



SFFD STATEMENT OF COMPLIANCE SYSTEM RECORD OF INSPECTION AND TESTING

This Statement of Compliance (SOC) form shall be filed with the San Francisco Fire Department every other year after the initial filing deadline per San Francisco Fire Code, Section 907.8.5. The SOC form shall also be posted in a common area on each floor of the building and will be made available for review on the sf-fire.org website.

This form shall be completed by the system inspection and testing contractor at the time of a system test.

Insert N/A in all unused lines.

1. PROPERTY INFORMATION

Name of property: Portside 2
 Address: 403 Main St.
 Description of property: High Rise Residential
 Name of property representative: Portside HOA
 Address: Building Management Office, 38 Bryant St., San Francisco, CA 94105
 Phone: 415-777-1696 Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: AECO Systems, Inc. License# 701510 - C10
 Address: 3512 Breakwater Ct., Hayward, CA 94545
 Phone: 510-342-0008 Fax: 510-342-0013 E-mail: _____
 Monitoring organization: Criticom

3. DOCUMENTATION

On-site location of the required record documents and/or site-specific software: FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: FCI Model number: FCI-7200

5. TESTING RESULTS *(Insert N/A in all unused lines)*

5.1 Control Unit and Related Equipment

Description	Visual Inspection (yes/no)	Functional Test (yes/no)	Comments
Control unit	YES	YES	
Lamps/LEDs/LCDs	YES	YES	
Fuses	YES	YES	
Trouble signals	YES	YES	
Disconnect switches	YES	YES	
Ground-fault monitoring	YES	YES	
Supervision	YES	YES	
Local annunciator	YES	YES	
Remote annunciators	YES	YES	
Remote power panels	YES	YES	
Battery condition	YES	YES	

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

5.2 Alarm and Supervisory Alarm Initiating Devices

Description	Visual Inspection	Functional Test	Comments
Smoke Detectors	YES	YES	PASSED
Heat Detectors	YES	YES	PASSED
Pull Stations	YES	YES	PASSED
Water Flow	YES	YES	PASSED
Tamper Switches	YES	YES	PASSED

5.3 Notification Appliances

Description	Visual Inspection	Functional Test	Comments
Horns/Bells	YES	YES	PASSED
Strobes	YES	YES	PASSED
Horn/Strobes	YES	YES	PASSED
Speaker/Strobes	YES	YES	PASSED
Speakers	YES	YES	PASSED

5.4 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	X		9:00am	
Alarm restoration	X		1:00pm	
Trouble signal/restoration	X		9:00am	
Supervisory signal/restoration	X		1:00pm	

Attach additional sheets, data, or calculations as necessary to provide a complete record.

6. SYSTEM TEST INFORMATION

Inspection/Test Start Date/Time: 8-15-18, 9:00am Inspection/Test Completion Date/Time: 8-16-18, 3:00pm

7. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, Chapter 14.

Signed: David Millen Printed name: David Millen Date: 9-6-18
 Organization: AECO SYSTEMS, Inc. Title: Operations Manager Phone: 510-342-0008

8. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

N/A

8.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: _____

Mail completed form to: **SFFD, Statement of Compliance**
 698 2nd Street, Room 109
 San Francisco, CA 94107