



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 12/6/18 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: Widgery Warf
Address: 218 Commercial St Portland ME
Description of property: Commercial
Name of property representative:
Address: 218 Commercial St Portland ME
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: BH Milliken
Address: 175 Anderson St Portland ME
Phone: 2078791877 Fax: E-mail:
Service organization: Norris Inc.
Address: 2257 West Broadway South Portland ME
Phone: 2078833473 Fax: 2078790540 E-mail:
Testing organization: Norris Inc
Address: 2257 West Broadway South Portland ME
Phone: 2078833473 Fax: 2078790540 E-mail:
Effective date for test and inspection contract: New system
Monitoring organization: ADT
Address: Portland ME
Phone: 2073475327 Fax: E-mail:
Account number: P0978181 Phone line 1: 8664812810 Phone line 2: 8664812811
Means of transmission: Uduct
Entity to which alarms are retransmitted: ADT Phone: 8882669632

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

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

4.1 Control Unit

Manufacturer: Notifier Model number: NFS-320

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 15 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: HP1 Number: 26

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 | | | B | |
| Device Power | | | B | |
| Initiating Device | | | | |
| Notification Appliance | | | B | |
| Other (specify): | | | | |

7. REMOTE ANNUNCIATORS

| Type | Location |
|------|------------|
| 1 | Main entry |
| | |

8. INITIATING DEVICES

| Type | Quantity | Addressable or Conventional | Alarm or Supervisory | Sensing Technology |
|----------------------|----------|-----------------------------|----------------------|--------------------|
| Manual Pull Stations | 9 | A | A | |
| Smoke Detectors | 49 | A | A | |
| Duct Smoke Detectors | 8 | A | S | |
| Heat Detectors | 6 | A | A | |
| Gas Detectors | 4 | A | A | |
| Waterflow Switches | | | | |
| Tamper Switches | | | | |



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

| Type | Quantity | Description |
|---------------------------------|----------|-------------|
| Audible | | |
| Visible | 13 | |
| Combination Audible and Visible | 17 | |

10. SYSTEM CONTROL FUNCTIONS

| Type | Quantity |
|----------------------------------|----------|
| Hold-Open Door Releasing Devices | |
| HVAC Shutdown | 8 |
| Fire/Smoke Dampers | |
| Door Unlocking | |
| Elevator Recall | 2 |
| 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: _____ Printed name: _____ Date: _____
Organization: BH Milliken Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: Doug Driesen Printed name: Doug Driesen Date: 12/6/18
Organization: Norris Inc. Title: Technician Phone: 2078833473

12.3 Acceptance Test

Date and time of acceptance test: 12/6/18
Installing contractor representative: _____
Testing contractor representative: Doug Driesen
Property representative: _____
AHJ representative: _____