



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 10/10/18 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Motherhouse Senior Housing
Address: 605 Stevens Avenue
Description of property: 88 Unit Apartment building
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Mancini Electric
Address: 179 Sheraton Street, Portland, Maine
Phone: 207-774-5829 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: Cunningham Security
Address: 10 Princes Point Rd, Yarmouth, ME
Phone: 207-846-3350 Fax: E-mail:
Account number: 8707 Phone line 1: 1-800-492-0796 Phone line 2: 207-882-9574
Means of transmission: Digital Communicator - Phone Lines / AES Radio Masterbox
Entity 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: Document Cabinet at Panel

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [X] New system [ ] Modification to existing system Permit number:
NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Notifier Model number: NFS2-640

4.2 Software and Firmware

Firmware revision number: 25.0

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.

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



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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 VAC Control panel amps: 8

Overcurrent protection: Type: Circuit Breaker Amps: 20

Branch circuit disconnecting means location: Electric Room EP Number: 34

**5.1.2 Secondary Power**

Type of secondary power: Batteries – Sealed Lead Acid – 2@12v18ah

Location, if remote from the plant: \_\_\_\_\_

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	A	1
Device Power		1	B	1
Initiating Device				
Notification Appliance		16	A	1
Other (specify): Speaker		6	A	1

**7. REMOTE ANNUNCIATORS**

Type	Location
Notifier LCD2-80	Main Entrance Stair C

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	32	Addressable	Alarm	Dual Action
Smoke Detectors	122	Addressable	Alarm	121 Photo electric 1 Beam detector
Duct Smoke Detectors	N/A			
Heat Detectors	18	Addressable	Alarm	135 degree fixed temp
Gas Detectors	5	Addressable	Supervisory	CO detection
Waterflow Switches	9	Addressable	Alarm	8 In-line vane type 1 dry system pressure
Sprinkler Low Air	1	Addressable	Supervisory	Pressure Switch
Elevator Shunt Monitoring	2	Addressable	Supervisory	AC Power loss to shunt
Tamper Switches	5	Addressable	Supervisory	Gate Valve



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible (92, Strobe Only), and Combination Audible and Visible (260, 174 Horn-strobes / 86 Speaker strobes).

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices (2 Relays / 43 Doors), HVAC Shutdown (N/A), Fire/Smoke Dampers (N/A), Door Unlocking (N/A), Elevator Recall (2 Elevators), and Elevator Shunt Trip (2 Elevators).

11. INTERCONNECTED SYSTEMS

- Interconnected systems checkboxes: checked for 'This system does not have interconnected systems.', unchecked for '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: [Signature] Printed name: Mark Johnson Date: 10/10/18
Organization: Mancini Electric Title: Project Foreman Phone: [Blank]

12.2 System Operational Test

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

Signed: [Signature] Printed name: Michael Todd Date: 10/10/18
Organization: Norris Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: 10/10/2018 1:00PM
Installing contractor representative: [Blank]
Testing contractor representative: Michael Todd
Property representative: [Blank]
AHJ representative: [Blank]