

PRO PRO

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: 12-22-16 Supplemental Pages Attached: 3

1. PROPERTY INFORMATION

Name of property: WEST PORT LOFTS CONDOMINIUMS
Address: 22 TATE STREET PORTLAND MAINE 04102
Description of property: MULTI UNIT CONDOMINIUM
Name of property representative: N/A
Address: N/A
Phone: N/A Fax: N/A E-mail: N/A

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: KEVINS ELECTRIC
Address: 837 PORTLAND ROAD SACO MAINE 04072
Phone: 207-949-9130 Fax: N/A E-mail: N/A
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Effective date for test and inspection contract:
Monitoring organization: CUNNINGHAM SECURITY
Address: 10 Princes Point Rd, Yarmouth, ME 04096
Phone: (207) 846-3350 Fax: 0 E-mail: INFO@CUNNINGHAMSECURITY.COM
Account number: 63-3986 Phone line 1: 207-756-8653 Phone line 2: 207-756-8654
Means of transmission: DACT
Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: FIRE ALARM DOCUMENT CABINET

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [X] New system [] Modification to existing system Permit number: N/A
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: POTTER Model number: PFC-6006

4.2 Software and Firmware

Firmware revision number: V.3.0.0.4

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A Alarm verification set for N/A 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: 5
 Overcurrent protection: Type: C.B. Amps: 20
 Branch circuit disconnecting means location: To Right of FACP Number: 28

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES
 Location, if remote from the plant: IN PANEL
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN

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	N/A	N/A	N/A	N/A
Device Power	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	B	0
Notification Appliance	N/A	N/A	B	0
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
N/A	N/A
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	1	CONVENTIONAL	ALARM	CONTACT
Smoke Detectors	1	CONVENTIONAL	ALARM	CONTACT
Duct Smoke Detectors	N/A	N/A	N/A	N/A
Heat Detectors	N/A	N/A	N/A	N/A
Gas Detectors	N/A	N/A	N/A	N/A
Waterflow Switches	2	CONVENTIONAL	ALARM	CONTACT
Tamper Switches	2	CONVENTIONAL	SUPERVISORY	CONTACT

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	N/A	N/A
Visible	N/A	N/A
Combination Audible and Visible	1	HORN STROBE

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	N/A
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	N/A
Elevator Recall	N/A
Elevator Shunt Trip	N/A
N/A	N/A
N/A	N/A

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet N/A.

12. CERTIFICATION AND APPROVALS

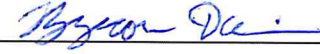
12.1 System Installation Contractor

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

Signed: _____ Printed name: _____ Date: _____
 Organization: KEVINS ELECTRIC Title: _____ Phone: 207-949-9130

12.2 System Operational Test

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

Signed:  Printed name: Byron Davis Date: 12-15-16
 Organization: Protection Professionals Title: tech Phone: 207-775-5755

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, UPS systems, remote battery systems, or other complex power systems. 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.

Form Completion Date: 12-22-16 Number of Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: WEST PORT LOFTS CONDOMINIUMS
Address: 22 TATE STREET PORTLAND MAINE

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 5AMPS
Overcurrent protection: Type: C.B. Amps: 28
Location (of primary supply panelboard): To right of FACP
Disconnecting means location: same

2.1.2 Engine-Driven Generator

Location of generator: N/A
Location of fuel storage: N/A Type of fuel: N/A

2.1.3 Uninterruptible Power System

Equipment powered by UPS system: N/A
Location of UPS system: N/A
Calculated capacity of UPS batteries to drive the system components connected to it:
In standby mode (hours): N/A In alarm mode (minutes): N/A

2.1.4 Batteries

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating: 7
Calculated capacity of batteries to drive the system:
In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS amps: N/A
Overcurrent protection: Type: N/A Amps: N/A
Location (of primary supply panelboard): N/A
Disconnecting means location: N/A

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)

2. SYSTEM POWER (continued)

2.2.2 Engine-Driven Generator

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A

2.2.3 Uninterruptible Power System

Equipment powered by UPS system: N/A

Location of UPS system: N/A

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): N/A In alarm mode (minutes): N/A

2.2.4 Batteries

Location: N/A Type: N/A Nominal voltage: N/A Amp/hour rating: N/A

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A In alarm mode (minutes): N/A

2.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): N/A Power extender panel amps: N/A

Overcurrent protection: Type: N/A Amps: N/A

Location (of primary supply panelboard): N/A

Disconnecting means location: N/A

2.3.2 Engine-Driven Generator

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A

2.3.3 Uninterruptible Power System

Equipment powered by UPS system: N/A

Location of UPS system: N/A

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): N/A In alarm mode (minutes): N/A

2.3.4 Batteries

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
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.*

Inspection/Test Start Date/Time: 12-15-16 9:00 Inspection/Test Completion Date/Time: 12-15-16 10:00

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: WEST PORT LOFTS

Address: 22 TATE STREET PORTLAND MAINE

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
WATERFLOW	303	SPRINKLER WATERFLOW ZONE 1	PASS
TAMPER	308	SPRINKLER TAMPER SWITCH ZONE 6	PASS
SMOKE	306	BY FACP ZONE 4	PASS
PULL	305	MANUAL PULL STATION ZONE 3	PASS
WATERFLOW	304	SPRINKLER WATERFLOW DRY SYSTEMZONE 2	PASS
LOW AIR	307	SPRINKLER LOW AIR ZONE 5	PASS
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**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

This form is a supplement to the System Record of Inspection and Testing.

It includes a notification appliance test record.

This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.

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.

Inspection/Test Start Date/Time: 12-21-16 Inspection/Test Completion Date/Time: 12-21-16

Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: WEST PORT LOFTS

Address: 22 TATE STREET PORTLAND MAINE 04102

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Ckt#	Cd	Location/Identifier	Test Results
AV	1	15	Outside	PASS