

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

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

Form Completion Date: 12/02/2016 Supplemental Pages Attached: Yes

1. PROPERTY INFORMATION

Name of property: 185 FORE STREET
Address: 185 FORE STREET PORTLAND MAINE
Description of property: APARTMENTS AND RETAIL
Name of property representative: NA
Address: NA
Phone: NA Fax: NA E-mail: NA

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: DIGITAL SKY
Address: Biddeford Maine 04005
Phone: 207-571-8156 Fax: NA E-mail: NA
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Effective date for test and inspection contract: NA
Monitoring organization: RAPID RESPONSE
Address: 400 W DIVISON STREET SYRACUSE, NY 13204
Phone: 800-932-3822 Fax: NA E-mail: RRMS.COM
Account number: T510129 Phone line 1: NA Phone line 2: NA
Means of transmission: AES Radio
Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: DOCUMENT CABINET @ FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

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

4.1 Control Unit

Manufacturer: POTTER Model number: P-300

4.2 Software and Firmware

Firmware revision number: 3.0.0.4

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4.3 Alarm Verification

This system does not incorporate alarm verification.

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

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5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5
 Overcurrent protection: Type: C.B. Amps: 15
 Branch circuit disconnecting means location: HP 2 Number: 15

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES – 12V / 18aH (2 batteries)
 Location, if remote from the plant: IN PANEL
 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	N/A	N/A	B	0
Device Power	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	N/A	N/A
Notification Appliance	N/A	N/A	B	0
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
LCD ALPHANUMERIC DISPLAY	MAIN VESTIBULE LOBBY
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	9	ADDRESSABLE	ALARM	CONTACT
Smoke Detectors	25	ADDRESSABLE	ALARM	PHOTOELECTRIC
Duct Smoke Detectors	NA	NA	NA	NA
Heat Detectors	3	ADDRESSABLE	ALARM	ROR/FIXED TEMP
Gas Detectors	2	ADDRESSABLE	GAS ALARM	CO
Waterflow Switches			ALARM	
Tamper Switches			SUPERVISORY	

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9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	27	MINI HORNS
Visible	NA	NA
Combination Audible and Visible	18	HORN STROBES

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	N/A
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	N/A
Elevator Recall	3
Elevator Shunt Trip	1
N/A	N/A
N/A	N/A

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet N/A.

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: James Beaulieu Date: 12/02/16
 Organization: Digital Sky Title: Low Voltage Electrical Technician Phone: 207-205-4269
1-888-617-7988

12.2 System Operational Test

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

Signed: [Signature] Printed name: Jordan Valliere Date: 12/2/2016
Jeremy Lambert
 Organization: protection professionals Title: tech Phone: 207-775-5755

12.3 Acceptance Test

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