

SYSTEM RECORD OF COMPLETION

Form Completion Date: 5/10/16 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Thompsons Point - Cellar Door
Address: 4 Thompsons Point Rd. Portland, ME
Description of property: Winery / Bar
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Deblois Electric
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: Norris Inc.
Address: 2257 West Broadway, So. Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 West Broadway, So. Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: HSMC
Address: _____
Phone: 1-800-933-4762 Fax: _____ E-mail: _____
Account number: 202-5900 Phone line 1: _____ Phone line 2: _____
Means of transmission: Digital Communicator / Digital Masterbox #2122
Entity to which alarms are retransmitted: Portland Fire Phone: _____

3. DOCUMENTATION

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

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 (Existing) Model number: NFS-320

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 _____ seconds

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: _____

Overcurrent protection: Type: Circuit Breaker Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

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	Add to Existing		B	0
Device Power				
Initiating Device				
Notification Appliance	1 (Strobe)		B	0
Other (specify):	Add to existing speaker		B	0

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	1	Addressable	Alarm	
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors	1	Addressable	Alarm	135 Fixed / Rate of Rise
Gas Detectors				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	2	Strobe Only
Combination Audible and Visible	5	Speaker and 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

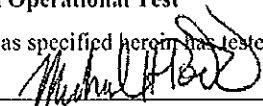
12.1 System Installation Contractor

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

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

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

Signed:  Printed name: Michael H Todd Date: 5/10/2016
 Organization: Norric Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: 5/10/2016 2:00PM
 Installing contractor representative: _____
 Testing contractor representative: Michael Todd
 Property representative: _____
 AHJ representative: _____

SYSTEM RECORD OF COMPLETION

Form Completion Date: 5/10/16 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Thompsons Point - Bisseli Brothers Brewing
Address: 4 Thompsons Point Rd. Portland, ME
Description of property: Brewery / Bar
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Deblois Electric
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: Norris Inc.
Address: 2257 West Broadway, So. Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Testing organization: Norris Inc
Address: 2257 West Broadway, So. Portland, ME
Phone: 883-3473 Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: HSMC
Address: _____
Phone: 1-800-933-4762 Fax: _____ E-mail: _____
Account number: 202-5900 Phone line 1: _____ Phone line 2: _____
Means of transmission: Digital Communicator / Digital Masterbox #2122
Entity to which alarms are retransmitted: Portland Fire Phone: _____

3. DOCUMENTATION

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

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 (Existing) Model number: NFS-320

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 _____ seconds

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: _____
 Overcurrent protection: Type: Circuit Breaker Amps: _____
 Branch circuit disconnecting means location: _____ Number: _____

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	Add to Existing		B	0
Device Power				
Initiating Device				
Notification Appliance	1 (Strobe)		B	0
Other (specify):	Add to existing speaker		B	0

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	1	Addressable	Alarm	
Smoke Detectors	2	Addressable	Alarm	Photo Electric
Duct Smoke Detectors				
Heat Detectors	1	Addressable	Alarm	135 Fixed / Rate of Rise
Gas Detectors				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	4	Strobe Only
Combination Audible and Visible	8	Speaker and 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

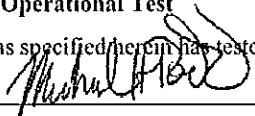
12.1 System Installation Contractor

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

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

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

Signed:  Printed name: Michael H Todd Date: 5/10/2016
 Organization: Norric Inc Title: Technician Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: 5/10/2016 2:00PM
 Installing contractor representative: _____
 Testing contractor representative: Michael Todd
 Property representative: _____
 AHJ representative: _____



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 5/2/16 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: Brick North *****ADD TO EXISTING SYSTEM*****
Address: Thompson's Point
Description of property: Multi-purpose building
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: BH Milliken
Address: 175 Anderson St. Portland, ME 04101
Phone: 207-879-1877 Fax: E-mail:
Service organization: Norris, Inc
Address: 2257 West Broadway South Portland, ME 04106
Phone: 1-800-370-3473 Fax: n/a E-mail: www.norrisinc.com
Testing organization: n/a
Address: n/a
Phone: n/a Fax: n/a E-mail: n/a
Effective date for test and inspection contract: n/a
Monitoring organization: HSMC
Address:
Phone: 1-800-933-4762 Fax: n/a E-mail: n/a
Account number: 202-5900 Phone line 1: n/a Phone line 2: n/a
Means of transmission: Digital Communicator
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: At fire panel

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: Notifier Model number: NFS-320

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



Advancing security, life safety, and communications.

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: 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: Sealed Lead Acid
 Location, if remote from the plant: At fire panel
 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	n/a	B	n/a
Device Power	0	n/a		
Initiating Device	0	n/a	n/a	n/a
Notification Appliance	2	n/a	n/a	n/a
Other (specify):	0	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	13	Addressable	Alarm	n/a
Smoke Detectors	n/a	n/a	n/a	n/a
Duct Smoke Detectors	7	Conventional	Alarm	Photoelectric
Heat Detectors		n/a	n/a	n/a
Gas Detectors	n/a	n/a	n/a	n/a
Waterflow Switches	1	Conventional	n/a	n/a
Tamper Switches	1	Conventional	n/a	n/a



Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible, and Combination Audible and Visible.

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown, Fire/Smoke Dampers, Door Unlocking, Elevator Recall, and Elevator Shunt Trip.

11. INTERCONNECTED SYSTEMS

- Two checkboxes for interconnectivity: 'This system does not have interconnected systems.' and '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: [Name] Date: 5/2/16
Organization: BH Milliken Title: Electrician Phone: 207-879-1877

12.2 System Operational Test

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

Signed: [Signature] Printed name: Wade Morin Date: 5/2/16
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: