

SYSTEM RECORD OF COMPLETION

Form Completion Date: 11-7-2014 Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: MARQUIS LOFTS
Address: 33 LAFAYETTE STREET PORTLAND, ME. 04101
Description of property: CONDOMINIUMS
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: COREY ELECTRIC
Address: 609 MAIN STREET WESTBROOK, ME
Phone: 207-591-8131 Fax: 207-891-8153 E-mail: donny@corey-electric.com
Service organization: NORRIS INCORPORATED
Address: PO BOX 2551, 2257 WEST BROADWAY, SOUTH PORTLAND, ME. 04106
Phone: 1-800-370-3473 Fax: 207-879-0540 E-mail: service@norrisc.com
Testing organization: NORRIS INCORPORATED
Address: PO BOX 2551, 2257 WEST BROADWAY, SOUTH PORTLAND, ME. 04106
Phone: 1-800-370-3473 Fax: 207-879-0540 E-mail: service@norrisc.com
Effective date for test and inspection contract: _____
Monitoring organization: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: _____
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: NOTIFIER Model number: NFW-50

4.2 Software and Firmware

Firmware revision number: _____

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: NA Alarm verification set for NA seconds

SYSTEM RECORD OF COMPLETION *(continued)*

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3A

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20A

Branch circuit disconnecting means location: BACK STAIR GROUND LEVEL Number: CIRCUIT #10

5.1.2 Secondary Power

Type of secondary power: LEAD ACID BATTERIES

Location, if remote from the plant: NA

Calculated capacity of secondary power to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5.2 Control Unit

This system does not have power extender panels

Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	NA	YES	B	0
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	NA	NA
Notification Appliance	NA	YES	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
NA	NA

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	8	ADDRESSABLE	ALARM	NA
Smoke Detectors	3	ADDRESSABLE	ALARM	PHOTOELECTRIC
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	0	NA	NA	NA
Gas Detectors	0	NA	NA	NA
Waterflow Switches	2	ADDRESSABLE	SUPERVISORY	NA
Tamper Switches	4	ADDRESSABLE	SUPERVISORY	NA

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	0	
Combination Audible and Visible	9	HORN STROBE SET AT 75 CANDELLA

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet _____

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed name: DONNY HARMON Date: _____
 Organization: COREY ELECTRIC Title: FOREMAN Phone: _____

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
 Organization: NORRIS INC Title: _____ Phone: 1-800-370-3473

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____