

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: 02-26-2015 Supplemental Pages Attached: n/a

1. PROPERTY INFORMATION

Name of property: St Dominic's Family House

Address: 42 Gray Street Portland, Maine 04101

Description of property: Commercial

Name of property representative: Glenda Demers

Address: 181 Brackett Street Portland, Maine 04101

Phone: (207) 775-1505 Fax: n/a E-mail: n/a

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Protection Professionals

Address: 325 US Route 1 Falmouth Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Service organization: Protection Professionals

Address: 325 US Route 1 Falmouth, Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Testing organization: Protection Professionals

Address: 325 US Route 1 Falmouth, Maine 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Effective date for test and inspection contract: n/a

Monitoring organization: Rapid Response

Address: n/a

Phone: (800) 932-3822 Fax: n/a E-mail: n/a

Account number: 4460361 Phone line 1: (207) 772-4802 Phone line 2: n/a

Means of transmission: DACT

Entity to which alarms are retransmitted: Portland Fire Department Dispatch Phone: (207) 874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet @ FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: n/a

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Potter Model number: P-300

4.2 Software and Firmware

Firmware revision number: n/a

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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

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5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3
 Overcurrent protection: Type: C.B. Amps: 20
 Branch circuit disconnecting means location: Basement Number: n/a

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Batteries – 12VDC (x2) 18AH
 Location, if remote from the plant: In FACP
 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	B	0
Device Power	n/a	n/a	n/a	n/a
Initiating Device	n/a	n/a	n/a	n/a
Notification Appliance	n/a	n/a	B	0
Other (specify):	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	12	Addressable	Alarm	Contact
Smoke Detectors	16	Addressable	Alarm	Photoelectric
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	1	Addressable	Alarm	Contact
Tamper Switches	1	Addressable	Supervisory	Contact

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9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	43	Speaker
Visible	3	Strobe
Combination Audible and Visible	17	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: BYRON DAVIS Date: _____
 Organization: Protection Professionals Title: _____ Phone: _____

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: _____
 Organization: Protection Professionals Title: _____ Phone: _____

12.3 Acceptance Test

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