

LETTER OF TRANSMITTAL

DiMatteo Construction Management
P.O. Box 2667
So. Portland, ME 04116

TO:

Portland Fire Department

ATTENTION:

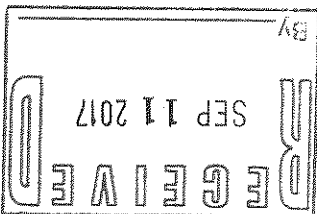
RE: USM Science Bldg. Office Renovations

JOB NO. _____

DATE: 9/11/2017

WE ARE SENDING YOU:

- Attached
- Mailed
- Faxed
- Shop Drawings
- Prints
- Plans
- Copy of Letter
- Change Order
- Other
- Hand Delivered
- Samples
- Specifications



THESE ARE TRANSMITTED as checked below:

- For Approval & Execution
- For Your Use
- As Requested
- For Review & Comment
- Other
- Approved as Submitted
- Approved as Noted
- Returned for Corrections
- Return Corrected Prints
- Resubmit Copies for Approval
- Submit Copies for Distribution
- For BIDS DUE
- PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO Job File

SIGNED: _____

Michael DiMatteo
 Owner/Manager

If enclosures are not as noted, kindly notify us at once.



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 9/7/2017 Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: USM - Science Building
Address: 70 Falmouth St, Portland, ME
Description of property: Educational Institution
Name of property representative:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Manchi Electric
Address:
Phone:
Fax:
E-mail:

Service organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473
Fax:
E-mail:

Testing organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473
Fax:
E-mail:

Effective date for test and inspection contract:
Monitoring organization: USM Public Safety
Address:
Phone:
Fax:
E-mail:

Account number:
Phone:
Fax:
E-mail:
Address:
Means of transmission: Gateway - Network
Entity to which alarms are retransmitted: Portland Fire
Phone:

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Existing

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [] New system [x] Modification to existing system
Permit number:
NFPA 72 edition:

4.1 Control Unit
Manufacturer:
Notifier:
Model number: NFS-640

4.2 Software and Firmware
Firmware revision number: 3.0

4.3 Alarm Verification
Number of devices subject to alarm verification:
Alarm verification set for seconds
This system does not incorporate alarm verification. [x]



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SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 Control panel amps: 8

Overcurrent protection: Type: Circuit Breaker (Existing) Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: Batteries - Sealed Lead Acid (Existing)

Location, if remote from the plant: _____

Calculated capacity of secondary power to drive the system: _____

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

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

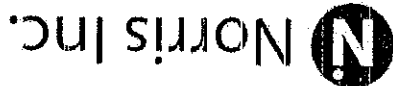
Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line				
Device Power				
Initiating Device				
Notification Appliance	Add to existing		Unknown	Unknown
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

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				
Tamper Switches				



SYSTEM RECORD OF COMPLETION (continued)

Advancing security, life safety, and communications.

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	3	A Section 3rd and 4th floor additions -- speaker/strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

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: _____
 Title: _____
 Organization: _____
 Date: _____
 Phone: _____

12.2 System Operational Test

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

Signed: *Michael Todd*
 Printed name: Michael Todd
 Title: Technician
 Organization: Norris Inc
 Date: 9/7/2017
 Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: 8/3/2017 11:30 AM

Installing contractor representative: _____
 Testing contractor representative: Michael Todd
 Property representative: _____
 AHJ representative: _____