



Norris Inc.

Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 12/5/18 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Bangor Savings

Address: 280 Fore St Portland ME

Description of property: Commercial

Name of property representative: Boulos Property Management

Address: _____

Phone: 207-871-1290 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Mancini Electric

Address: 179 Sheridan St, Portland ME

Phone: 207-774-5829 Fax: 207-879-0540 E-mail: mmerrill@mancinielectric.com

Service organization: Norris Inc

Address: 2257 West Broadway South Portland ME

Phone: 207-883-3473 Fax: 207-879-0540 E-mail: _____

Testing organization: Norris Inc.

Address: 2257 West Broadway South Portland ME

Phone: 207-883-3473 Fax: 207-879-0540 E-mail: _____

Effective date for test and inspection contract: n/a

Monitoring organization: HSMC

Address: Stowe Vt,

Phone: 800-933-4762 Fax: _____ E-mail: _____

Account number: 202-8259 Phone line 1: _____ Phone line 2: _____

Means of transmission: Slave dialer

Entity to which alarms are retransmitted: HSMC Phone: 800-933-4762

3. DOCUMENTATION

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

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: Notifier Model number: AFP200

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: 120VAC Control panel amps: _____

Overcurrent protection: Type: Breaker Amps: 15

Branch circuit disconnecting means location: Electrical Panel Number: _____

5.1.2 Secondary Power

Type of secondary power: SLA Batteries

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				
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	2			
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors	2			
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 (1), and Combination Audible and Visible (9).

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: [Name] Date: 12/5/18
Organization: Mancini Elec Title: Manager Phone: 207-774-5829

12.2 System Operational Test

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

Signed: [Signature] Printed name: Doug Driesen Date: 12/5/18
Organization: Norris Inc Title: Technician Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: n/a
Installing contractor representative:
Testing contractor representative: [Signature]
Property representative:
AHJ representative: