



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 2/15/19 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: Thames St. Condos
Address: 166 Fore St. Portland, ME
Description of property: Condominiums, retail space
Name of property representative: N/A
Address: N/A
Phone: N/A Fax: N/A E-mail: N/A

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Seabee Electric
Address: 84 Pleasant Hill Rd. Scarborough, ME
Phone: 207-883-5448 Fax: N/A E-mail: N/A
Service organization: Norris, Inc
Address: 2257 West Broadway South Portland, ME
Phone: 800-370-3473 Fax: N/A E-mail: www.norrisinc.com
Testing organization: N/A
Address: N/A
Phone: N/A Fax: N/A E-mail: N/A
Effective date for test and inspection contract: N/A
Monitoring organization: HSMC
Address: N/A
Phone: 1-800-933-4762 Fax: N/A E-mail: N/A
Account number: 202-5294 Phone line 1: N/A Phone line 2: N/A
Means of transmission: Digital Communicator
Entity to which alarms are retransmitted: Portland FD Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [X] New system [] Modification to existing system Permit number: N/A
NFPA 72 edition: N/A

4.1 Control Unit

Manufacturer: Notifier Model number: NFW2-100

4.2 Software and Firmware

Firmware revision number: N/A

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.

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



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SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 3
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: Panel EP Sect 2 Number: 44

5.1.2 Secondary Power

Type of secondary power: Batteries
 Location, if remote from the plant: In FACP
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

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	1	N/A	A	N/A
Device Power	1	N/A	B	N/A
Initiating Device	N/A	N/A	N/A	N/A
Notification Appliance	6	N/A	A	N/A
Other (specify):	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
LCD	Main Entry

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	20	Addressable	Alarm	N/A
Smoke Detectors	31	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	2	Addressable	Alarm	Photoelectric
Heat Detectors	1	Addressable	Alarm	Thermal
Gas Detectors	7	Conventional	Supervisory	N/A
Waterflow Switches	8	Conventional	Alarm	N/A
Tamper Switches	10	Conventional	Supervisory	N/A



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible, and Combination Audible and Visible.

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown, Fire/Smoke Dampers, Door Unlocking, Elevator Recall, and Elevator Shunt Trip.

11. INTERCONNECTED SYSTEMS

- Interconnected systems checkboxes: 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: [Signature] Printed name: Ed Shaw Date: 2/15/19
Organization: Seabee Electric Title: Electrician Phone: 207-883-5448

12.2 System Operational Test

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

Signed: [Signature] Printed name: Wade Morin Date: 2/15/19
Organization: Norris, Inc Title: Technician Phone: 800-370-3473

12.3 Acceptance Test

Date and time of acceptance test:
Installing contractor representative:
Testing contractor representative: Wade Morin
Property representative: N/A
AHJ representative: N/A