

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				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible		

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: _____