthly emails from the former Director of Facilities alerting all employees of the upcoming test each month. This was done so employees could save any documents they were working on prior to the switch to generator. SJR to conduct a September test and document the test. SJR will continue to research the former's stored files for confirmation. The day and time of the monthly test will be provided to the MaineHealth Staff responsible for SJR going forward post move.
- **Load test for generator is scheduled for September 16, 2024. This will be the last load test for SJR as we exit the facility 9/20/24.**
- **Completion Date: September 20, 2024.**

K 919: Electrical Equipment – Other.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.
- All multiple outlet connections were removed. Those residents still requiring an AC Unit were unplugged from multi outlet plugs and plugged directly into the wall outlets.
- New Facility has central heating and cooling so this situation will not resurface post move. All a/c's at SJR will be unplugged as we relocate current residents by community.
- **Completion Date: September 20, 2024.**

K 923: Gas Equipment – Cylinder and Container Storage.

- No residents were impacted by this deficient practice.
- All residents had the potential to be impacted by this deficiency.
- Signage placed in E2 Wing where the oxygen is stored to allow segregation of empty versus full cylinders.
- E2 Wing Sign created to meet the minimum wording as described in the K 923 finding.
- All resident rooms having O2 cylinders for a resident were inspected and combustible storage/materials removed.
- The Oxygen Door lock was changed to have it remain locked at all times. Access given to charge nurses key rings for access.
- B Wing O2 Storage room had sign placed on the door reminding staff the door must remain closed at all times.
- All O2 cylinders will be scheduled to be removed and returned to vendor once SJR is vacated. Maine Health staff to be made aware of this date to retrieve.

- **Completion Date: September 20, 2024.**

K345

Joel Rogers

From: Joel Rogers
Sent: Tuesday, August 20, 2024 3:31 PM
To: Chad.R.Charland@maine.gov
Subject: FW: Reports
Attachments: St. Joseph's Computer Room 2024.pdf; St. Joseph's Food Storage 2024.pdf

Hi. Here you go from ER Fields. Thank you.

From: David Swett <Dswett@sjrme.org>
Sent: Tuesday, August 20, 2024 3:29 PM
To: Joel Rogers <jrogers@sjrme.org>
Subject: Fw: Reports

From: april@erfield.com <april@erfield.com>
Sent: Tuesday, August 20, 2024 3:18 PM
To: David Swett <Dswett@sjrme.org>
Subject: Reports

Attached is 2024 reports.

Report of Fire Alarm System Service

RECEIVED
SEP 15 2024
BY:

E. R. FIELD, INC.

Taylor Hill Road
Lewiston, Maine
800-222-7976

Customer: St. Joseph's Rehabilitation & Residence Address: 1133 Washington Avenue
City: Portland State: ME ZIP: 04103
System location: Computer Room
Date: January 25 2024 Telephone #: 797-0600 Technician: Stacy Bragdon

Equipment list: [be specific, include quantity and exact model number of each item]

1 CP-2HR	1 DI-3	1 ELOCK-FA		
2 NP7-12	1 PE-11			
1 MH-501	1 H-15/10			
1 BDC-6	1 HV-2D85321 ASCO			
1 AV-32H/6120	1 180° Shot Gun Nozzle			

Is system monitored by another system? Yes If yes, how? Building System Zone 12
Monitoring system location or agency name: Portland Fire Department
Circuit, box or account number(s): Box 2265
Telephone number of monitoring system dispatcher: 874-8576
Out of service at: HRS Dispatcher's name:
Service restored at: HRS Dispatcher's name:

Voltages checked:

Primary power supply: 121.7VAC Circuit #: 24 Panel: Dining Rm Elec Rm E1
Secondary power supply: Circuit #: Panel:
Standby power supply (AC on): 28.38VDC #1 13.19VDC 100% #2 13.15VDC 100%
IDC normal: 22.24VDC Detector in alarm:
NAC normal: 6.05/5.97VDC With "ALARM" load:
FWR output: Regulated output #1: Regulated output #2:
Comments: Battery date 1/17/23.

Special equipment required for service:

Customer employee present during service: Title:
Customer signature: Name printed:
Other persons present:

E. R. Field, Inc
Taylor Hill Rd.

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Lewiston, Maine
800-222-7976

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone A	237442	PE-11	[X]	[X]	LED	OK	[X] [ ]
2	Zone B	002366	DI-3	[X]	[X]	2.5/5.0	3.8	[X] [ ]
3	Manual Release	Man. Sta.	MH-501	[X]	[X]			[X] [ ]
4	Solenoid		ASCO HV2D85321	[X]	[X]			[X] [ ]
5	Key Switch Abort Station			[X]	[X]	Medeco	ERF61	[X] [ ]

RECEIVED
SEP 15 2024
BY:_____

Detector LED confirms normal sensitivity during visual check.

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/25/24

NOTIFICATION APPLIANCE TESTS

	NOTIFICATION APPLIANCE CIRCUIT and APPLIANCE LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	N.A.C. #1	Bell	BDC-6	[X]	[ ]	
2	N.A.C. #2	Horn/Light	6120/AV-32H	[X]	[ ]	

E. R. Field, Inc
Taylor Hill Rd.

Halon Hardware and Protected Area Test and Inspection

Lewiston, Maine
800-222-7976

1 Name of Protected Space(s): Computer Room
2 Is there a warning sign at each entrance to the protected space(s)? Yes If no, describe deficiencies:
3 Is there a caution plate in the protected space(s)? No If no, describe deficiencies:
4 Type of space [rack room, control cabinet, warehouse, etc]: Computer Room
5 Extent of system coverage [floor cavity only, room & floor cavities, etc]: Room Only
6 Do all doors seal tightly & latch closed automatically on first alarm? Yes If no, describe deficiencies:
7 Are there any enclosure penetrations that are not properly sealed? No If yes, describe each one in detail:
8 Do all air handling units shut down on first alarm? N/A If no, describe deficiencies:
9 Do all dampers close tightly? N/A If no, describe deficiencies:
10 Is distribution piping securely fastened? Yes If no, describe deficiencies:
11 Are all fittings tightened securely? Yes If no, describe deficiencies:

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BY:

Nozzle inspection:

12	Nozzle number:	
13	Location:	
14	Model number:	Pyro 40345
15	Serial number:	
16	Other ID number:	
17	Type(180°,360°,etc):	Shotgun
18	Protective cap:	N/A

Cylinder & valve inspection:

19	Cylinder number:	PYR 30227
20	Location:	Computer Rm
21	Model number:	H15/10
22	Hydrotest date:	Feb.'17
23	Gross weight [lbs]:	29.5 lbs.
24	Tare weight [lbs]:	19.5 lbs.
25	Net weight [lbs]:	10 lbs.
26	Pressure [psi]:	360 PSI
27	Temperature °F:	68°
28	Bracket OK?	Yes
29	Flexible bend size:	N/A
30	Hydrotest date:	N/A

Describe any deficiencies by item & line number here:

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/25/24

Report of Fire Alarm System Service

RECEIVED
SEP 15 2024
BY:

E. R. FIELD, INC.

Taylor Hill Road
Lewiston, Maine
800-222-7976

Customer: St. Joseph's Rehabilitation & Residence Address: 1133 Washington Avenue
City: Portland State: ME ZIP: 04103
System location: Food Storage Room
Date: January 24-25 2024 Telephone #: 797-0600 Technician: Stacy Bragdon

Equipment list: [be specific, include quantity and exact model number of each item]

2 ELOCK-FA				
1 CP-35	1 SM-30	1 DS-2	4 DT-200CP	135 Door Holders
2 NP12-12	2 AE-30U	10 DI-3	1 DT-200CL	1 Door Lock
1 PS-35	1 ZN-31U	120 DI-2	3 OP121	24 RAL-12
5 ZU-35	1 ZN-34US	9 DI-2D	4 PE-11	1 VSR-F 5 OSYS-B
1 BC-35	36 MS-51	106 RL-4	3 RSS-241575W	1 PS10-2 1 EPS10-2
5 SR-32	1 MS-501	2 DT-135R	17 AV-32/6120	1 PS40-2A

Is system monitored by another system? Yes If yes, how? AES
Monitoring system location or agency name: Portland Fire Dept.
Circuit, box or account number(s): 2265
Telephone number of monitoring system dispatcher: 874-8576 or 874-4800
Out of service at: 0900/0825 HRS Dispatcher's name: Brad / Kevin
Service restored at: 1533 HRS Dispatcher's name: Brad

Voltages checked:
Primary power supply: 117.3VAC Circuit #: 13 Panel: Emergency Panel #2
Secondary power supply: Circuit #: Panel:
Standby power supply (AC on): 27.84VDC
IDC normal: 21.97VDC Detector in alarm:
NAC normal: 21.28VDC With "ALARM" load:
FWR output: Regulated output #1: 24.78VDC Regulated output #2:
Comments: Batteries installed 1/24/24.
Sticker# 24-2021
Special equipment required for service:

Customer employee present during service: Title:
Customer signature: Name printed:
Other persons present:

RECEIVED
SEP 15 2024
BY:

Report of Fire Alarm System Service

E. R. FIELD, INC.

Taylor Hill Road
Lewiston, Maine
800-222-7976

Customer: St. Joseph's Rehabilitation & Residence Address: 1133 Washington Avenue
City: Portland State: ME ZIP: 04103
System location: Food Storage Room
Date: January 24 2024 Telephone #: 797-0600 Technician: Stacy Bragdon

Equipment list: [be specific, include quantity and exact model number of each item]

AES 7788F
1 NP7-12

Is system monitored by another system? If yes, how?
Monitoring system location or agency name: Portland Fire Dept.
Circuit, box or account number(s): 2265
Telephone number of monitoring system dispatcher: 874-8576
Out of service at: HRS Dispatcher's name:
Service restored at: HRS Dispatcher's name:

Voltages checked:

Primary power supply: 120/19.33VAC Circuit #: 9 Panel: E3
Secondary power supply: Circuit #: Panel:
Standby power supply (AC on): 13.81VDC 12.97VDC 90%
IDC normal: 2.95VDC Detector in alarm:
NAC normal: With "ALARM" load:
FWR output: Regulated output #1: Regulated output #2:
Comments: Batteries dated 2/17/22.

Special equipment required for service:

Customer employee present during service: Title:
Customer signature: Name printed:
Other persons present:

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 1 "A" Wing Corridor EP7	Manual Station	MS-51	[X]	[X]			[X] [ ]
2	Zone 1 "A" Wing Corridor AP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
3	Zone 1 "A" Wing Nurses Station AP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
4	Zone 1 "A" Wing Corridor AP3	Manual Station	MS-51	[X]	[X]	EOL		[X] [ ]
5	Zone 1 "A" Wing Lounge AP4	Manual Station	MS-51	[X]	[X]			[X] [ ]
6	Zone 1 "A" Wing Corridor EFCS2	36I05390	DI-2D	[X]	[X]	2.0/6.0	3.8	[X] [ ]
7	Zone 1 "A" Wing Corridor AHS1	02F25872	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
8	Zone 1 "A" Wing Nurses Station AHS2	02F21650	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
9	Zone 1 "A" Wing Corridor AHS3	02F25871	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
10	Zone 1 "A" Wing A21 ARS21	02F25863	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
11	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
12	Zone 1 "A" Wing A20 ARS20	03F21989	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
13	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
14	Zone 1 "A" Wing A1 ARS1	02F27738	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
15	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
16	Zone 1 "A" Wing A2 ARS2	02F27897	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
17	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
18	Zone 1 "A" Wing A3 ARS3	02F27879	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
19	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
20	Zone 1 "A" Wing A4 ARS4	02F25504	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
21	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
22	Zone 1 "A" Wing A5 ARS5	03F21988	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
23	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
24	Zone 1 "A" Wing A6 ARS6	03F21734	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
25	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
26	Zone 1 "A" Wing A7 ARS7	0003	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
27	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
28	Zone 1 "A" Wing A8 ARS8	10F26089	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
29	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Lewiston, Maine
800-222-7976

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 1 "A" Wing A9 ARS9	02F25881	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
2	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
3	Zone 1 "A" Wing A10 ARS10	10F27092	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
4	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
5	Zone 1 "A" Wing A11 ARS11	02F21659	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
6	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
7	Zone 1 "A" Wing A12 ARS12	03F21972	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
8	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
9	Zone 1 "A" Wing A13 ARS13	03F22005	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
10	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
11	Zone 1 "A" Wing A14 ARS14	10F27076	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
12	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
13	Zone 1 "A" Wing A15 ARS15	02F25882	DI-2	[X]	[X]	2.0/6.0	3.4	[X] [ ]
14	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
15	Zone 1 "A" Wing A16 ARS16	02F16522	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
16	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
17	Zone 1 "A" Wing A17 ARS17	02F16522	DI-2	[X]	[X]	2.0/6.0	3.2	[X] [ ]
18	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
19	Zone 1 "A" Wing A18	02F21629	DI-2	[X]	[X]	2.0/6.0	3.1	[X] [ ]
20	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
21	Zone 1 "A" Wing A19	42K05457	DI-2D	[X]	[X]	2.0/6.0	3.3	[X] [ ]
22	Zone 1 "A" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
23	Zone 1 "A" Wing Rehab Gym	Thermal	DT-135R	[X]	[X]	W18-Y96		[X] [ ]

Detector LED confirms normal sensitivity during visual check.

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 2 "B" Wing Hallway EBCS3	E01131367504	PE-11	[X]	[X]	LED	OK	[X] [ ]
2	Zone 2 "B" Wing Hallway BHS1	E01171305572	PE-11	[X]	[X]	LED	OK	[X] [ ]
3	Zone 2 "B" Wing Hallway BHS2	03F22003	DI-2	[X]	[X]	2.0/6.0	3.5	[X] [ ]
4	Zone 2 "B" Wing Hallway BHS3	02F24009	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
5	Zone 2 "B" Wing Hallway BP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
6	Zone 2 "B" Wing Nurses Station BP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
7	Zone 2 "B" Wing Lounge BP4	Manual Station	MS-51	[X]	[X]			[X] [ ]
8	Zone 2 "B" Wing Hallway BP3	Manual Station	MS-51	[X]	[X]	EOL		[X] [ ]
9	Zone 2 "B" Wing Dietary Office	Manual Station	MS-51	[X]	[X]			[X] [ ]
10	Zone 2 "B" Wing B23 BPS1	48E15722	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
11	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
12	Zone 2 "B" Wing Office EDIETS	03F21765	DI-2	[X]	[X]	2.0/6.0	3.5	[X] [ ]
13	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
14	Zone 2 "B" Wing B2 BRS2	02F16348	DI-2	[X]	[X]	2.0/6.0	4.2	[X] [ ]
15	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
16	Zone 2 "B" Wing B4 BRS4	02F24108	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
17	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
18	Zone 2 "B" Wing B1 BRS1	03F21992	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
19	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
20	Zone 2 "B" Wing B6 BRS6	03F21758	DI-2	[X]	[X]	2.0/6.0	4.5	[X] [ ]
21	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
22	Zone 2 "B" Wing B3 BRS3	03F21768	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
23	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
24	Zone 2 "B" Wing B8 BRS8	42K04593	DI-2D	[X]	[X]	2.0/6.0	3.8	[X] [ ]
25	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
26	Zone 2 "B" Wing B5 BRS5	10F27102	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
27	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
28	Zone 2 "B" Wing B7 BRS7	02F27735	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
29	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	BY: FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 2 "B" Wing CHE Office BCLS1	03F21994	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
2	Zone 2 "B" Wing CHE Office BCLS2	03F21913	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
3	Zone 2 "B" Wing CHE Office	Remote Light	RL-4	[X]	[X]			[X] [ ]
4	Zone 2 "B" Wing B9 BRS9	02F25873	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
5	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
6	Zone 2 "B" Wing B10 BRS10	02F24076	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
7	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
8	Zone 2 "B" Wing B11 BRS11	10F26263	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
9	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
10	Zone 2 "B" Wing B12 BRS12	03F21980	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
11	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
12	Zone 2 "B" Wing B13 BRS13	02F25501	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
13	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
14	Zone 2 "B" Wing B14 BRS14	49E09421	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
15	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
16	Zone 2 "B" Wing B15 BRS15	36K05878	DI-2D	[X]	[X]	2.0/6.0	4.0	[X] [ ]
17	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
18	Zone 2 "B" Wing B16 BRS16	02F21666	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
19	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
20	Zone 2 "B" Wing B17 BRS17	02F27734	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
21	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
22	Zone 2 "B" Wing B18 BRS18	37K00635	DI-2D	[X]	[X]	2.0/6.0	3.2	[X] [ ]
23	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
24	Zone 2 "B" Wing B19 BRS19	03F21968	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
25	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
26	Zone 2 "B" Wing B20 BRS20	27F18305	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
27	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
28	Zone 2 "B" Wing B21 BRS21	49E09475	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
29	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
30	Zone 2 "B" Wing B22 BRS22	03F22003	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
31	Zone 2 "B" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

E. R. Field, Inc
Taylor Hill Rd.

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Lewiston, Maine
800-222-7976

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 3 "C" Wing Hallway CHS1	4006147	DI-3	[X]	[X]	2.5/5.8	4.2	[X] [ ]
2	Zone 3 "C" Wing Hallway EBCS1	02F25804	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
3	Zone 3 "C" Wing Hallway CHS2	03F21267	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
4	Zone 3 "C" Wing Hallway CHS4	03F21997	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
5	Zone 3 "C" Wing Nurses Station CHS3	E01131241690	PE-11	[X]	[X]	LED	OK	[X] [ ]
6	Zone 3 "C" Wing Hallway LDP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
7	Zone 3 "C" Wing Hallway CPAT1	Manual Station	MS-51	[X]	[X]			[X] [ ]
8	Zone 3 "C" Wing Hallway CP1	Manual Station	MS-501	[X]	[X]			[X] [ ]
9	Zone 3 "C" Wing Nurses Station	Manual Station	MS-51	[X]	[X]			[X] [ ]
10	Zone 3 "C" Wing Hallway CP3	Manual Station	MS-51	[X]	[X]	EOL		[X] [ ]
11	Zone 3 "C" Wing Lounge CP4	Manual Station	MS-51	[X]	[X]			[X] [ ]
12	Zone 3 "C" Wing Main Electrical Rm	4658916	DI-3	[X]	[X]	2.5/5.8	4.1	[X] [ ]
13	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
14	Zone 3 "C" Wing Main Electrical Rm	Thermal	DT-200CL	[X]	[X]			[X] [ ]
15	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
16	Zone 3 "C" Wing Main Telephone Rm ETELS	02F24097	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
17	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
18	Zone 3 "C" Wing Main Telephone Rm ETELH	Thermal	DT-200CP	[X]	[X]			[X] [ ]
19	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
20	Zone 3 "C" Wing Office EFDSVS	02F27903	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
21	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
22	Zone 3 "C" Wing Equipment Storage CPS1	08F24366	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
23	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
24	Zone 3 "C" Wing Office CHS1	02F27899	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
25	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
26	Zone 3 "C" Wing C2 CRS2	10F26325	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
27	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Lewiston, Maine
800-222-7976

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 3 "C" Wing C1 CRS1	02F25801	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
2	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
3	Zone 3 "C" Wing C4 CRS4	0001	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
4	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
5	Zone 3 "C" Wing C3 CRS3	02F25810	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
6	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
7	Zone 3 "C" Wing C6 CRS6	10F26082	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
8	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
9	Zone 3 "C" Wing C5 CRS5	08F24152	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
10	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
11	Zone 3 "C" Wing C8 CRS8	03F21900	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
12	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
13	Zone 3 "C" Wing C7 CRS7	10F25671	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
14	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
15	Zone 3 "C" Wing C10 CRS10	07F19065	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
16	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
17	Zone 3 "C" Wing C9 CRS9	36105547	DI-2D	[X]	[X]	2.0/6.0	3.4	[X] [ ]
18	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
19	Zone 3 "C" Wing C12 CRS12	02F21656	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
20	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
21	Zone 3 "C" Wing C11 CRS11	08F24142	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
22	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
23	Zone 3 "C" Wing C14 CRS14	02F24142	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
24	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
25	Zone 3 "C" Wing C13 CRS13	36205155	DI-2D	[X]	[X]	2.0/6.0	4.0	[X] [ ]
26	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
27	Zone 3 "C" Wing C16 CRS16	03F21770	DI-2	[X]	[X]	2.0/6.0	4.8	[X] [ ]
28	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
29	Zone 3 "C" Wing C15 CRS15	02F27896	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
30	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 3 "C" Wing C18 CRS18	02F22136	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
2	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
3	Zone 3 "C" Wing C17 CRS17	02F21636	DI-2	[X]	[X]	2.0/6.0	4.4	[X] [ ]
4	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
5	Zone 3 "C" Wing C20 CRS20	10F26280	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
6	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
7	Zone 3 "C" Wing C19 CRS19	37K00572	DI-2	[X]	[X]	2.0/6.0	3.1	[X] [ ]
8	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
9	Zone 3 "C" Wing C22 CRS22	02F21646	DI-2	[X]	[X]	2.0/6.0	4.3	[X] [ ]
10	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
11	Zone 3 "C" Wing C21 CRS21	0002	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
12	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
13	Zone 3 "C" Wing C23 CRS23	02F24146	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
14	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
15	Zone 3 "C" Wing Office	02F20131	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
16	Zone 3 "C" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 4 "D" Wing Corridor EFCS1	02F21661	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
2	Zone 4 "D" Wing Corridor DHS1	02F21642	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
3	"D" Wing Corridor DHS3	E01171305787	PE-11	[X]	[X]	LED	OK	[X] [ ]
4	Zone 4 "D" Wing Nurses Station DHS2	11I17167	DS-2	[X]	[X]			[X] [ ]
5	Zone 4 "D" Wing Corridor AE1	Manual Station	MS-51	[X]	[X]			[X] [ ]
6	Zone 4 "D" Wing Corridor DP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
7	Zone 4 "D" Wing Nurses Station DP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
8	Zone 4 "D" Wing Corridor DP3	Manual Station	MS-51	[X]	[X]	EOL		[X] [ ]
9	Zone 4 "D" Wing Lounge DP4	Manual Station	MS-51	[X]	[X]			[X] [ ]
10	Zone 4 "D" Wing Nursing Office EDONS	02F27741	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
11	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
12	Zone 4 "D" Wing D1 DRS1	0001	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
13	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
14	Zone 4 "D" Wing D2 DRS2	10F26287	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
15	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
16	Zone 4 "D" Wing D3 DRS3	02F24163	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
17	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
18	Zone 4 "D" Wing D4 DRS4	02F26315	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
19	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
20	Zone 4 "D" Wing D5 DRS5	03F21754	DI-2	[X]	[X]	2.0/6.0	3.4	[X] [ ]
21	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
22	Zone 4 "D" Wing D6 DRS6	03F21733	DI-2	[X]	[X]	2.0/6.0	3.0	[X] [ ]
23	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
24	Zone 4 "D" Wing D7 DRS7	48E15688	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
25	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
26	Zone 4 "D" Wing D8 DRS8	02F227881	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
27	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
28	Zone 4 "D" Wing D9 DRS9	02F24087	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
29	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
30	Zone 4 "D" Wing D10 DRS10	02F21667	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
31	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 4 "D" Wing D11 DRS11	08F24348	DI-2	[X]	[X]	2.0/6.0	3.0	[X] [ ]
2	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
3	Zone 4 "D" Wing D12 DRS12	02F21566	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
4	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
5	Zone 4 "D" Wing D13 DRS13	02F21669	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
6	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
7	Zone 4 "D" Wing D14 DRS14	02F221664	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
8	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
9	Zone 4 "D" Wing D15 DRS15	07F19155	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
10	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
11	Zone 4 "D" Wing D16 DRS16	02F21637	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
12	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
13	Zone 4 "D" Wing D17 DRS17	49E09434	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
14	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
15	Zone 4 "D" Wing D18 DRS18	02F24016	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
16	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
17	Zone 4 "D" Wing D19 DRS19	02F27748	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
18	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
19	Zone 4 "D" Wing D20 DRS20	02F24253	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
20	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
21	Zone 4 "D" Wing D21 DRS21	02F24172	DI-2	[X]	[X]	2.0/6.0	5.1	[X] [ ]
22	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
23	Zone 4 "D" Wing D22 DRS22	03F21922	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
24	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
25	Zone 4 "D" Wing D23 DRS23	08F24332	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
26	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
27	Zone 4 "D" Wing D24 DRS24	02F25884	DI-2	[X]	[X]	2.0/6.0	4.1	[X] [ ]
28	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]
29	"D" Wing D25 DS25	10F26102	DI-2	[X]	[X]	2.0/6.0	3.0	[X] [ ]
30	Zone 4 "D" Wing	Remote Light	RL-4	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

E. R. Field, Inc
Taylor Hill Rd.

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

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Lewiston, Maine
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	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 5 Wing "E" Generator Room	Manual Station	MS-51	[X]	[X]			[X] [ ]
2	Zone 5 Wing "E" Large Boiler Room	Manual Station	MS-51	[X]	[X]			[X] [ ]
3	Zone 5 Wing "E" Small Boiler Room	Thermal Det.	DT-200CP	[X]	[X]			[X] [ ]
4	Zone 5 Wing "E" Small Boiler Room	Remote Light	RL-4	[X]	[X]			[X] [ ]
5	Zone 5 Wing "E" Maintenance Shop SP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
6	Zone 5 Wing "E" Employee Entrance RLD1	Manual Station	MS-51	[X]	[X]			[X] [ ]
7	"E" Housekeeping Hallway ERCS1	10F27101	DI-2	[X]	[X]	2.0/6.0	3.6	[X] [ ]
8	Zone 5 Wing "E" Housekeeping Hallway ERCS5	02F21509	DI-2D	[X]	[X]	2.0/6.0	4.3	[X] [ ]
9	Zone 5 Wing "E" Housekeeping Hallway ERCS4	19F24418	DI-2	[X]	[X]	2.0/6.0	3.9	[X] [ ]
10	Zone 5 Wing "E" Housekeeping Hallway ERCS3	03F21896	DI-2	[X]	[X]	2.0/6.0	4.2	[X] [ ]
11	Wing "E" Housekeeping Hallway ERCS2	03F21975	DI-2	[X]	[X]	2.0/6.0	3.1	[X] [ ]
12	Zone 5 Wing "E" Hallway Between B & C EBCS2	03F21966	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
13	Zone 5 Wing "E" Hallway Kitchen Entrance EKSCS2	02F27898	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
14	Zone 5 Wing "E" Hallway Kitchen Entrance EKSCS1	03F21262	DI-2D	[X]	[X]	2.0/6.0	3.7	[X] [ ]
15	Zone 5 Wing "E" Hallway Kitchen Entrance KP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
16	Zone 5 Wing "E" Hallway Kitchen Entrance EKSCS3	02F24099	DI-2	[X]	[X]	2.0/6.0	3.7	[X] [ ]
17	Zone 5 Wing "E" Hallway Between B & C EP3	Manual Station	MS-51	[X]	[X]			[X] [ ]
18	Zone 5 Wing "E" To Main Lobby Hallway EMCS5	02F25267	DI-2	[X]	[X]	2.0/6.0	4.2	[X] [ ]
19	Zone 5 Wing "E" To Main Lobby Hallway EMCS4	03F21739	DI-2	[X]	[X]	2.0/6.0	4.2	[X] [ ]
20	Zone 5 Wing "E" To Main Lobby Hallway EMCS3	08F25000	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
21	Zone 5 Wing "E" To Main Lobby Hallway EMCS2	07G04100	DI-2	[X]	[X]	2.0/6.0	3.8	[X] [ ]
22	Zone 5 Wing "E" To Main Lobby Hallway EMCS1	03F21799	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
23	Zone 5 Wing "E" Main Lobby ELS2	20140520	OP121	[X]	[X]	LED	OK	[X] [ ]
24	Zone 5 Wing "E" Main Lobby ELS1	20141221	OP121	[X]	[X]	LED	OK	[X] [ ]
25	Zone 5 Wing "E" Main Lobby LP2	Manual Station	MS-51	[X]	[X]	EOL		[X] [ ]
26	Zone 5 Wing "E" Hallway Between A & D	36K05759	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
27	Zone 5 Wing "E" Break Room LBP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
28	Zone 5 Wing "E" Vending LBP2	Manual Station	MS-51	[X]	[X]			[X] [ ]
29	Zone 5 Wing "E" Classroom ECLS1	4160412	DI-3	[X]	[X]	2.5/5.8	4.0	[X] [ ]
30	Zone 5 Wing "E" Behind Operator LP1	Manual Station	MS-51	[X]	[X]			[X] [ ]

Detector LED confirms normal sensitivity during visual check.

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 5 Wing "E" In Kitchen KP1	Manual Station	MS-51	[X]	[X]			[X] [ ]
2	Zone 5 Wing "E" To Main Lobby Hallway EP4	Manual Station	MS-51	[X]	[X]			[X] [ ]
3	Zone 5 Wing "E" Office Corridor	02F21565	DI-2	[X]	[X]	2.0/6.0	3.1	[X] [ ]
4	Zone 5 Wing "E" Above FACP In Food Storage		OP121	[X]	[X]	LED	OK	[X] [ ]
5	Zone 6 Generator Room	Thermal Det.	DT-200CP	[X]	[X]	EOL		[X] [ ]
6	Zone 6 Generator Room	Remote Light	RL-4	[X]	[X]			[X] [ ]
7	Zone 6 Large Boiler Room	Thermal Det.	DT-200CP	[X]	[X]			[X] [ ]
8	Zone 6 Large Boiler Room	Remote Light	RL-4	[X]	[X]			[X] [ ]
9	Zone 7 Sprinkler A Alarm	Flow Switch	PS10-2	[X]	[ ]	EOL Tested by Others		[X] [ ]
10	Zone 7 Sprinkler A Trouble	Tamper	OSYS-B	[X]	[ ]	Tested by Others		[X] [ ]
11	Zone 8 Sprinkler A Wet Alarm	Flow Switch	VSR-F	[X]	[ ]	EOL Tested by Others		[X] [ ]
12	Zone 8 Sprinkler A Trouble	Tamper	OSYS-B	[X]	[ ]	Tested by Others		[X] [ ]
13	Zone 9 Sprinkler E Wet Alarm	Flow Switch		[X]	[ ]	EOL Tested by Others		[X] [ ]
14	Zone 9 Sprinkler E Trouble	Tamper	OSYS-B	[X]	[ ]	Tested by Others		[X] [ ]
15	Zone 9 Supply Wing E Rear Kitchen Glycol	Tamper	OSYS-B	[X]	[ ]	Tested by Others		[X] [ ]
16	Zone 10 Sprinkler E Dry Alarm	Flow Switch	EPS10-2	[X]	[ ]	EOL Tested by Others		[X] [ ]
17	Zone 10 Sprinkler E Trouble	Tamper	OSYS-B	[X]	[ ]	Tested by Others		[X] [ ]
18	Zone 10 Sprinkler E Trouble	Low Air	PS40-2A	[X]	[ ]	Tested by Others		[X] [ ]

Detector LED confirms normal sensitivity during visual check.

	INITIATING DEVICE CIRCUIT & DEVICE LOCATION	SERIAL NUMBER	MODEL NUMBER	VISUAL CHECK	FUNCTIONAL CHECK	FACTORY SETTING	MEASURED SENSITIVITY	PASS or FAIL
1	Zone 11 Activities Area Hall EP5	Manual Station	MS-51	[X]	[X]			[X] [ ]
2	Zone 11 Rehab Exit ADC1	Manual Station	MS-51	[X]	[X]			[X] [ ]
3	Zone 11 Activities Center Hall EACS3	4021143	DI-3	[X]	[X]	2.5/5.8	3.4	[X] [ ]
4	Zone 11 Activities Center Hall EACS2	4045885-8120910	DI-3	[X]	[X]	2.5/5.8	3.5	[X] [ ]
5	Zone 11 Activities Center Hall EACS1	4083948	DI-3	[X]	[X]	2.5/5.8	4.2	[X] [ ]
6	Zone 11 Activities Area Elec. Rm ECCS	404792	DI-3	[X]	[X]	2.5/5.8	3.9	[X] [ ]
7	Zone 11 Rehab Office EACTS0	10F27100	DI-2	[X]	[X]	2.0/6.0	4.0	[X] [ ]
8	Zone 11 Activities Area Elec. Rm ECCH	Thermal	DT-135R	[X]	[X]	EOL	No Date	[X] [ ]
9	Zone 11 Activity Room Exit AD1	Manual Station	MS-51	[X]	[X]			[X] [ ]
10	Zone 11 Rehab EACTS1	4652060	DI-3	[X]	[X]	2.5/5.8	3.5	[X] [ ]
11	Zone 11 Rehab EACTS2	4652066	DI-3	[X]	[X]	2.5/5.8	3.5	[X] [ ]
12	Zone 11 Activity Hall EP6	Manual Station	MS-51	[X]	[X]			[X] [ ]
13	Zone 12 Computer Room Halon		CP-2HR	[X]	[X]			[X] [ ]
14	Zone 13 Kitchen Hood CO2 Discharge		ZN-31U	[X]	[ ]	Tested by Others		[X] [ ]
15	Zone 14 Freezer Glycol Loop	Flow Switch	ZN-31U	[X]	[ ]	Tested by Others		[X] [ ]

Detector LED confirms normal sensitivity during visual check.

E. R. Field, Inc
Taylor Hill Rd.

NOTIFICATION APPLIANCE TESTS

Lewiston, Maine
800-222-7976

	NOTIFICATION APPLIANCE CIRCUIT and APPLIANCE LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	"A" Wing Team 1	Horn/Light	AV-32/6120	[X]	[ ]	AT1
2	"A" Wing Team 2	Horn/Light	AV-32/6120	[X]	[ ]	AT2
3	"A" Wing Rehab Gym	Strobe	RSS-241575W	[X]	[ ]	Rehab 3
4	"A" Wing Rehab Gym Bathroom	Strobe	RSS-241575W	[X]	[ ]	(no label)
5	"A" Wing Rehab Gym	Strobe	RSS-241575W	[X]	[ ]	Rehab 2
6	"B" Wing Team 1	Horn/Light	AV-32/6120	[X]	[ ]	BT1
7	"B" Wing Team 2	Horn/Light	AV-32/6120	[X]	[ ]	BT2 (no label)
8	"C" Wing Team 1	Horn/Light	AV-32/6120	[X]	[ ]	
9	"C" Wing Team 2	Horn/Light	AV-32/6120	[X]	[ ]	
10	"D" Wing Team 1	Horn/Light	AV-32/6120	[X]	[ ]	DT1
11	"D" Wing Team 2	Horn/Light	AV-32/6120	[X]	[ ]	DT2
12	"E" Wing Main Lobby	Horn/Light	AV-32/6120	[X]	[ ]	E LB1
13	"E" Wing Kitchen	Horn/Light	AV-32/6120	[X]	[ ]	E K1
14	"E" Wing Lunch Box (NAC-3)	Horn/Light	AV-32/6120	[X]	[ ]	E BRK Rm 1
15	"E" Wing Laundry Room (NAC-1)	Horn/Light	AV-32/6120	[X]	[ ]	E Laundry 2
16	"E" Wing Outside Laundry Room	Horn/Light	AV-32/6120	[X]	[ ]	E Laundry 1
17	"E" Wing By Food Storage	Horn/Light	AV-32/6120	[X]	[ ]	E FSR1
18	Activities & Rehab Hall (NAC-3)	Horn/Light	AV-32/6120	[X]	[ ]	E CHP1
19	Activities & Rehab Above Door	Horn/Light	AV-32/6120	[X]	[ ]	ADC1
20	Activities & Rehab Auditorium	Horn/Light	AV-32/6120	[X]	[ ]	AUD1

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

DOOR HOLDER TESTS

Lewiston, Maine
800-222-7976

	DOOR HOLDER LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	"A" Wing Corridor to E Wing	Door Holder		[X]	[ ]	Magnet
2	"A" Wing Corridor to E Wing	Door Holder		[X]	[ ]	Magnet
3	"A" Wing Rehab Office	Door Holder		[X]	[ ]	Magnet
4	"A" Wing Rehab Gym	Door Holder		[X]	[ ]	Magnet
5	"A" Wing Corridor by Nurse Station	Door Holder		[X]	[ ]	Magnet
6	"A" Wing Corridor by Nurse Station	Door Holder		[X]	[ ]	Magnet
7	"A" Wing Soiled Linen (Disabled)	Door Holder		[X]	[ ]	Door Stays Closed
8	"A" Wing A1	Door Holder		[X]	[ ]	Magnet
9	"A" Wing A2	Door Holder		[X]	[ ]	Magnet
10	"A" Wing A3	Door Holder		[X]	[ ]	Magnet
11	"A" Wing A4	Door Holder		[X]	[ ]	Magnet
12	"A" Wing A5	Door Holder		[X]	[ ]	Magnet
13	"A" Wing A6	Door Holder		[X]	[ ]	Magnet
14	"A" Wing Corridor to Activity Area	Door Holder		[X]	[ ]	Magnet
15	"A" Wing Corridor to Activity Area	Door Holder		[X]	[ ]	Magnet
16	"A" Wing A7	Door Holder		[X]	[ ]	Door Closer
17	"A" Wing A8	Door Holder		[X]	[ ]	Magnet
18	"A" Wing A9	Door Holder		[X]	[ ]	Magnet
19	"A" Wing A10	Door Holder		[X]	[ ]	Magnet
20	"A" Wing A11	Door Holder		[X]	[ ]	Magnet
21	"A" Wing A12	Door Holder		[X]	[ ]	Magnet
22	"A" Wing A13	Door Holder		[X]	[ ]	Magnet
23	"A" Wing A14	Door Holder		[X]	[ ]	Magnet
24	"A" Wing A15	Door Holder		[X]	[ ]	Magnet
25	"A" Wing A16	Door Holder		[X]	[ ]	Magnet
26	"A" Wing A17	Door Holder		[X]	[ ]	Magnet
27	"A" Wing A18	Door Holder		[X]	[ ]	Magnet
28	"A" Wing A19	Door Holder		[X]	[ ]	Magnet

E. R. Field, Inc
Taylor Hill Rd.

DOOR HOLDER TESTS

Lewiston, Maine
800-222-7976

	DOOR HOLDER LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	"B" Wing Corridor to E Wing	Door Holder		[X]	[ ]	Magnet
2	"B" Wing Corridor to E Wing	Door Holder		[X]	[ ]	Magnet
3	"B" Wing Corridor at Nurses Station	Door Holder		[X]	[ ]	Magnet
4	"B" Wing Corridor at Nurses Station	Door Holder		[X]	[ ]	Magnet
5	"B" Wing B1	Door Holder		[X]	[ ]	Door Closer
6	"B" Wing B2	Door Holder		[X]	[ ]	Door Closer
7	"B" Wing B3	Door Holder		[X]	[ ]	Magnet
8	"B" Wing B4	Door Holder		[X]	[ ]	Magnet
9	"B" Wing B5	Door Holder		[X]	[ ]	Magnet
10	"B" Wing B6	Door Holder		[X]	[ ]	Magnet
11	"B" Wing B7	Door Holder		[X]	[ ]	Magnet
12	"B" Wing B8	Door Holder		[X]	[ ]	Magnet
13	"B" Wing B9	Door Holder		[X]	[ ]	Magnet
14	"B" Wing B10	Door Holder		[X]	[ ]	Magnet
15	"B" Wing B11	Door Holder		[X]	[ ]	Magnet
16	"B" Wing B12	Door Holder		[X]	[ ]	Magnet
17	"B" Wing B13	Door Holder		[X]	[ ]	Magnet
18	"B" Wing B14	Door Holder		[X]	[ ]	Door Closer
19	"B" Wing B15	Door Holder		[X]	[ ]	Magnet
20	"B" Wing B16	Door Holder		[X]	[ ]	Magnet
21	"B" Wing B17	Door Holder		[X]	[ ]	Magnet
22	"B" Wing B18	Door Holder		[X]	[ ]	Magnet
23	"B" Wing B19	Door Holder		[X]	[ ]	Magnet
24	"B" Wing B20	Door Holder		[X]	[ ]	Magnet
25	"B" Wing B21	Door Holder		[X]	[ ]	Magnet
26	"B" Wing B22	Door Holder		[X]	[ ]	Magnet
27	"B" Wing Doctors Office	Door Holder		[X]	[ ]	Magnet
28	"B" Wing B23	Door Holder		[X]	[ ]	Magnet
29	"B" Wing Food Service Office	Door Holder		[X]	[ ]	Magnet

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

DOOR HOLDER TESTS

Lewiston, Maine
800-222-7976

	DOOR HOLDER LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FAIL	COMMENT
1	"C" Wing Corridor	Door Holder		[X]	[ ]	Magnet
2	"C" Wing Corridor	Door Holder		[X]	[ ]	Magnet
3	"C" Wing Corridor	Door Holder		[X]	[ ]	Magnet
4	"C" Wing Corridor	Door Holder		[X]	[ ]	Magnet
5	"C" Wing Office	Door Holder		[X]	[ ]	Door Closer
6	"C" Wing Office	Door Holder		[X]	[ ]	Magnet
7	"C" Wing C1	Door Holder		[X]	[ ]	Magnet
8	"C" Wing C2	Door Holder		[X]	[ ]	Magnet
9	"C" Wing C3	Door Holder		[X]	[ ]	Magnet
10	"C" Wing C4	Door Holder		[X]	[ ]	Magnet
11	"C" Wing C5	Door Holder		[X]	[ ]	Magnet
12	"C" Wing C6	Door Holder		[X]	[ ]	Magnet
13	"C" Wing C7	Door Holder		[X]	[ ]	Magnet
14	"C" Wing C8	Door Holder		[X]	[ ]	Magnet
15	"C" Wing C9	Door Holder		[X]	[ ]	Magnet
16	"C" Wing C10	Door Holder		[X]	[ ]	Magnet
17	"C" Wing C11	Door Holder		[X]	[ ]	Magnet
18	"C" Wing C12	Door Holder		[X]	[ ]	Door Closer
19	"C" Wing C13	Door Holder		[X]	[ ]	Magnet
20	"C" Wing C14	Door Holder		[X]	[ ]	Magnet
21	"C" Wing C15	Door Holder		[X]	[ ]	Magnet
22	"C" Wing C16	Door Holder		[X]	[ ]	Magnet
23	"C" Wing C17	Door Holder		[X]	[ ]	Magnet
24	"C" Wing C18	Door Holder		[X]	[ ]	Magnet
25	"C" Wing C19	Door Holder		[X]	[ ]	Magnet
26	"C" Wing C20	Door Holder		[X]	[ ]	Magnet
27	"C" Wing C21	Door Holder		[X]	[ ]	Magnet
28	"C" Wing C22	Door Holder		[X]	[ ]	Magnet
29	"C" Wing C23	Door Holder		[X]	[ ]	Magnet
30	"C" Wing C24	Door Holder		[X]	[ ]	Magnet
31	"C" Wing Corridor Main Door	Door Lock		[X]	[ ]	

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

DOOR HOLDER TESTS

Lewiston, Maine
800-222-7976

	DOOR HOLDER LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FAIL	COMMENT
1	"D" Wing Corridor	Door Holder		[X]	[ ]	Magnet
2	"D" Wing Corridor	Door Holder		[X]	[ ]	Magnet
3	"D" Wing Corridor	Door Holder		[X]	[ ]	Magnet
4	"D" Wing Corridor	Door Holder		[X]	[ ]	Magnet
5	"D" Wing	Door Holder		[X]	[ ]	Door Closer
6	"D" Wing D1	Door Holder		[X]	[ ]	Magnet
7	"D" Wing D2	Door Holder		[X]	[ ]	Magnet
8	"D" Wing D3	Door Holder		[X]	[ ]	Magnet
9	"D" Wing D4	Door Holder		[X]	[ ]	Magnet
10	"D" Wing D5	Door Holder		[X]	[ ]	Magnet
11	"D" Wing D6	Door Holder		[X]	[ ]	Magnet
12	"D" Wing D7	Door Holder		[X]	[ ]	Magnet
13	"D" Wing D8	Door Holder		[X]	[ ]	Magnet
14	"D" Wing D9	Door Holder		[X]	[ ]	Magnet
15	"D" Wing D10	Door Holder		[X]	[ ]	Magnet
16	"D" Wing D11	Door Holder		[X]	[ ]	Magnet
17	"D" Wing D12	Door Holder		[X]	[ ]	Magnet
18	"D" Wing D13	Door Holder		[X]	[ ]	Door Closer
19	"D" Wing D14	Door Holder		[X]	[ ]	Magnet
20	"D" Wing D15	Door Holder		[X]	[ ]	Magnet
21	"D" Wing D16	Door Holder		[X]	[ ]	Magnet
22	"D" Wing D17	Door Holder		[X]	[ ]	Magnet
23	"D" Wing D18	Door Holder		[X]	[ ]	Magnet
24	"D" Wing D19	Door Holder		[X]	[ ]	Magnet
25	"D" Wing D20	Door Holder		[X]	[ ]	Magnet
26	"D" Wing D21	Door Holder		[X]	[ ]	Magnet
27	"D" Wing D22	Door Holder		[X]	[ ]	Magnet
28	"D" Wing D23	Door Holder		[X]	[ ]	Magnet
29	"D" Wing D24	Door Holder		[X]	[ ]	Magnet
30	"D" Wing D25	Door Holder		[X]	[ ]	Magnet

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

DOOR HOLDER TESTS

Lewiston, Maine
800-222-7976

	DOOR HOLDER LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	"E" Wing Classroom	Door Holder		[X]	[ ]	Magnet
2	"E" Wing Maintenance Area Corridor	Door Holder		[X]	[ ]	Magnet
3	"E" Wing Maintenance Area Corridor	Door Holder		[X]	[ ]	Magnet
4	"E" Wing Laundry	Door Holder		[X]	[ ]	Magnet
5	"E" Wing Laundry	Door Holder		[X]	[ ]	Magnet
6	"E" Wing Maint. Office Area	Door Holder		[X]	[ ]	Magnet
7	"E" Wing Office	Door Holder		[X]	[ ]	Magnet
8	"E" Wing Dining Rm to Kitchen	Door Holder		[X]	[ ]	Magnet
9	"E" Wing Dining Rm	Door Holder		[X]	[ ]	Magnet
10	"E" Wing Dining Rm	Door Holder		[X]	[ ]	Magnet
11	"E" Wing Activity Hall to E Wing	Door Holder		[X]	[ ]	Magnet
12	"E" Wing Activity Hall to E Wing	Door Holder		[X]	[ ]	Magnet
13	"E" Wing Activity Room	Door Holder		[X]	[ ]	Magnet
14	"E" Wing Activity Room	Door Holder		[X]	[ ]	Magnet
15	"E" Wing Chapel	Door Holder		[X]	[ ]	Magnet
16	"E" Wing Auditorium	Door Holder		[X]	[ ]	Magnet
17	"E" Wing Auditorium	Door Holder		[X]	[ ]	Magnet
18	"E" Wing Kitchen Mech Rm	Door Holder		[X]	[ ]	Magnet
19	"E" Wing Kitchen Mech Rm	Door Holder		[X]	[ ]	Magnet
20	"E" Wing Kitchen to Hall K1	Door Holder		[X]	[ ]	Magnet
21	"E" Wing Kitchen, Dishwashing Hall	Door Holder		[X]	[ ]	Magnet
22	"E" Wing Kitchen, Back Hall K3	Door Holder		[X]	[ ]	Magnet
23	"E" Wing Lunch Room	Door Holder		[X]	[ ]	Magnet
24	"E" Wing Laundry, Clean	Door Holder		[X]	[ ]	Magnet
25	"E" Wing Central Supplies	Door Holder		[X]	[ ]	Magnet
26	"E" Wing Medical Records	Door Holder		[X]	[ ]	Magnet

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

E. R. Field, Inc
Taylor Hill Rd.

Lewiston, Maine
800-222-7976

NOTIFICATION APPLIANCE TESTS

BY:_____

	NOTIFICATION APPLIANCE CIRCUIT and APPLIANCE LOCATION	APPLIANCE TYPE	MODEL NUMBER	FUNCTION CHECK PASS	FUNCTION CHECK FAIL	COMMENT
1	Main Entrance Annunciator			[ ]	[ ]	
2	Zone 1 Wing A	Annunciator	RAL-12	[X]	[ ]	
3	Zone 2 Wing B	Annunciator	RAL-12	[X]	[ ]	
4	Zone 3 Wing C	Annunciator	RAL-12	[X]	[ ]	
5	Zone 4 Wing D	Annunciator	RAL-12	[X]	[ ]	
6	Zone 5 Wing E	Annunciator	RAL-12	[X]	[ ]	
7	Zone 6 Generator Room	Annunciator	RAL-12	[X]	[ ]	
8	Zone 7 Sprinkler A	Annunciator	RAL-12	[X]	[ ]	
9	Zone 8 Sprinkler A	Annunciator	RAL-12	[X]	[ ]	
10	Zone 9 Sprinkler E	Annunciator	RAL-12	[X]	[ ]	
11	Zone 10 Sprinkler E Dry	Annunciator	RAL-12	[X]	[ ]	
12	Zone 11 Activities Center & Rehab	Annunciator	RAL-12	[X]	[ ]	
13	Zone 12 Computer Room	Annunciator	RAL-12	[X]	[ ]	
14	Nurse's Station "A" Wing			[ ]	[ ]	
15	Zone 1 Wing A	Annunciator	RAL-12	[X]	[ ]	
16	Zone 2 Wing B	Annunciator	RAL-12	[X]	[ ]	
17	Zone 3 Wing C	Annunciator	RAL-12	[X]	[ ]	
18	Zone 4 Wing D	Annunciator	RAL-12	[X]	[ ]	
19	Zone 5 Wing E	Annunciator	RAL-12	[X]	[ ]	
20	Zone 6 Generator Room	Annunciator	RAL-12	[X]	[ ]	
21	Zone 7 Sprinkler A	Annunciator	RAL-12	[X]	[ ]	
22	Zone 8 Sprinkler A	Annunciator	RAL-12	[X]	[ ]	
23	Zone 9 Sprinkler E	Annunciator	RAL-12	[X]	[ ]	
24	Zone 10 Sprinkler E Dry	Annunciator	RAL-12	[X]	[ ]	
25	Zone 11 Activities Center & Rehab	Annunciator	RAL-12	[X]	[ ]	
26	Zone 12 Computer Room	Annunciator	RAL-12	[X]	[ ]	

Customer name: St. Joseph's Rehab./Residence
System number: _____

Date serviced: 1/24/24

Joel Rogers #353

RECEIVED
SEP 15 2024
BY:_____

From: Joel Rogers
Sent: Thursday, August 22, 2024 11:40 AM
To: Chad.R.Charland@maine.gov
Subject: FW: Message from KM_C650i
Attachments: SKM_C650i24082211270.pdf

Hi. Copy of 5 year test and sprinkler head replaced. Tomorrow we will inspect 100% of fire extinguishers. Thank you.

From: copierscan@sjrme.org <copierscan@sjrme.org>
Sent: Thursday, August 22, 2024 11:27 AM
To: Joel Rogers <jrogers@sjrme.org>
Subject: Message from KM_C650i

Front

High Tech Fire Protection

5 YEAR OBSTRUCTION INVESTIGATION

User	Form start	Form complete	Location
Howard McNally	8/21/2024 8:33 AM	8/21/2024 1:28 PM	

Page 1

Name of Property:	St. Joseph's Manor A-Wing
Address of Property:	1133 Washington Ave Portland Maine
Name of Inspector:	Howard McNally
License Number:	381
Date:	8/21/2024
System Inspection Frequency:	Quarterly

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SEP 15 2024
BY:_____

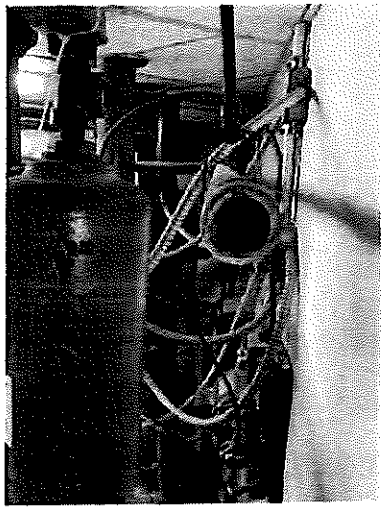
System Info & Investigation Report

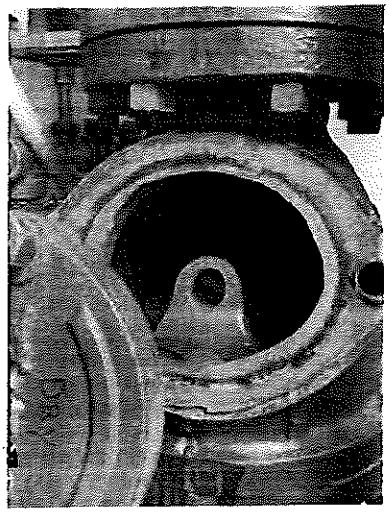
Repeatable - 1 Count

1 of 1

System Number:	#1 A- Wing
Date of Previous Investigation- if known:	7/16/2019
System Type:	Dry
Water Gauges Updated:	Yes
How Many:	3
Air Gauges Updated:	Yes
How Many:	2
Compound (pump) Gauges Updated:	No
Condition of Main Examined:	Ok
Condition of Branch Line Examined:	Ok
Do conditions Warrant Further Investigation:	No
Report to Jerry	Jbosse@htfp.me
Do Conditions Warrant Flushing:	No
Photos if needed	

5 YEAR OBSTRUCTION INVESTIGATION





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High Tech Fire Protection

FIRE SPRINKLER SYSTEM INSP

User	Form start	Form complete	Location
Howard McNally	8/21/2024 10:39 AM	8/21/2024 1:26 PM	1379 Washington Ave, Portland, Maine 04103

Page 1

Contract - Report #	2540SQ
Name of Property	St.Joseph's Manor A-wing
Address of property	1133 Washington Ave Portland Maine
Inspectors Name	Howard McNally
License number	381
Date	8/21/2024
Inspection Frequency.	Quarterly
Inspection Number	1 of 4

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BY:_____

System Info - CLICK HERE — Repeatable - 2 Count

1 of 2

Main Drain Flow Test - Start	
Main Drain Flow Test -System Type	Wet
Stat. PSI	91
Rls. PSI	65
Air Pressure PSI	Na
Valve Type	4" Viking alarm valve
Time to ring Water flow alarm	50
Main Drain Flow Test - End	

2 of 2

Main Drain Flow Test - Start	
Main Drain Flow Test -System Type	Dry
Stat. PSI	90

FIRE SPRINKLER SYSTEM INSP

Rls. PSI	65
Air Pressure PSI	35
Valve Type	4" Viking Dry valve
Time to ring Water flow alarm	10
Main Drain Flow Test - End	
System in service on inspection	Yes
Valve assembly appears free of damage	Yes
Dry Valve Trip	No
Reason	Trip done on different day
Trim Valves in appropriate position	Yes
Intermediate chamber leak tight	Yes
Compressor operational	Yes
Oil level full upon inspection	N/A
High/Low pressure switches operational	Yes
Automatic air maintenance device operational	N/A
Control Valve locked/tamper/seal open	Yes
Yes	☑ Locked open ☑ Tamper ☑ Seal open
Backflow valve locked open/tamper/seal	N/A
Valves execised	Yes
How many?	3
Tamper switches appear operational	Yes
Tampers tested	Yes
How many?	3

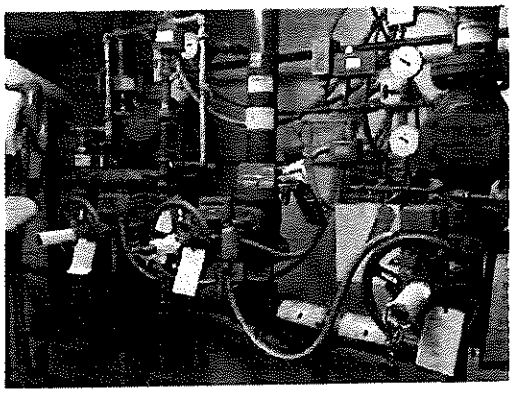
FIRE SPRINKLER SYSTEM INSP

Valve area accessible	Yes
Main Check Valve holding pressure	Yes
Fire Dept. Connection	Yes
FDC Location	Front of building
FDC plainly visible	Yes
FDC easily accessible	Yes
FDC swivels non-binding rotation	Yes
Fire Dept. Connection caps/plugs in place	Yes
Fire Dept. Connection gaskets/signs in place	Yes
Fire Dept. Connection ball drip drain drip free	Yes
Exterior alarms properly identified	Yes
Exterior alarms appear operational	Yes
Interior alarms appear operational	Yes
Extra heads in spare head cabinet	Yes
Head wrench for each type of head	Yes
Pump In Service	N/A
Annual Full walk thru done this inspection	No- Done on a different date
Wet pipe areas appear properly heated	Yes
Known Auxilary Drains checked	N/A - checked on different date
Dry Pipe System-Location of all Low Point drains posted	Yes

FIRE SPRINKLER SYSTEM INSP

Disclaimer -*If applicable (Dry Pipe systems only)	*If applicable (dry pipe systems only) We will check the "known" low point drains annually. The owner is responsible for supplying the number of low point drains as well as their location within the building. The owner is responsible for seeing that the low point drains are checked and maintained throughout the year especially at times when the system may be exposed to freezing temperatures. High Tech Fire Protection assumes no responsibility for any damages that may incur due to freezing. Further, we assume no responsibility for inadequate or missing information on locations of low point drains within the building.
All valves identified with signage	Yes
System design nameplate attached	Yes
Water flow alarm devices activated	Yes
Gauges appear operating properly	Yes
Did alarm supervisory co. receive signal properly?	Yes
Did alarm panel reset properly?	Yes
Alarm Panel Clear after inspection completed?	Yes
System left in service	Yes
Anti-Freeze Loops checked	Checked on a different date
5yr Items due	No
Date last done	8/21/2024
Comments - Start	
Report to Jerry	jbosse2@htfp.me
Comments - End	
Photos - If needed	

FIRE SPRINKLER SYSTEM INSP



Was this Inspection free of deficiencies or concerns?	Yes

FIRE SPRINKLER SYSTEM INSP

Disclaimer-Per NFPA25- 2014 Edition

4.1.1 Responsibility for inspection, testing, maintenance, and impairment. - The property owner or designated representative shall be responsible for properly maintaining a water-based fire protection system.
4.1.6 Changes in the occupency, use, process, or materials. - The property owner or designated representative shall not make changes in the occupency, the use or process, or the materials used or stored in the building without evaluation of the fire protection systems for their capability to protect the new occupancy, use, or materials. *It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best knowledge of the party providing such information. PLEASE CONTACT US IF YOU WISH TO DISCUSS OR REQUEST A QUOTE TO CORRECT ANY OF THE NOTED DEFICIENCIES ON THIS REPORT. Thank you

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BY:

High Tech Fire Protection

Thursday, August 22, 2024
7:38:00 AM

5 YEAR OBSTRUCTION INVESTIGATION

User	Form start	Form complete	Location
Howard McNally	8/21/2024 11:55 AM	8/21/2024 1:27 PM	1379 Washington Ave, Portland, Maine 04103

Page 1

Name of Property:	St. Joeseph's Manor B-wing
Address of Property:	1133 Washington Ave Portland Maine
Name of Inspector:	Howard McNally
License Number:	381
Date:	8/21/2024
System Inspection Frequency:	Quarterly

System Info & Investigation Report

Repeatable - 1 Count

System Number:	#1 B- Wing
Date of Previous Investigation- if known:	7/18/2019
System Type:	Dry
Water Gauges Updated:	Yes
How Many:	3
Air Gauges Updated:	Yes
How Many:	2
Compound (pump) Gauges Updated:	No
Condition of Main Examined:	Ok
Condition of Branch Line Examined:	Ok
Do conditions Warrant Further Investigation:	No
Do Conditions Warrant Flushing:	No

High Tech Fire Protection

FIRE SPRINKLER SYSTEM INSP

User	Form start	Form complete	Location
Howard McNally	8/21/2024 12:00 PM	8/21/2024 1:27 PM	1379 Washington Ave, Portland, Maine 04103

Page 1

Contract - Report #	2540SQ
Name of Property	St. Joseph's Manor - B wing
Address of property	1133 Washington Ave Portland Maine
Inspectors Name	Howard McNally
License number	381
Date	8/21/2024
Inspection Frequency.	Quarterly
Inspection Number	1 of 4

System Info. - CLICK HERE — Repeatable - 2 Count

1 of 2

Main Drain Flow Test - Start	
Main Drain Flow Test -System Type	Wet
Stat. PSI	95
Rls. PSI	91
Air Pressure PSI	65
Valve Type	4" firematic
Time to ring Water flow alarm	35
Main Drain Flow Test - End	

2 of 2

Main Drain Flow Test - Start	
Main Drain Flow Test -System Type	Dry
Stat. PSI	90

FIRE SPRINKLER SYSTEM INSP

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Rls. PSI	60
Air Pressure PSI	41
Valve Type	4" Viking
Time to ring Water flow alarm	5
Main Drain Flow Test - End	
System in service on inspection	Yes
Valve assembly appears free of damage	Yes
Dry Valve Trip	No
Reason	Trip done on different day
Trim Valves in appropriate position	Yes
Intermediate chamber leak tight	Yes
Compressor operational	Yes
Oil level full upon inspection	N/A
High/Low pressure switches operational	Yes
Automatic air maintenance device operational	N/A
Control Valve locked/tamper/seal open	Yes
Yes	☑ Locked open ☑ Tamper ☑ Seal open
Backflow valve locked open/tamper/seal	N/A
Valves excised	Yes
How many?	2
Tamper switches appear operational	Yes
Tampers tested	Yes
Valve area accessible	Yes

FIRE SPRINKLER SYSTEM INSP

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BY:_____

Main Check Valve holding pressure	Yes
Fire Dept. Connection	Yes
FDC Location	Loading dock
FDC plainly visible	Yes
FDC easily accessible	Yes
FDC swivels non-binding rotation	Yes
Fire Dept. Connection caps/plugs in place	Yes
Fire Dept. Connection gaskets/signs in place	Yes
Fire Dept. Connection ball drip drain drip free	Yes
Exterior alarms properly identified	Yes
Exterior alarms appear operational	Yes
Interior alarms appear operational	Yes
Extra heads in spare head cabinet	Yes
Head wrench for each type of head	Yes
Pump in Service	N/A
Annual Full walk thru done this inspection	No- Done on a different date
Wet pipe areas appear properly heated	Yes
Known Auxilary Drains checked	N/A - checked on different date
Dry Pipe System-Location of all Low Point drains posted	Yes

FIRE SPRINKLER SYSTEM INSP

Disclaimer -*If applicable (Dry Pipe systems only)	*If applicable (dry pipe systems only) We will check the "known" low point drains annually. The owner is responsible for supplying the number of low point drains as well as their location within the building. The owner is responsible for seeing that the low point drains are checked and maintained throughout the year especially at times when the system may be exposed to freezing temperatures. High Tech Fire Protection assumes no responsibility for any damages that may incur due to freezing. Further, we assume no responsibility for inadequate or missing information on locations of low point drains within the building.
All valves identified with signage	Yes
System design nameplate attached	Yes
Water flow alarm devices activated	Yes
Gauges appear operating properly	Yes
Did alarm supervisory co. receive signal properly?	Yes
Did alarm panel reset properly?	Yes
Alarm Panel Clear after inspection completed?	Yes
System left in service	Yes
Anti-Freeze Loops checked	N/A
5yr Items due	No
Date last done	8/21/2024
Comments - Start	
Report to Jerry	jbosse2@htfp.me
Comments - End	
Photos - If needed	

FIRE SPRINKLER SYSTEM INSP

Was this Inspection free of deficiencies or concerns?	Yes

FIRE SPRINKLER SYSTEM INSP

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