

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: March 3rd, 2020 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Maine Medical
Address: Bramhall Street Portland Maine
Description of property: Hospital
Name of property representative: Tim Braun
Address: Bramhall St Portland Maine
Phone: 207-662-0111 Fax: _____ E-mail: tbaun2@mmc.org

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: ES Boulos
Address: 45 Bradley Dr, Westbrook ME 04092
Phone: 207-464-3706 Fax: _____ E-mail: jklimaytis@esboulos.com
Service organization: Honeywell
Address: 207 Larabee Rd Westbrook Maine
Phone: 207-854-0013 Fax: _____ E-mail: marc.elliott@honeywell.com
Testing organization: Honeywell
Address: 207 Larabee Rd Westbrook Maine
Phone: 207-854-0013 Fax: _____ E-mail: marc.elliott@honeywell.com
Effective date for test and inspection contract: _____
Monitoring organization: Maine Med
Address: Bramhall St Portland Maine
Phone: 207-662-0111 Fax: _____ E-mail: _____
Account number: N/A Phone line 1: N/A Phone line 2: N/A
Means of transmission: AES Masterbox
Entity to which alarms are retransmitted: Portland Fire Department Phone: 207-653-2450

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Work Order Control

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: New Devices Added to Accommodate New Pedestrian Bridge

4.1 Control Unit

Manufacturer: Honeywell Model number: XLS3000

4.2 Software and Firmware

Firmware revision number: _____

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: 24v AC Control panel amps: 1amp
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: electrical Room Number: _____

5.1.2 Secondary Power

Type of secondary power: Battery
 Location, if remote from the plant: _____
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

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	1	Addressable	Alarm	Contact Closure
Smoke Detectors	N/a			
Duct Smoke Detectors	N/A			
Heat Detectors	N/A			
Gas Detectors	N/A			
Waterflow Switches	N/A			
Tamper Switches	3	Addressable	Supervisory	Contact Closure

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	N/A	
Visible	N/A	
Combination Audible and Visible	N/A	

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: Jesse Klimaytis Date: 3/2/2020
 Organization: ES Boulos Title: Project Manager Phone: 207-272-6986

12.2 System Operational Test

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

Signed: Marc Elliott Printed name: Marc Elliott Date: 3/2/2020
 Organization: Honeywell Title: Specialist Service Tech Phone: (207) 303-2306

12.3 Acceptance Test

Date and time of acceptance test: March 2nd, 2020
 Installing contractor representative: Jesse Klimaytis
 Testing contractor representative: Marc Elliott
 Property representative: Tim Braun
 AHJ representative: No Representative Present