



SYSTEM RECORD OF COMPLETION

PO Box 2551
2257 West Broadway
South Portland, ME 04106

T 800 370 1473
ex. 707.879.0540

Form Completion Date: 9/12/16 Supplemental Pages Attached: 2

1. PROPERTY INFORMATION

Name of property: MMC Brighton *****ADD TO EXISTING SYSTEM*****
Address: 335 Brighton Ave
Description of property: Hospital
Name of property representative: n/a
Address: n/a
Phone: n/a Fax: n/a E-mail: n/a

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Favreau Electric
Address: 37 Jordan Ave. Brunswick, ME
Phone: 207-725-2005 Fax: n/a E-mail: n/a
Service organization: Norris, Inc
Address: 2257 West Broadway South Portland, ME
Phone: 1-800-370-3473 Fax: 207-879-0540 E-mail: www.norrisinc.com
Testing organization: Norris, Inc
Address: 2257 West Broadway South Portland, ME
Phone: 1-800-370-3473 Fax: n/a E-mail: www.norrisinc.com
Effective date for test and inspection contract: n/a
Monitoring organization: HSMC
Address: n/a
Phone: 1-800-933-4762 Fax: n/a E-mail: n/a
Account number: 202-5978 Phone line 1: n/a Phone line 2: n/a
Means of transmission: Digital Communicator
Entry to which alarms are retransmitted: Portland Fire Dept Phone: 207-874-8576

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: At fire panel

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: n/a
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Notifier Model number: NFS2-3030

4.2 Software and Firmware

Firmware revision number: 22

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 0 Alarm verification set for 0 seconds

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 3
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: n/a Number: n/a

5.1.2 Secondary Power

Type of secondary power: Battery
 Location, if remote from the plant: n/a
 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	1	0	A	n/a
Device Power	1	0	A	n/a
Initiating Device	0	0	0	0
Notification Appliance	2	0	A	n/a
Other (specify):	n/a	n/a	n/a	n/a

7. REMOTE ANNUNCIATORS

Type	Location
LCD-160	Main Lobby
LCD-160	Switchboard

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	3	Addressable	Alarm	n/a
Smoke Detectors	16	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	0	n/a	n/a	n/a
Heat Detectors	1	Addressable	Alarm	n/a
Gas Detectors	0	n/a	n/a	n/a
Waterflow Switches	0	n/a	n/a	n/a
Tamper Switches	0	n/a	n/a	n/a



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9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	17	Strobe
Combination Audible and Visible	9	Speaker Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

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: Scott Peabody Date: 9/12/16
 Organization: Favreau Electric Title: Electrician Phone: 207-725-2005

12.2 System Operational Test

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

Signed: _____ Printed name: Wade Morin Date: 9/12/16
 Organization: Norris, Inc Title: Technician Phone: 800-370-3473

12.3 Acceptance Test

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