

# 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: WILLIAMSBURG CONDOMINIUMS  
Address: 181 PINE STREET  
Description of property: BRICK OPEN COURTYARD WITH UNDERGROUND PARKING  
Occupancy type: RESIDENTIAL  
Name of property representative: LEZA GOUGH  
Address: \_\_\_\_\_  
Phone: 207-749-4921 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Authority having jurisdiction over this property: PORTLAND FIRE DEPARTMENT  
Phone: 207-874-8576 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Installation contractor for this equipment: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, MAINE 04105  
License or certification number: \_\_\_\_\_  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net  
Service organization for this equipment: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, MAINE 04105  
License or certification number: \_\_\_\_\_  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net  
A contract for test and inspection in accordance with NFPA standards is in effect as of: \_\_\_\_\_  
Contracted testing company: PROTECTION PROFESSIONALS  
Address: 325 US ROUTE ONE, FALMOUTH, MAINE 04105  
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net  
Contract expires: \_\_\_\_\_ Contract number: \_\_\_\_\_ 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): \_\_\_\_\_

**3.1 Control Unit**

Manufacturer: ADEMCO VISTA Model number: 128FB

**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): N/A

**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): N/A

**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 CABINET BELOW F/A PANEL

**3.4 System Software**

This system does not have alterable site-specific software.

Operating system (executive) software revision level: N/A

Site-specific software revision date: N/A Revision completed by: N/A

A copy of the site-specific software is stored on site. Location: N/A

**3.5 Off-Premises Signal Transmission**

This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: RAPID RESPONSE /CITY OF PORTLAND Phone: 1800-932-3822/874-8576

Supervisory: RAPID RESPONSE Phone: 1800-932-3822

Trouble: RAPID RESPONSE Phone: 1800-932-3822

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of retransmission: CENTRAL STATION OPERATOR CALLS 207- AFTER RECEIVING A SIGNAL

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

DACT

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: N/A

##### 4.2 Alarm Initiating Device Pathways

###### 4.2.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 8  
(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 Device 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: 11 Conventional: 0 Coded: 0 Transmitter: 0

Other (specify): N/A

#### 5.1.2 Other Alarm Boxes

This system does not have other alarm boxes.

Description: N/A

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

Other (specify): N/A

### 5.2 Automatic Initiating Devices

#### 5.2.1 Smoke Detectors

This system does not have smoke detectors.

Type and number of devices: Addressable: 9 Conventional: 0

Other (specify): N/A

Type of coverage:  Complete area  Partial area  Nonrequired partial area

Other (specify): N/A

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: 0 Conventional: 0

Other (specify): N/A

Type of coverage: N/A

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: 0 Conventional: 0

Other (specify): N/A

Type of coverage: N/A

#### 5.2.4 Gas Detectors

This system does not have gas detectors.

Type of detector(s): N/A

Number of devices: Addressable: 0 Conventional: 0

Type of coverage: N/A

#### 5.2.5 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: 132 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: 0

**5.2.7 Waterflow Alarm Devices**

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: 1 Conventional: 0 Coded: 0 Transmitter: 0

**5.2.8 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

**5.2.9 Presignal**

This system does not incorporate pre-signal.

Number of devices subject to presignal: 0

Describe presignal functions: N/A

**5.2.10 Positive Alarm Sequence (PAS)**

This system does not incorporate PAS.

Describe PAS: N/A

**5.2.11 Other Initiating Devices**

This system does not have other initiating devices.

Describe: N/A

**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: 0 Conventional: 0 Coded: 0 Transmitter: 0

Other (specify): N/A

**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: 0 Conventional: 0 Coded: 0 Transmitter: 0

Other (specify): N/A

**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): N/A

**6.3 Duct Smoke Detectors (DSDs)**

This system does not have DSDs causing supervisory signals.

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

Other (specify): N/A

Type of coverage: N/A

Type of smoke detector sensing technology:  Ionization  Photoelectric  Aspirating  Beam

**6.4 Other Supervisory Devices**

This system does not have other supervisory devices.

Describe: N/A

**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): N/A

**7.2 Special Hazard Suppression Systems**

This system does not monitor special hazard systems.

Description of special hazard system(s): N/A

**7.3 Other Monitoring Systems**

This system does not monitor other systems.

Description of special hazard system(s): N/A

**8. ANNUNCIATORS**

This system does not have annunciators.

**8.1 Location and Description of Annunciators**

Location 1: HALL BY FACP LCD ALPHANUMERIC TYPE

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: 0    Number of multiple voice alarm channels: 0

Number of speakers: 0    Number of speaker circuits: 0

Location of amplification and sound-processing equipment: N/A

Location of paging microphone stations:

Location 1: N/A

Location 2: N/A

Location 3: N/A

**9.2 Nonvoice Notification Appliances**

This system does not have nonvoice notification appliances.

Horns: 53    With visible: 17    Bells: 0    With visible: 0

Chimes: 0    With visible: 0

Visible only: 2    Other (describe): N/A

**9.3 Notification Appliance Power Extender Panels**

This system does not have power extender panels.

Quantity: 1

Locations: HALL BY FACP



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

**10.1 MNS Local Operating Consoles**

Location 1: N/A  
Location 2: N/A  
Location 3: N/A

**10.2 High-Power Speaker Arrays**

Number of HPSA speaker initiation zones: 0  
Location 1: N/A  
Location 2: N/A  
Location 3: N/A

**10.3 Mass Notification Devices**

Combination fire alarm/MNS visible appliances: 0 MNS-only visible appliances: 0  
Textual signs: 0 Other (describe): N/A  
Supervision class: N/A

**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: 0 Number of warden stations installed: 0  
Number of telephone handsets stored on site: 0  
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: 0 % General building areas: 0 %  
Amplification component locations: N/A  
Inbound signal strength: N/A dBm Outbound signal strength: N/A dBm  
Donor antenna isolation is: N/A dB above the signal booster gain  
Radio frequencies covered: N/A  
Radio system monitor panel location: N/A

**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: 0 Location of central control point: N/A

Days and hours when central control point is attended: N/A

Location of alternate control point: N/A

Days and hours when alternate control point is attended: N/A

**11.4 Elevator Emergency Communications Systems**

This system does not have an elevator emergency communications system.

Number of elevators with stations: 0 Location of central control point: N/A

Days and hours when central control point is attended: N/A

Location of alternate control point: N/A

Days and hours when alternate control point is attended: N/A

**11.5 Other Two-Way Communication Systems**

Describe: N/A

**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): N/A

**12.1 Addressable Control Modules**

This system does not have control modules.

Number of devices: 0

Other (specify): N/A

**13. SYSTEM POWER**

**13.1 Control Unit**

**13.1.1 Primary Power**

Input voltage of control panel: 120VAC Control panel amps: 3.5AMPS

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20AMPS

Location (of primary supply panel board): BASEMENT BY BATHROOM

Disconnecting means location: CKT #17

**13.1.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A



**13. SYSTEM POWER (continued)**

**13.1.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system: N/A

Location of UPS system: N/A

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

In standby mode (hours): N/A

In alarm mode (minutes): N/A

**13.1.4 Batteries**

Location: BATTERY BOX Type: SLA Nominal voltage: 12VDC Amp/hour rating: 18AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24HRS

In alarm mode (minutes): 5MIN

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: N/A EVACS or MNS panel amps: N/A

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

Location (of primary supply panel board): N/A

Disconnecting means location: N/A

**13.2.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: N/A

Location of fuel storage: N/A Type of fuel: N/A

**13.2.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system: N/A

Location of UPS system: N/A

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

In standby mode (hours): N/A

In alarm mode (minutes): N/A

**13.2.4 Batteries**

Location: N/A Type: N/A Nominal voltage: N/A Amp/hour rating: N/A

Calculated capacity of batteries to drive the system:

In standby mode (hours): N/A

In alarm mode (minutes): N/A

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: 5AMPS  
Overcurrent protection: Type: C.B. Amps: 20  
Location (of primary supply panel board): BASEMENT PANEL BY BATHROOM  
Disconnecting means location: CKT 17

**13.3.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: N/A  
Location of fuel storage: N/A Type of fuel: N/A

**13.3.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system: N/A  
Location of UPS system: N/A  
Calculated capacity of UPS batteries to drive the system components connected to it:  
In standby mode (hours): N/A In alarm mode (minutes): N/A

**13.3.4 Batteries**

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating: 12AH  
Calculated capacity of batteries to drive the system:  
In standby mode (hours): 24HRS In alarm mode (minutes): 5MIN  
 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 confecting operational acceptance tests.*

This is a:  New system  Modification to an existing system Permit number: \_\_\_\_\_

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

NFPA 72, Edition: 2010  
 NFPA 70, National Electrical Code, Article 760, Edition: 2008  
 Manufacturer's published instructions  
Other (specify): AHJ LOCAL CODES  
System deviations from referenced NFPA standards: N/A

Signed:  Printed name: Steve Campbell Date: 6/6/2013  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**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: 2010

NFPA 70, National Electrical Code, Article 760, Edition: 2008

Manufacturer's published instructions

Other (specify): AHJ LOCAL CODES

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

Signed:  Printed name: JEREMY LAMBERT Date: 6-5-13  
Organization: PROTECTION PROFESSIONALS Title: TECHNICIAN, AET Phone: 207-775-5755

**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: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**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: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**16.3 Supervising Station:**

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

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_



**16. CERTIFICATIONS AND APPROVALS (continued)**

**16.4 Property or Owner Representative:**

This system, as specified herein, will be monitored according to 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: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_