

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

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.

1. PROPERTY INFORMATION

Name of property: 285 Brackett Street Building
Address: 285 Brackett Street, Portland, ME
Description of property: Apartment Building
Occupancy type: Apartment
Name of property representative: Leyli Johnson
Address: 82 Hanover Street, Portland, ME
Phone: 207-699-2219 Fax: N/A E-mail: leyli@portpropmgmt.com
Authority having jurisdiction over this property: Portland Fire Department
Phone: 207-874-8400 Fax: 207-874-8410 E-mail: fireprevention@portlandmaine.gov

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: Cunningham Security
Address: 10 Princes Point Road, Yarmouth, ME
License or certification number: M1004
Phone: 207-846-3350 Fax: 207-846-6080 E-mail: info@cunninghamsecurity.com
Service organization for this equipment: Cunningham Security
Address: 10 Princes Point Road, Yarmouth, ME
License or certification number: M1004
Phone: 207-846-3350 Fax: 207-846-6080 E-mail: info@cunninghamsecurity.com
A contract for test and inspection in accordance with NFPA standards is in effect as of: IMMEDIATE
Contracted testing company: Cunningham Security
Address: 10 Princes Point Road, Yarmouth, ME
Phone: 207-846-3350 Fax: 207-846-6080 E-mail: info@cunninghamsecurity.com
Contract expires: N/A Contract number: N/A Frequency of routine inspections: Annual

3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
 Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
 Mass notification system (MNS)
 Combination system, with the following components:
 Fire alarm EVACS MNS Two-way, in-building, emergency communication system
 Other (specify): _____

NFPA 72, Fig. 10.18.2.1.1 (p. 1 of 12)

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010 Additional description of system(s): N/A

3.1 Control Unit

Manufacturer: Silent Knight by Honeywell Model number: 6808

3.2 Mass Notification System This system does not incorporate an MNS

3.2.1 System Type:

- In-building MNS—combination
- In-building MNS—stand-alone Wide-area MNS Distributed recipient MNS
- Other (specify): _____

3.2.2 System Features:

- Combination fire alarm/MNS MNS autonomous control unit Wide-area MNS to regional national alerting interface
- Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface
- Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface
- Other (specify): _____

3.3 System Documentation

An owner’s manual, a copy of the manufacturer’s instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location: Document Box

3.4 System Software This system does not have alterable site-specific software.

Operating system (executive) software revision level: 6.0.20

Site-specific software revision date: 9-13-2019 Revision completed by: JR

A copy of the site-specific software is stored on site. Location: DOCUMENT BOX

3.5 Off-Premises Signal Transmission This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Cunningham Security Phone: 207-846-3350

Supervisory: Cunningham Security Phone: 207-846-3350

Trouble: Cunningham Security Phone: 207-846-3350

Entity to which alarms are retransmitted: N/A Phone: N/A

Method of retransmission: N/A

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

Telephony

If Chapter 27, specify the type of auxiliary alarm system: Local energy Shunt Wired Wireless

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 1
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: 0 Description: N/A

4.1.3 Device Power Pathways

- No separate power pathways from the signaling line pathway
- Power pathways are separate but of the same pathway classification as the signaling line pathway
- Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity: 0

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 1
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: 0 Description: N/A

4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 6
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: 0 Description: N/A

4.3.3 Appliance Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 14 Conventional: 0 Coded: 0 Transmitter: 0

Other (specify): _____

5.1.2 Other Alarm Boxes

This system does not have other alarm boxes.

Description: _____

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors

This system does not have smoke detectors.

Type and number of devices: Addressable: 19 Conventional: 0

Other (specify): _____

Type of coverage: Complete area Partial area Nonrequired partial area

Other (specify): _____

Type of smoke detector sensing technology: Ionization Photoelectric Multicriteria Aspirating Beam

Other (specify): N/A

5.2.2 Duct Smoke Detectors

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

5.2.3 Radiant Energy (Flame) Detectors

This system does not have radiant energy detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

5.2.4 Gas Detectors

This system does not have gas detectors.

Type of detector(s): Carbon Monoxide

Number of devices: Addressable: 1 Conventional: 0

Type of coverage: Partial Basement near Furnace

5.2.5 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: 70 Conventional: 0

Type of coverage: Complete area Partial area Nonrequired partial area Linear Spot

Type of heat detector sensing technology: Fixed temperature Rate-of-rise Rate compensated

5. ALARM INITIATING DEVICES (continued)

5.2.6 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices: 1

5.2.7 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

5.2.8 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

5.2.9 Presignal

This system does not incorporate pre-signal.

Number of devices subject to presignal: _____

Describe presignal functions: _____

5.2.10 Positive Alarm Sequence (PAS)

This system does not incorporate PAS.

Describe PAS: _____

5.2.11 Other Initiating Devices

This system does not have other initiating devices.

Describe: _____

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump: Electric pump Engine

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

6.2.1 Fire Pump Functions Supervised

Power Running Phase reversal Selector switch not in auto Engine or control panel trouble Low fuel

Other (specify): _____

6.3 Duct Smoke Detectors (DSDs)

This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

6.4 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: Carbon Monoxide Gas Detector in Basement

7. MONITORED SYSTEMS

7.1 Engine-Driven Generator

This system does not have a generator.

7.1.1 Generator Functions Supervised

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other (specify): _____

7.2 Special Hazard Suppression Systems

This system does not monitor special hazard systems.

Description of special hazard system(s): _____

7.3 Other Monitoring Systems

This system does not monitor other systems.

Description of special hazard system(s): _____

8. ANNUNCIATORS

This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: Front Entry, Right Vestibule, Alpha / Delta Corner of Building

Location 2: N/A

Location 3: N/a

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS.

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker circuits: _____

Location of amplification and sound-processing equipment: _____

Location of paging microphone stations:

Location 1: _____

Location 2: _____

Location 3: _____

9.2 Nonvoice Notification Appliances

This system does not have nonvoice notification appliances.

Horns: 22 With visible: 17 Bells: 0 With visible: 0

Chimes: 0 With visible: 0

Visible only: 0 Other (describe): N/A

9.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

Quantity: 1

Locations: Next to fire alarm control unit

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS This system does not have an MNS.

10.1 MNS Local Operating Consoles

Location 1: _____

Location 2: _____

Location 3: _____

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones: _____

Location 1: _____

Location 2: _____

Location 3: _____

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances: _____ MNS-only visible appliances: _____

Textual signs: _____ Other (describe): _____

Supervision class: _____

10.3.1 Special Hazard Notification

This system does not have special suppression pre-discharge notification.

MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System

This system does not have a two-way telephone system.

Number of telephone jacks installed: _____ Number of warden stations installed: _____

Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered

11.2 Two-Way Radio Communications Enhancement System

This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: _____ % General building areas: _____ %

Amplification component locations: _____

Inbound signal strength: _____ dBm Outbound signal strength: _____ dBm

Donor antenna isolation is: _____ dB above the signal booster gain

Radio frequencies covered: _____

Radio system monitor panel location: _____

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS *(continued)*

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

11.4 Elevator Emergency Communications Systems

This system does not have an elevator emergency communications system.

Number of elevators with stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

11.5 Other Two-Way Communication Systems

Describe: _____

12. CONTROL FUNCTIONS

This system activates the following control functions:

Hold-open door releasing devices Smoke management HVAC shutdown F/S dampers

Door unlocking Elevator recall Fuel source shutdown Extinguishing agent release

Elevator shunt trip Mass notification system override of fire alarm notification appliances

Other (specify): _____

12.1 Addressable Control Modules

This system does not have control modules.

Number of devices: _____

Other (specify): _____

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3.3A

Overcurrent protection: Type: Circuit Breaker Amps: 20A

Location (of primary supply panel board): House Panel Basement

Disconnecting means location: Basement

13.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

13. SYSTEM POWER (continued)

13.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

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

In standby mode (hours): _____ In alarm mode (minutes): _____

13.1.4 Batteries

Location: FACU Type: SLA Nominal voltage: 12VDC Amp/hour rating: 18Ah

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel: _____ EVACS or MNS panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panel board): _____

Disconnecting means location: _____

13.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

13.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

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

In standby mode (hours): _____ In alarm mode (minutes): _____

13.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture Battery calculations are attached

13. SYSTEM POWER (continued)

13.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s): 120VAC Power extender panel amps: 6.0

Overcurrent protection: Type: Circuit Breaker Amps: 20A

Location (of primary supply panel board): House Panel Basement

Disconnecting means location: Basement

13.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

13.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

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

In standby mode (hours): _____ In alarm mode (minutes): _____

13.3.4 Batteries

Location: Inside Panel Type: SLA Nominal voltage: 12VDC Amp/hour rating: 7Ah

Calculated capacity of batteries to drive the system:

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

Batteries are marked with date of manufacture Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

This is a: New system Modification to an existing system Permit number: FIRE2019-00227

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

NFPA 72, Edition: 2010ed

NFPA 70, National Electrical Code, Article 760, Edition: 2017ed

Manufacturer's published instructions

Other (specify): N/A

System deviations from referenced NFPA standards: None

Signed: _____ Printed name: _____ Date: 9-13-2019

Organization: Cunningham Security Title: Technician Phone: 207-846-3350

15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

NFPA 72, Edition: 2010ed

NFPA 70, National Electrical Code, Article 760, Edition: 2017ed

Manufacturer's published instructions

Other (specify): _____

Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed: _____ Printed name: _____ Date: 9-13-2019

Organization: Cunningham Security Title: Technician Phone: 207-846-3350

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

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

Signed: _____ Printed name: _____ Date: 9-13-2019

Organization: Cunningham Security Title: Technician Phone: 207-846-3350

16.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: _____ Printed name: _____ Date: 9-13-2019

Organization: Cunningham Security Title: Technician Phone: 207-846-3350

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: 9-13-2019

Organization: Cunningham Security Title: Technician Phone: 207-846-3350

16. CERTIFICATIONS AND APPROVALS (continued)

16.4 Property or Owner Representative:

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

16.5 Authority Having Jurisdiction:

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: Portland Fire Department Title: _____ Phone: _____