



SYSTEM RECORD OF COMPLETION

P.O. Box 2031
2257 West Broadway
South Portland, ME 04106

1 800 370 3473
fax 207 879 0340

Form Completion Date: 5/21/15 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Seaside Rehabilitation
Address: 850 Baxter Blvd
Description of property: Assisted Living
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Regional Electric Inc
Address: _____
Phone: 795-7800 Fax: _____ E-mail: _____
Service organization: Norris Inc.
Address: 2257 W. Broadway, S. Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 W. Broadway, South Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Portland Fire Dept
Address: _____
Phone: 874-8576 Fax: _____ E-mail: _____
Account number: Box #4468 Phone line 1: _____ Phone line 2: _____
Means of transmission: AES Radio Masterbox
Entity to which alarms are retransmitted: Portland Fire Phone: _____

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____
NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: Notifier Model number: NFS2-640

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: _____ Alarm verification set for _____ seconds



SYSTEM RECORD OF COMPLETION (continued)

2257 West Branchway
Smithfield, NC 27586

1-800-370-1171
Fax: 307.879.0140

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 3.0
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: FACP Room Number: #30

5.1.2 Secondary Power

Type of secondary power: 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	1		B	0
Device Power				
Initiating Device				
Notification Appliance	2		B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
Existing	Main Reception Area

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	2	Addressable	Alarm	Dual Action
Smoke Detectors	5	Addressable	Alarm	Photoelectric
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				



SYSTEM RECORD OF COMPLETION (continued)

2257 West Boothway
South Portland, ME 04106

1 800 370 1171
or 207 879 0340

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	14	Strobes
Combination Audible and Visible	16	Hornstrobes

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	2
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: Jason Dodge Date: _____
 Organization: Regional Electric Title: Electrician Phone: _____

12.2 System Operational Test

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

Signed: _____ Printed name: Michael H Todd Date: 5/21/15
 Organization: Norric Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: 5/21/15
 Installing contractor representative: Jason Dodge
 Testing contractor representative: Michael Todd
 Property representative: _____
 AHJ representative: _____



**NOTIFICATION APPLIANCE POWER PANEL
SUPPLEMENTARY RECORD OF COMPLETION**

1400 370 3437
2277 West Broadway
South Portland, ME 04106

1 800 370 3437
fax 707 879 0340

Form Completion Date: 5/21/15 Number of Supplemental Pages Attached: 0

1. PROPERTY INFORMATION

Name of property: Seaside Rehabilitation Facility

Address: 850 Baxter Blvd

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Notifier FCPS	IT Rm 131	Lobby and Gym	NP - Ckt #69

See Main System Record of Completion for additional information, certifications, and approvals.