

SYSTEM RECORD OF COMPLETION

Form Completion Date: 1/18/16 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Avesta Housing - Payson Building
Address: 218 State Street Portland, Maine
Description of property: Apartment Building
Name of property representative: Avesta Housing
Address: 307 Cumberland Ave. Portland, Maine
Phone: 207-553-7777 Fax: 207-553-7778 E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Regional Electric
Address: 186 Summer Street Auburn, Maine 04210
Phone: (207) 795 - 7800 Fax: _____ E-mail: _____
Service organization: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 West Broadway South Portland, Maine
Phone: (207) 883 - 3473 Fax: (207) 879 - 0540 E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: City Master Box HSMC Monitoring
Address: Portland Fire Dept.
Phone: _____ Fax: _____ E-mail: _____
Account number: 202 - 5970 Phone line 1: (207) 553 - 2217 Phone line 2: (207) 553 - 2218
Means of transmission: City Radio Master Box and Digital Communicator
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: 2015 - 01843
NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: Notifier Model number: NFW-100

4.2 Software and Firmware

Firmware revision number: 2.2 B2

4.3 Alarm Verification

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: N/A Control panel amps: N/A

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

Branch circuit disconnecting means location: N/A Number: N/A

5.1.2 Secondary Power

Type of secondary power: N/A

Location, if remote from the plant: N/A

Calculated capacity of secondary power to drive the system:

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

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			
Device Power	N/A			
Initiating Device	N/A			
Notification Appliance	N/A			
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				
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches	6	Conv. w/ modules	Alarm	
Tamper Switches	7	Conv. w/ modules	Supervisory	

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	20	Horn Strobes Added to existing system

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

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet _____ .

12. CERTIFICATION AND APPROVALS

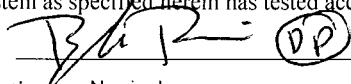
12.1 System Installation Contractor

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

Signed: _____ Printed name: _____ Date: _____
 Organization: Regional Electric Title: Electrician Phone: 795-7800

12.2 System Operational Test

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

Signed:  Printed name: Tim Johnson/John Wolfe Date: TJ JW 12/31/15 & 1/6/16
 Organization: Norris Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

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

