

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: 9-5-19 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: FIRST LUTHERAN
Address: 132 AUBURN ST PORTLAND MAINE
Description of property: CHURCH WITH DAYCARE
Name of property representative: JOHN VALENCIA
Address: 448 CRWOLEY RD
Phone: 2077400140 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: MOUNTAIN VIEW ELECTRIC
Address: 448 CROWLEY RD PORTLAND MAINE
Phone: XXXXXXXXXXXXXXXXXXXX Fax: XXXXXXXX E-mail: 52 Old County Road, Sabattus, Maine 04280
Service organization: JOHSON CONTROLS
Address: 30 THOMAS DR WESTBROOK MAINE
Phone: 2078426440 Fax: _____ E-mail: _____
Testing organization: SAME
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: PORTLAND FIRE DEPARTMENT RADIO BOX
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: 2233 Phone line 1: _____ Phone line 2: _____
Means of transmission: RADIO TRANSMITTER
Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: _____

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: 2007

4.1 Control Unit

Manufacturer: SIMPLEX Model number: 4007H

4.2 Software and Firmware

Firmware revision number: 4.02 R3

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)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible	4	SANCTUARY TESTED AND PASSED 9-5-19

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	EXISTING
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: *[Signature]* Printed name: John Valencia Date: 9-5-19
 Organization: Mountain View Electric Title: ELECTRICIAN Phone: 207 740 0140

12.2 System Operational Test

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

Signed: *[Signature]* Printed name: BRONI GORELOV Date: 9-5-19
 Organization: JCI Title: OPS TECH Phone: 2078426440

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

SYSTEM RECORD OF COMPLETION *(continued)*

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120V Control panel amps: 15
 Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20
 Branch circuit disconnecting means location: PANEL BY FACP Number: 4

5.1.2 Secondary Power

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

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	EXISTING			
Smoke Detectors	2 TESTED/ PASSED 9-5	CONVENTIONAL	ALARM	PHOTO
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				