SYSTEM RECORD OF COMPLETION

	Form Completion Date: 2/15/19	Supplemental Pages Attached:	
1.	PROPERTY INFORMATION		
	Name of property: Thames St. Condos		
	Address: 20 Thames St. Portland, ME		
	Description of property: Condominiums, retail space	No. of the control of	
	Name of property representative: N/A		
	Address: N/A		
	Phone: N/A Fax: N/A	E-mail: N/A	
2.	INSTALLATION, SERVICE, TESTING, AND MONIT	TORING 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		
		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		
		N/A Phone line 2: N/A	
	Entity to which alarms are retransmitted: Portland FD		
3.			
	On-site location of the required record documents and site-speci	ific software: N/A	
4.	DESCRIPTION OF SYSTEM OR SERVICE		
	This is a: ⊠ New system ☐ Modification to existing s	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	☑ This system does not incorporate alarm verification	
		Alarm verification set for secon	
	Number of devices subject to alarm verification:	Alain verification set for Secon	WD.



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Monitoring rygatization HSMC

SYSTEM RECORD OF COMPLETION (continued)

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Gas Detectors

Waterflow Switches

Tamper Switches

8

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5. SYSTEM POWER						
5.1 Control Unit						
5.1.1 Primary Power						
Input voltage of control pa	nel:12	20 VAC			Control panel amps:	3
Overcurrent protection: T	ype: Circu	uit Breaker			Amps: 20	
Branch circuit disconnecti	ng means locatio	n: Panel EF	Sect 2		Number: 44	
5.1.2 Secondary Power						
Type of secondary power:	Batter	ries				
Location, if remote from the	ne plant:	In FACP				
Calculated capacity of sec	ondary power to	drive the system	n:			
In standby mode (hours):	24			_ In ala	rm mode (minutes):	5
• , , ,						
5.2 Control Unit						
☐ This system does not h	nave power exter	nder panels				
☐ Power extender panels	are listed on sup	pplementary sh	eet A	*****		
6. CIRCUITS AND PAT	HWAYS					F
Pathway Type	Dual Med	lia Pathway	Separate Pa	thway	Class	Survivability Level
Signaling Line	1		N/A		Α	» N/A
Device Power	1		N/A		В	N/A
Initiating Device	N/A		N/A	400	N/A	N/A
Notification Appliance	6		N/A		Α	N/A
Other (specify):	N/A		N/A		N/A	N/A
7. REMOTE ANNUNCIA	ATORS		<u> </u>			•,
Туре				I	_ocation	
LCD		Main Entry		***************************************		
8. INITIATING DEVICE	S			-		
Type	Quantity		essable or ventional	Alarm	or Supervisory	Sensing Technology
Manual Pull Stations	20	Addressa		Alarm	-	- N/A
Smoke Detectors	31	Addressa	ble	Alarm		Photoelectric
Duct Smoke Detectors	2	Addressa	ble	Alarm		Photoelectric
Heat Detectors	1	Addressa	ble	Alarm		Thermal

Supervisory

Supervisory

Alarm

Conventional

Conventional

Conventional

N/A

N/A

N/A



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Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCE		B	
Туре	Quantity	Description	
Audible	N/A	N/A	
Visible	N/A	N/A	
Combination Audible and Visible	105	Horn Strobes	
10. SYSTEM CONTROL FUN	ICTIONS		
	Туре		Quantity
Hold-Open Door Releasing Devices			N/A
HVAC Shutdown			2
Fire/Smoke Dampers			10
Door Unlocking			N/A
Elevator Recall			1
Elevator Shunt Trip			N/A
11. INTERCONNECTED SYS	STEMS	medit ;	
☐ This system does not have int			
☐ Interconnected systems are li			
•			
12. CERTIFICATION AND A			
12.1 System Installation Cont			×
This system as specified herein	has been installed a	according to all NFPA standards cited herein.	
Signed: Od DW	V	Printed name: Ed Shaw	Date: 2/15/19
Organization: Seabee Elect	ric	Title: Electrician	Phone: 207-883-5448
12.2 System Operational Test	///		
This system as specified herein	has tested accordin	g to all NFPA standards cited herein.	
Signed:	11	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 te	st:		
Installing contractor representa	ttive:		
		Morin	
Property representative: N/A			
AHJ representative: N/A			



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