

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: 5/31/17 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 40-42 West St
Address: 40 West Street, Portland ME
Description of property: 12 Unit apartment building
Name of property representative: Munjoy East Properties, LLC
Address: 251 Danforth Street, Portland, ME 04103
Phone: 207-253-5000 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Campbells Electric Inc.
Address: 272 Austin St, Westbrook, ME 04092
Phone: 207-854-8185 Fax: _____ E-mail: Tom@CampbellsElectricInc.com
Service organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Testing organization: PROTECTION PROFESSIONALS
Address: 325 US ROUTE ONE FALMOUTH MAINE 04105
Phone: 207-775-5755 Fax: 207-781-2064 E-mail: mail@protectionprofessionals.net
Effective date for test and inspection contract: _____
Monitoring organization: Rapid Response
Address: _____
Phone: 1-800-932-3822 Fax: _____ E-mail: _____
Account number: T510138 Phone line 1: n/a Phone line 2: n/a
Means of transmission: AES Radio
Entity to which alarms are retransmitted: Portland Dispatch Phone: 207-874-8575

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Cabinet next to FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Napco Model number: GEMC-255-FireWolf

4.2 Software and Firmware

Firmware revision number: 6.31

4.3 Alarm Verification

This system does not incorporate alarm verification.

SYSTEM RECORD OF COMPLETION (continued)

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: _____
 Overcurrent protection: Type: C.B. Amps: 20
 Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: SEALED LEAD ACID BATTERIES
 Location, if remote from the plant: IN PANEL
 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				
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		
Other (specify): N/A	N/A	N/A	N/A	N/A

7. REMOTE ANNUNCIATORS

Type	Location
N/A	N/A
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	16	Addressable	ALARM	Contact
Smoke Detectors	22	Addressable	ALARM	Photoelectric
Duct Smoke Detectors	0		SUPERVISORY	
Heat Detectors	36	Addressable	ALARM	
Gas Detectors	1	Addressable	GAS Supervisory	CO
Waterflow Switches	0		ALARM	
Tamper Switches	0		SUPERVISORY	

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	16	2 ceiling and 14 wall horn strobes

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
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

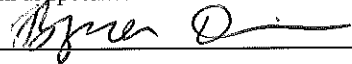
12.1 System Installation Contractor

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

Signed: _____ Printed name: Tom Campbell Date: _____
 Organization: Campbell Electric Inc. Title: _____ Phone: 207-854-8185

12.2 System Operational Test

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

Signed:  Printed name: Byron Davis Date: _____
 Organization: protection professionals Title: tech Phone: 207-775-5755

12.3 Acceptance Test

Date and time of acceptance test: 6-1-17
 Installing contractor representative: _____
 Testing contractor representative: BYRON DAVIS
 Property representative: _____
 AHJ representative: _____

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, UPS systems, remote battery systems, or other complex power systems. 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.

Form Completion Date: 5/31/17 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 40-42 West St

Address: 40-42 West St, Portland ME

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 20

Overcurrent protection: Type: C.B. Amps: _____

Location (of primary supply panelboard): 40 WEST ST BASEMENT

Disconnecting means location: same

2.1.2 Engine-Driven Generator

Location of generator: N/A

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

2.1.3 Uninterruptible Power System

Equipment powered by 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

2.1.4 Batteries

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating: 21

Calculated capacity of batteries to drive the system:

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

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS amps: N/A

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

Location (of primary supply panelboard): N/A

Disconnecting means location: N/A

**POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)**

2. SYSTEM POWER (continued)

2.2.2 Engine-Driven Generator

Location of generator: N/A

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

2.2.3 Uninterruptible Power System

Equipment powered by 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

2.2.4 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

2.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): _____ Power extender panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

2.3.2 Engine-Driven Generator

Location of generator: N/A

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

2.3.3 Uninterruptible Power System

Equipment powered by 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

2.3.4 Batteries

Location: IN PANEL Type: SLA Nominal voltage: 24VDC Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

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

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
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.*

Inspection/Test Start Date/Time: 5/31/17 Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 40-42 WEST STREET APARTMENTS

Address: 40-42 WEST STREET PORTLAND MAINE 04101

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
MODULE	11	40 WEST ST BASEMENT CO DETECTOR	PASS
SMOKE	12	40 WEST ST BASEMENT FRONT	PASS
SMOKE	13	40 WEST ST BASEMENT MIDDLE	PASS
SMOKE	14	40 WEST ST BASEMENT REAR	PASS
PULL	15	40 WEST ST BASEMENT BY STAIRS	PASS
SMOKE	16	42 WEST ST BASEMENT FRONT	PASS
SMOKE	17	42 WEST ST BASEMENT MIDDLE	PASS
SMOKE	18	42 WEST ST BASEMENT REAR	PASS
PULL	19	42 WEST ST BASEMENT LAUNDRY	PASS
PULL	20	40 WEST ST 1ST FLOOR FRONT ENTRY	PASS
SMOKE	21	42 WEST ST 1ST FLOOR SIDE ENTRY	PASS
PULL	22	42 WEST ST 1ST FLOOR FRONT ENTRY	PASS
SMOKE	23	42 WEST ST 1ST FLOOR FRONT ENTRY	PASS
SMOKE	24	40 WEST ST 1ST FLOOR FRONT HALLWAY	PASS
SMOKE	25	40 WEST ST 1ST FLOOR MIDDLE HALLWAY	PASS

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
SMOKE	26	40 WEST ST 1ST FLOOR REAR HALLWAY	PASS
PULL	27	42 WEST ST 1ST FLOOR SIDE ENTRY	PASS
HEAT RF	28	40 WEST ST 1ST FLOOR APT 1 BEDROOM	PASS
HEAT RF	29	40 WEST ST 1ST FLOOR APT 1 LIVING ROOM	PASS
HEAT RF	30	40 WEST ST 1ST FLOOR APT 1 KITCHEN	PASS
HEAT RF	31	40 WEST ST 1ST FLOOR APT 2 BEDROOM	PASS
HEAT RF	32	40 WEST ST 1ST FLOOR APT 2 KITCHEN	PASS
HEAT RF	33	40 WEST ST 1ST FLOOR APT 2 LIVING ROOM	PASS
HEAT RF	34	42 WEST ST 1ST FLOOR APT 1 LIVING ROOM	PASS
HEAT RF	35	42 WEST ST 1ST FLOOR APT 1 BEDROOM	PASS
HEAT RF	36	42 WEST ST 1ST FLOOR APT 1 KITCHEN	PASS
HEAT RF	37	42 WEST ST 1ST FLOOR APT 2 KITCHEN	PASS
HEAT RF	38	42 WEST ST 1ST FLOOR APT 2 BEDROOM	PASS
HEAT RF	39	42 WEST ST 1ST FLOOR APT 2 LIVING ROOM	PASS
HEAT	40	42 WEST ST BASEMENT LAUNDRY	VIS
PULL	41	40 WEST ST 2ND FLOOR FRONT HALLWAY	PASS
SMOKE	42	42 WEST ST 2ND FLOOR REAR HALLWAY	PASS
PULL	43	40 WEST ST 2ND FLOOR REAR	PASS
SMOKE	44	40 WEST ST 2ND FLOOR MIDDLE	PASS
PULL	45	42 WEST ST 2ND FLOOR FRONT	PASS
SMOKE	46	40 WEST ST 2ND FLOOR REAR	PASS
PULL	47	42 WEST ST 2ND FLOOR MIDDLE	PASS
SMOKE	48	40 WEST ST 2ND FLOOR FRONT	PASS
SMOKE	49	42 WEST ST 2ND FLOOR MIDDLE	PASS
SMOKE	50	42 WEST ST 2ND FLOOR REAR	PASS
PULL	51	42 WEST ST 2ND FLOOR REAR	PASS
HEAT RF	52	40 WEST ST 2ND FLOOR APT 3 KITCHEN	PASS
HEAT RF	53	40 WEST ST 2ND FLOOR APT 3 LIVING ROOM	PASS
HEAT RF	54	40 WEST ST 2ND FLOOR APT 3 BEDROOM	PASS
HEAT RF	55	40 WEST ST 2ND FLOOR APT 4 LIVING ROOM	PASS
HEAT RF	56	40 WEST ST 2ND FLOOR APT 4 KITCHEN	PASS
HEAT RF	57	40 WEST ST 2ND FLOOR APT 4 LIVING ROOM	PASS
HEAT RF	58	42 WEST ST 2ND FLOOR APT 3 KITCHEN	PASS
HEAT RF	59	42 WEST ST 2ND FLOOR APT 3 LIVING ROOM	PASS
HEAT RF	60	42 WEST ST 2ND FLOOR APT 3 BEDROOM	PASS
HEAT RF	61	42 WEST ST 2ND FLOOR APT 4 LIVING ROOM	PASS
HEAT RF	62	42 WEST ST 2ND FLOOR APT 4 KITCHEN	PASS
HEAT RF	63	42 WEST ST 2ND FLOOR APT 4 BEDROOM	PASS

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

	64		
SMOKE	65	40 WEST ST 3RD FLOOR FRONT	PASS
PULL	66	40 WEST ST 3RD FLOOR FRONT	PASS
	67		
SMOKE	68	40 WEST ST 3RD FLOOR REAR	PASS
PULL	69	42 WEST ST 3RD FLOOR REAR	PASS
HEAT	70	40 WEST ST 3RD FLOOR APT 5 KITCHEN	PASS
HEAT	71	40 WEST ST 3RD FLOOR APT 5 LIVING ROOM	PASS
HEAT	72	40 WEST ST 3RD FLOOR APT 5 BEDROOM	PASS
HEAT	73	40 WEST ST 3RD FLOOR APT 6 KITCHEN	PASS
HEAT	74	40 WEST ST 3RD FLOOR APT 6 LIVING ROOM	PASS
HEAT	75	40 WEST ST 3RD FLOOR APT 6 BEDROOM	PASS
PULL	76	40 WEST ST 3RD FLOOR FRONT	PASS
SMOKE	77	42 WEST ST 3RD FLOOR REAR	PASS
HEAT	78	42 WEST ST 3RD FLOOR APT 5 KITCHEN	PASS
HEAT	79	42 WEST ST 3RD FLOOR APT 5 LIVING ROOM	PASS
HEAT	80	42 WEST ST 3RD FLOOR APT 5 BEDROOM	PASS
HEAT	81	42 WEST ST 3RD FLOOR APT 6 KITCHEN	PASS
HEAT	82	42 WEST ST 3RD FLOOR APT 6 BEDROOM	PASS
PULL	83	40 WEST ST 3RD FLOOR REAR	PASS
SMOKE	84	42 WEST ST 3RD FLOOR FRONT	PASS
	85		
	86		
	87		
	88		
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