

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: _____ Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of property: _____

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Testing organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Effective date for test and inspection contract: _____

Monitoring organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: _____ Phone line 1: _____ Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____ 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: _____

4.1 Control Unit

Manufacturer: _____ Model number: _____

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: _____ 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: _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: _____

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				
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

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

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visual		
Combination Audible and Visual		

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 tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

EMERGENCY COMMUNICATIONS SYSTEMS SUPPLEMENTARY RECORD OF COMPLETION

This form is a supplement to the System Record of Completion. It includes systems and components specific to emergency communications systems.

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.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. DESCRIPTION OF SYSTEM OR SERVICE

Fire alarm with in-building fire emergency voice alarm communication system (EVAC)

Mass notification system

Combination system, with the following components:

Fire alarm EVACS MNS Two-way, in-building, emergency communications system

Other (specify): _____

NFPA 72 edition: _____ Additional description of system(s): _____

2.1 In-Building Fire Emergency Voice Alarm Communications System

Manufacturer: _____ Model number: _____

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of loudspeakers: _____ Number of loudspeaker circuits: _____

Location of amplification and sound processing equipment: _____

Location of paging microphone stations:

Location 1: _____

Location 2: _____

Location 3: _____

2.2 Mass Notification System

2.2.1 System Type:

In-building MNS—combination

In-building MNS Wide-area MNS Distributed recipient MNS

Other (specify): _____

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION *(continued)*

2. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

2.2.2 System Features:

- Combination fire alarm/MNS MNS autonomous control unit Wide-area MNS to regional national alerting interface
 Local operating console (LOC) Distributed-recipient MNS (DRMNS) Wide-area MNS to DRMNS interface
 Wide-area MNS to high power loudspeaker array (HPLA) interface In-building MNS to wide-area MNS interface
 Other (specify): _____

2.2.3 MNS Local Operating Consoles

Location 1: _____

Location 2: _____

Location 3: _____

2.2.4 High Power Loudspeaker Arrays

Number of HPLA loudspeaker initiation zones: _____

Location 1: _____

Location 2: _____

Location 3: _____

2.2.5 Mass Notification Devices

Combination fire alarm/MNS visual devices: _____ MNS-only visual devices: _____

Textual signs: _____ Other (describe): _____

Supervision class: _____

2.2.6 Special Hazard Notification

- This system does not have special suppression pre-discharge notification.
 MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS

3.1 Telephone System

Number of telephone jacks installed: _____ Number of warden stations installed: _____

Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered

3.2 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

Number of stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

**EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)**

3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS (continued)

3.3 Elevator Emergency Communications Systems

Number of elevators with stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

3.4 Other Two-Way Communications System

Describe: _____

4. CONTROL FUNCTIONS

This system activates the following control functions specific to emergency communications systems:

Type	Quantity
Mass Notification Override of Alarm Signaling Systems or Appliances	

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

POWER SYSTEMS SUPPLEMENTARY RECORD OF COMPLETION

This form is a supplement to the System Record of Completion. It includes systems and components specific to power systems that incorporate generators, ESS systems, remote battery systems, or other complex power systems. 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.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. SYSTEM POWER

2.1 Control Unit

2.1.1 Primary Power

Input voltage of control panel: _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

2.1.2 Engine-Driven Generator

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

2.1.3 Energy Storage Systems

Equipment powered by ESS system: _____

Location of ESS system: _____

Calculated capacity of ESS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.1.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.2 In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

2.2.1 Primary Power

Input voltage of EVACS or MNS panel: _____ EVACS or MNS panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION *(continued)*

2. SYSTEM POWER *(continued)*

2.2.2 Engine-Driven Generator

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

2.2.3 Energy Storage Systems

Equipment powered by ESS system: _____

Location of ESS system: _____

Calculated capacity of ESS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

2.3.1 Primary Power

Input voltage of power extender panel(s): _____ Power extender panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

2.3.2 Engine Driven Generator

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

2.3.3 Energy Storage Systems

Equipment powered by ESS system: _____

Location of ESS system: _____

Calculated capacity of ESS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

POWER SYSTEMS
SUPPLEMENTARY RECORD OF COMPLETION (continued)

2. SYSTEM POWER (continued)

2.4 Supervising Station Transmission Equipment

This system does not use transmission equipment within the building powered by any other source than the alarm system control unit.

2.4.1 Primary Power

Input voltage of shared transmission equipment: _____

Shared transmission equipment panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

2.4.2 Engine Driven Generator

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

2.4.3 Energy Storage Systems

Equipment powered by ESS system: _____

Calculated capacity of ESS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

2.4.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

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

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

This form is a supplement to the System Record of Completion. It includes a list of types and locations of notification appliance power extender panels.

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Insert N/A in all unused lines.*

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source

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

INTERCONNECTED SYSTEMS SUPPLEMENTARY RECORD OF COMPLETION

This form is a supplement to the System Record of Completion. It includes a list of types and locations of systems that are interconnected to the main system.

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.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. INTERCONNECTED SYSTEMS

Description	Location	Purpose

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

**DEVIATIONS FROM ADOPTED CODES AND STANDARDS
SUPPLEMENTARY RECORD OF COMPLETION**

This form is a supplement to the System Record of Completion. It enables the designer and/or installer to document and justify deviations from accepted codes or standards.

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.

Form Completion Date: _____ Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. DEVIATIONS FROM ADOPTED CODES OR STANDARDS

Description	Purpose

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