



SYSTEM RECORD OF COMPLETION

PO Box 2051
2257 West Broadway
South Portland, ME 04106

1 800 370 3173
Fax 207 379 3143

Form Completion Date: 10-31-17 Supplemental Pages Attached: FCPS Form

1. PROPERTY INFORMATION

Name of property: Salvation Army
Address: 88 Prebble Street Portland Maine
Description of property: Office building
Name of property representative: N/A
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Regional Electric
Address: 186 Summer Street Auburn Maine
Phone: 207-795-7800 Fax: E-mail:
Service organization: Norris Inc
Address: 2257 West Broadway South Portland Maine
Phone: 207-883-3473 Fax: E-mail:
Testing organization:
Address:
Phone: Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: Tyco
Address: N/A
Phone: 1800-289-2647 Fax: E-mail:
Account number: H022905521 Phone line 1: Phone line 2:
Means of transmission: Digital
Entity to which alarms are retransmitted: Portland FD Phone: 207-874-8576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [] New system [x] Modification to existing system Permit number:
NFPA 72 edition:

4.1 Control Unit

Manufacturer: Firelite Model number: MS9200UDLS

4.2 Software and Firmware

Firmware revision number: n/a

4.3 Alarm Verification

[x] This system does not incorporate alarm verification.

Number of devices subject to alarm verification: Alarm verification set for seconds



SYSTEM RECORD OF COMPLETION (continued)

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1 800 370 1171
or 207 879 0340

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: _____

Overcurrent protection: Type: Circuit Breaker Amps: 20

Branch circuit disconnecting means location: Circuit Breaker Number: N/A

5.1.2 Secondary Power

Type of secondary power: n/a

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

Table with 5 columns: Pathway Type, Dual Media Pathway, Separate Pathway, Class, Survivability Level. Rows include Signaling Line, Device Power, Initiating Device, Notification Appliance, and Other (specify).

7. REMOTE ANNUNCIATORS

Table with 2 columns: Type, Location. Empty rows for data entry.

8. INITIATING DEVICES

Table with 5 columns: Type, Quantity, Addressable or Conventional, Alarm or Supervisory, Sensing Technology. Rows include Manual Pull Stations, Smoke Detectors, Duct Smoke Detectors, Heat Detectors, Gas Detectors, Waterflow Switches, and Tamper Switches.



SYSTEM RECORD OF COMPLETION (continued)

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1 800 370 3171
Tel: 207 879 0340

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	1	
Combination Audible and Visible	7	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	5
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: Printed name: FRANCIS LEMELIN Date: 11-9-17
 Organization: Regional Electric Title: OWNER Phone: 207-576-2793

12.2 System Operational Test

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

Signed: Printed name: Dana Champagne Date: 10-31-17
 Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: 10-31-17 10AM
 Installing contractor representative: _____
 Testing contractor representative: Dana Champagne
 Property representative: _____
 AHJ representative: _____



**NOTIFICATION APPLIANCE POWER PANEL
SUPPLEMENTARY RECORD OF COMPLETION**

PO Box 2681
2237 Wood Brookway
South Portland, ME 04106

1-850-370-1171
fax: 207-879-0549

Form Completion Date: 10-31-17 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Salvation Army

Address: 88 Prebble Street Portland Maine

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Firelight 24FS8	Electrical Rom behind Kitchen	New Area.	Circuit Breaker 45

See Main System Record of Completion for additional information, certifications, and approvals.