

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: 4/7/17 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: JOES SMOKE SHOP

Address: 667 CONGRESS

Description of property: RESTAURANT

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: BH MILLIKEN

Address: 235 Presumpscot St c, Portland, ME 04103

Phone: 2078791877 Fax: _____ E-mail: _____

Service organization: SIMPLEX GRINNELL

Address: 20 THOMAS DRIVE WESTBROOK MAINE

Phone: 2078426440 Fax: _____ E-mail: _____

Testing organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Effective date for test and inspection contract: _____

Monitoring organization: N/A

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: _____ Phone line 1: _____ Phone line 2: _____

Means of transmission: AES RADIO BOX

Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 2078748576

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____

NFPA 72 edition: 2009

4.1 Control Unit

Manufacturer: SIMPLEX Model number: 4100ES

4.2 Software and Firmware

Firmware revision number: 3.05.02

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A 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: 120V Control panel amps: 15

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20

Branch circuit disconnecting means location: GROUND FL ELECTRIC ROOM Number: 20

5.1.2 Secondary Power

Type of secondary power: _____

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		X	B	1
Device Power		X	B	1
Initiating Device		X	B	1
Notification Appliance		X	B	1
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
N/A	

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	3	ADDRESSABLE	ALARM	TESTED 4/3/17
Smoke Detectors	2	ADDRESSABLE	ALARM	TESTED 4/3/17
Duct Smoke Detectors	0			
Heat Detectors	1	ADDRESSABLE	ALARM	TESTED 4/7/17
Gas Detectors	1	ADDRESSABLE	SUPERVISORY	TESTED 4/7/17
Waterflow Switches	1	ADDRESSABLE	ALARM	TESTED 4/7/17
Tamper Switches	3	ADDRESSABLE	SUPERVISORY	TESTED 4/7/17

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	2	
Combination Audible and Visible	4	

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	AVON ST ELEV
Elevator Shunt Trip	0

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: BH MILLIKEN Title: ELECTRICIAN Phone: _____

12.2 System Operational Test

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

Signed: Brani Gorelov Printed name: BRONI GORELOV Date: 4/7/17
 Organization: SIMPLEX Title: OPS TECH Phone: 2078426440

12.3 Acceptance Test

Date and time of acceptance test: 4/7/17
 Installing contractor representative: MATT
 Testing contractor representative: BRONI GORELOV
 Property representative: PC CONSTRUCTION
 AHJ representative: _____

INTERCONNECTED SYSTEMS SUPPLEMENTARY RECORD OF COMPLETION

*This form is a supplement to the System Record of Completion. It includes a list of types and locations of systems that are interconnected to the main system.
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Insert N/A in all unused lines.*

Form Completion Date: 4/7/17 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: JOES SMOKE SHOP
Address: 667 CONGRESS PORTLAND MAINE

2. INTERCONNECTED SYSTEMS

Description	Location	Purpose
KITCHEN HOOD	JOES SMOKES SHOP	MONITOR HOOD SUPPRESSION RELEASE ELECTRICALLY TESTED 4/3/17

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