

**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: 1-26-18 Supplemental Pages Attached: \_\_\_\_\_

**1. PROPERTY INFORMATION**

Name of property: 5 MOULTON ST 2<sup>ND</sup> FLR

Address: 5 MOULTON ST PORTLAND MAINE 04101

Description of property: MUKTI STORY OFFICE RETAIL

Name of property representative: MARIE GRESIK

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION**

Installation contractor: SIMPLEX GRINNELL

Address: 30 THOMAS DR WESTBROOK MAINE 04092

Phone: 207 842 6440 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service organization: SAME

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Testing organization: SAME

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Effective date for test and inspection contract: \_\_\_\_\_

Monitoring organization: CUNNINGHAM

Address: 10 PRINCES POINT RD YARMOUTH ME 04096

Phone: 8463350 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: 6630 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: PORTLAND 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: 2010

**4.1 Control Unit**

Manufacturer: SILENT KNIGHT Model number: SK5280

**4.2 Software and Firmware**

Firmware revision number: NA

**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: 6

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20

Branch circuit disconnecting means location: ELECTRIC ROOM 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			B	0
Device Power				
Initiating Device			B	0
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				
Smoke Detectors	2	CONVENTIONAL	ALARM	PHOTO
Duct Smoke Detectors				EXISTING RELOCATE
Heat Detectors				TESTED AND PASSED
Gas Detectors				
Waterflow Switches				
Tamper Switches				

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible	2	2 <sup>ND</sup> FL BATHROOMS TESTED AND PASSED
Combination Audible and Visible	4	2 <sup>ND</sup> FL LOBBY, HALL OFFICES TESTED AN PASSED

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	1 RELOCATE EXISTING
Elevator Shunt Trip	
	TESYED AND PASSED

**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: Broni Gorelov Printed name: BRONI GORELOV Date: 1-26-18  
 Organization: SIMPLEX Title: TECHNICIAN Phone: 2078426440

**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: 1-26-18  
 Organization: SIMPLEX Title: TECHNICIAN Phone: 2078426440

**12.3 Acceptance Test**

Date and time of acceptance test: 1-26-18  
 Installing contractor representative: BRONI GORELOV  
 Testing contractor representative: BRONI GORELOV  
 Property representative: MARIE GRESIK  
 AHJ representative: \_\_\_\_\_