

SYSTEM RECORD OF COMPLETION

Form Completion Date: 12/16/15 Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: 2 Portland Square - Casco Bay Eye Care 1st Fl (Add to existing - 1st Fl Retail space)
Address: 2 Portland Square
Description of property: Office - Medical
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Seabee Electric
Address:
Phone: Fax: E-mail:
Service organization:
Address:
Phone: Fax: E-mail:
Testing organization: Norris Inc
Address: 2257 West Broadway, So. Portland, ME
Phone: 883-3473 Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: Portland Fire - Masterbox
Address:
Phone: Fax: E-mail:
Account number: Box # 4518 Phone line 1: Phone 1
Means of transmission:
Entity to which alarms are retransmitted: PFD Phone:

CBL 038 B002001
Permit #
2015-02323

3. DOCUMENTATION

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

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: Notifier (Existing) Model number: NFS2-640 (Existing)

4.2 Software and Firmware

Firmware revision number: 17

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 0 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: Existing Control panel amps: \_\_\_\_\_

Overcurrent protection: Type: Circuit Breaker Amps: \_\_\_\_\_

Branch circuit disconnecting means location: \_\_\_\_\_ Number: \_\_\_\_\_

**5.1.2 Secondary Power**

Type of secondary power: Existing

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	1			
Device Power				
Initiating Device				
Notification Appliance	1 (Strobe)			
Other (specify):	1 (speaker)			

**7. REMOTE ANNUNCIATORS**

Type	Location

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	2	Addressable	Alarm	
Smoke Detectors	8	Addressable	Alarm	Photo Electric
Duct Smoke Detectors				
Heat Detectors	2	Addressable	Alarm	Fixed temp 135
Gas Detectors				
Waterflow Switches				
Tamper Switches				

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible	3	Strobe Only
Combination Audible and Visible	5	Speaker Strobes

**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: Seabee Electric Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

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

Signed: \_\_\_\_\_ Printed name: Michael H Todd Date: 12/16/15  
 Organization: Norric Inc Title: Technician Phone: 883-3473

**12.3 Acceptance Test**

Date and time of acceptance test: 12/16/15 12:30PM  
 Installing contractor representative: \_\_\_\_\_  
 Testing contractor representative: Michael Todd  
 Property representative: \_\_\_\_\_  
 AHJ representative: \_\_\_\_\_