

# SYSTEM RECORD OF COMPLETION

Form Completion Date: 6/3/15 Supplemental Pages Attached: 0

## 1. PROPERTY INFORMATION

Name of property: Paris Farmers Union  
Address: 55 Warren Ave. Portland, ME  
Description of property: Retail  
Name of property representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: John Valencia - Mountain View Electric  
Address: \_\_\_\_\_  
Phone: 782-2350 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: Centralarm  
Address: \_\_\_\_\_  
Phone: 1-800-639-2066 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 196-1222 Phone line 1: 1-866-723-1292 Phone line 2: 1-866-577-9399  
Means of transmission: Digital Communicator  
Entity to which alarms are retransmitted: Portland Fire Dept Phone: 874-8576

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 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: NFW2-100

### 4.2 Software and Firmware

Firmware revision number: \_\_\_\_\_

### 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: 3.0  
 Overcurrent protection: Type: Circuit Breaker Amps: 20  
 Branch circuit disconnecting means location: Electrical Room Number: 2

##### 5.1.2 Secondary Power

Type of secondary power: SLA - Batteries  
 Location, if remote from the plant: Inside Panel  
 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	Unknown
Device Power			B	Unknown
Initiating Device				
Notification Appliance	3		B	Unknown
Other (specify):				

### 7. REMOTE ANNUNCIATORS

Type	Location
N/A	

### 8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	6	Addressable	Alarm	Dual Action
Smoke Detectors	1	Addressable	Alarm	Photo-electric
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches	2	Addressable	Alarm	Flow Switch
Tamper Switches	4	Addressable	Supervisory	Mechanical switch

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible	10	Horn strobes
Visible	4	Strobes
Combination Audible and Visible		

**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: [Signature] Printed name: John Valencia Date: 6/3/15  
 Organization: Mountain View Electric Title: President Phone: 207-752-2350

**12.2 System Operational Test**

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

Signed: [Signature] Printed name: Michael H Todd Date: 11/7/14  
 Organization: Norric Inc Title: Technician Phone: 883-3473

**12.3 Acceptance Test**

Date and time of acceptance test: 6/3/15 9:30AM  
 Installing contractor representative: [Signature]  
 Testing contractor representative: Michael Todd  
 Property representative: [Signature]  
 AHJ representative: [Signature]