



SYSTEM RECORD OF COMPLETION

Form Completion Date: 2-27-18 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Salvation Army
Address: 88 Prebble Street Portland Maine
Description of property: Commercial
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
Entry 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)

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

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line			B	4
Device Power				
Initiating Device				
Notification Appliance			B	4
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	3	Addressable	Alarm	
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	1	
Combination Audible and Visible	6	

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: _____ Printed name: _____ Date: _____
 Organization: Regional Electric Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: *[Signature]* Printed name: Dana Champagne Date: 2-27-18
 Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

12.3 Acceptance Test

Date and time of acceptance test: 2-27-18 11:00 AM
 Installing contractor representative: _____
 Testing contractor representative: Dana Champagne
 Property representative: _____
 AHJ representative: _____