

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: 5.12.17 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: CIEE
Address: 300 Fore St
Description of property: Steel Block Construction, Sprinkled, Office spaces
Name of property representative: Ed Hume
Address: Pc Construction
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: BH Milliken
Address: 235 Presumpscot St c, Portland, ME 04103
Phone: 2078791877 Fax: _____ E-mail: _____
Service organization: Simplex Grinnell
Address: 30 Thomas Dr Westbrook Maine
Phone: 2078426440 Fax: _____ E-mail: _____
Testing organization: Same
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Simplex Grinnell
Address: Same
Phone: 2078426440 Fax: _____ E-mail: _____
Account number: 203 2435 Phone line 1: _____ Phone line 2: _____
Means of transmission: POTS
Entity to which alarms are retransmitted: Portiadrn Fire Department 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: 2007

4.1 Control Unit

Manufacturer: Simplex Model number: 4010

4.2 Software and Firmware

Firmware revision number: 4.02.01

4.3 Alarm Verification

This system does not incorporate alarm verification.
Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120v Control panel amps: 8
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: Electrical Panel Number: _____

5.1.2 Secondary Power

Type of secondary power: _____
 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		X	B	1
Device Power				
Initiating Device				
Notification Appliance		X	B	1
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
LCD	Front Lobby

8. INITIATING DEVICES

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

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	2	Basement storage and Bathroom
Combination Audible and Visible	5	1 st floor open area and basement storage

10. SYSTEM CONTROL FUNCTIONS

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

11. INTERCONNECTED SYSTEMS

- 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: *Jim Cote* Printed name: Jim Cote Date: 5.12.17
 Organization: BH Milliken Title: Electrician Phone: _____

12.2 System Operational Test

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

Signed: *Broni Gorelov* Printed name: Broni Gorelov Date: 5.12.17
 Organization: Simplex Title: Technician Phone: 2078426440

12.3 Acceptance Test

Date and time of acceptance test: 5.12.17
 Installing contractor representative: Jim Cote BH Milliken
 Testing contractor representative: Broni Gorelov Simplex
 Property representative: Ed Hume PC Construction *Ed Hume*
 AHJ representative: _____

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
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.*

Inspection/Test Start Date/Time: 5.12.17 Inspection/Test Completion Date/Time: _____
Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: CIEE
Address: 300 Fore St Portland Maine

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
AV 110cd	1 st Floor Open Office	Passed
AV 110cd	1 st Floor Open Office	Passed
AV 110cd	1 st Floor Open Office	Passed
AV 110cd	Basment Open Office	Passed
AV 15cd	Basment Shower	Passed
VO 15cd	Basement Bathroom	Passed
VO 75cd	Basement Storage	Passed