



## SYSTEM RECORD OF COMPLETION

PO Box 2551

2257 West Broadway

South Portland, ME 04106

T 800.370.1471

Ex. 707.879.0340

Form Completion Date: 1218-2015

Supplemental Pages Attached: 1

### 1. PROPERTY INFORMATION

Name of property: Avesta Housing - Butler Building

Address: 77 Pine 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 2143

HSMC Monitoring

Address: Portland Fire Dept.

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Account number: 202 - 5967

Phone line 1: (207) 553 - 2375

Phone line 2: (207) 553 - 2376

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: \_\_\_\_\_

NFPA 72 edition: \_\_\_\_\_

#### 4.1 Control Unit

Manufacturer: Notifier

Model number: NFW-100

#### 4.2 Software and Firmware

Firmware revision number: 2.4 B4

#### 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)

2257 West Broadway  
South Portland, ME 04106

1-800-370-3471  
Fax: 207-879-0540

### 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	<u>N/A</u>			
Device Power	<u>N/A</u>			
Initiating Device	<u>N/A</u>			
Notification Appliance	<u>N/A</u>			
Other (specify):				

### 7. REMOTE ANNUNCIATORS

Type	Location
<u>N/A</u>	

### 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	<u>2</u>	<u>Conv. w/ modules</u>	<u>Alarm</u>	
Tamper Switches	<u>3</u>	<u>Conv. w/ modules</u>	<u>Supervisory</u>	

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible	7	Strobe Only Added to existing system
Combination Audible and Visible	46	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: Patrick Date: 12-17-2015  
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 Date: 12-17-2015  
Organization: Norris Inc Title: Technician Phone: 8833473

**12.3 Acceptance Test**

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