



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 12-19-2018 Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: Austin Street Brewery
Address: 109 Fox Street
Description of property: Brewery with attached Bar/tasting room
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Deblois Electric
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Centra-Alarm (Add to Existing System)
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: Digital Communicator and AES Citybox
Entity to which alarms are retransmitted: Portland Fire 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: _____

4.1 Control Unit

Manufacturer: Firelite Model number: MS-9050UD

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: _____ 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: Existing Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: Existing – Batteries – Sealed Lead Acid

Location, if remote from the plant: _____

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	Add to Existing		B	
Device Power				
Initiating Device				
Notification Appliance	Add to Existing		B	
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations				
Smoke Detectors				
Duct Smoke Detectors	1	Addressable	Supervisory	Photo electric
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				



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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 (Quantity: 3, Description: Hornstrobes).

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown (Quantity: 1), Fire/Smoke Dampers, Door Unlocking, Elevator Recall, Elevator Shunt Trip, and Roll Down Door Release (Quantity: 1).

11. INTERCONNECTED SYSTEMS

- Interconnected systems checkboxes: checked for 'This system does not have interconnected systems.', unchecked for '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, Date, Organization, Title, Phone fields for contractor certification.

12.2 System Operational Test

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

Signed, Printed name (Michael Todd), Date (12-19-2018), Organization (Norris Inc), Title (Technician), Phone (883-3473) for operational test.

12.3 Acceptance Test

Date and time of acceptance test (12/21/18 11:30 AM), Installing contractor representative (Alex Cartonio), Testing contractor representative, Property representative, AHJ representative.

