Norris Inc.

Advancing security, life safety, and communications.

SYSTEM RECORD OF COMPLETION

Form Completion Date: 10/04/2016 Supplemental Pages Attached: N/A

1. PROPERTY INFORMATION

Name of property: Loring House ********** ADDED TO SYSTEM**********

Address: 1125 Brighton Avenue, Portland, ME 04102

Description of property: 3 Story Brick 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: CASCO BAY ELECTRIC LLC

Address: 21 Rice St, Portland, ME 04103

Phone: (207) 221-3331 Fax: N/A E-mail: N/A

Service organization: N/A

Address: N/A

Phone: N/A Fax: N/A E-mail: N/A

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: N/A

Address: N/A

Phone: N/A Fax: N/A E-mail: N/A

Account number: N/A Phone line 1: N/A Phone line 2: N/A

Means of transmission: N/A

Entity to which alarms are retransmitted: N/A Phone: N/A

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☐ New system ■ Modification to existing system Permit number: N/A

NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: Notifier Model number: 5000

4.2 Software and Firmware

Firmware revision number: N/A

4.3 Alarm Verification

■ This system does not incorporate alarm verification.

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Number of devices subject to alarm verification: N/A Alarm verification set for N/A 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 volts Control panel amps: N/A

Overcurrent protection: Type: N/A Amps: N/A

Branch circuit disconnecting means location: N/A Number: N/A

5.1.2 Secondary Power

Type of secondary power: N/A

Location, if remote from the plant: N/A

Calculated capacity of secondary power to drive the system:

In standby mode (hours): N/A In alarm mode (minutes): N/A

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	Dual Media	N/A	B	N/A
Device Power	N/A	N/A	N/A	N/A
Initiating Device	N/A	N/A	N/A	N/A
Notification Appliance	Dual Media	N/A	B	N/A
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
N/A	N/A

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	N/A			
Smoke Detectors	N/A			
Duct Smoke Detectors	N/A			
Heat Detectors	N/A			
Gas Detectors	N/A			
Waterflow Switches	N/A			
Tamper Switches	N/A			

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SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	N/A	
Visible	7	Rooms 220,322
Combination Audible and Visible	N/A	

10. SYSTEM CONTROL FUNCTIONS

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

11. INTERCONNECTED SYSTEMS

☐ This system does not have interconnected systems.

☐ Interconnected systems are listed on supplementary sheet N/A .

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 tested according to all NFPA standards cited herein.

Signed: _____ Printed name: Nicholas Dyro Date: 10/04/2013

Organization: Norris Inc. Title: _____ Phone: _____

12.3 Acceptance Test

Date and time of acceptance test: 10/04/2016

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: N/A

AHJ representative: N/A

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