

## 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: 09-26-2016 Supplemental Pages Attached: Yes

### 1. PROPERTY INFORMATION

Name of property: Community Dental  
Address: 180 – 190 Park Avenue, Portland, Maine 04102  
Description of property: Medical Building  
Name of property representative: RICHARD RODGERS  
Address: 211 MARGINAL WAY, PORTLAND, ME 04102  
Phone: 207-749-2911 Fax: NA E-mail: guardianproperty@earthlink.net

### 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Regional Electric  
Address: 186 Summer St, Auburn, ME 04210  
Phone: 207-795-7800 Fax: NA E-mail: Frank@regionalelectric.com  
Service organization: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net  
Testing organization: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: info@protectionprofessionals.net  
Effective date for test and inspection contract: NA  
Monitoring organization: RAPID RESPONSE  
Address: 400 W DIVISON STREET, SYRACUSE, NY 13204  
Phone: 1-800-932-3822 Fax: NA E-mail: Rrms.com  
Account number: T510012 Phone line 1: NA Phone line 2: NA  
Means of transmission: AES Radio  
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 By FACP

### 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: NA  
NFPA 72 edition: 2014

#### 4.1 Control Unit

Manufacturer: FARADAY Model number: MPC-6000

#### 4.2 Software and Firmware

Firmware revision number: 7

**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: NA  
 Overcurrent protection: Type: C.B. Amps: 15  
 Branch circuit disconnecting means location: A/C HP P-1 Number: 22

##### 5.1.2 Secondary Power

Type of secondary power: SLA – 12V/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	NA	NA	B	NA
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	NA
Other (specify): N/A	N/A	N/A	N/A	N/A

### 7. REMOTE ANNUNCIATORS

Type	Location
LCD ALPHANUMERIC	MEDICAL OFFICE ENTRANCE
N/A	N/A

### 8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	3	ADDRESSABLE	ALARM	CONTACT
Smoke Detectors	13	ADDRESSABLE	ALARM	PHOTO
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	0	NA	NA	NA
Gas Detectors	0	NA	NA	NA
Waterflow Switches	0	NA	NA	NA
Tamper Switches	NA	NA	NA	NA

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible	0	NA
Visible	19	STROBE
Combination Audible and Visible	6	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	2
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**

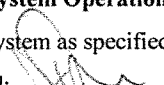
**12.1 System Installation Contractor**

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

Signed:  Printed name: Daniel Crowley Date: 10/24/16  
 Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

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

Signed:  Printed name: Jordan Valliere Date: 09-26-2016  
 Organization: Protection Professionals Title: Engineering Technician Phone: 207-775-5755

**12.3 Acceptance Test**

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