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: 11/29/23 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: MCOA South
Address: 1501 S Potomac DR Aurora, CO 80012
Description of property:
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: E Light Electric
Address: 361 Inverness DR Suite B Englewood, CO 80112
Phone: 303-754-0001 Fax: E-mail:
Service organization: Johnson Control / Simplex
Address: 14200 E Exposition Ave Aurora, CO
Phone: 303-973-5930 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: 2022-2247542 LT
NFPA 72 edition:

4.1 Control Unit

Manufacturer: Simplex Model number: 4100 ES

4.2 Software and Firmware

Firmware revision number: 5.02.01

4.3 Alarm Verification

☐ This system does not incorporate alarm verification.
Number of devices subject to alarm verification: 3 Alarm verification set for 60 seconds

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22-2247542

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC

Control panel amps: 20

Overcurrent protection: Type: Breaker

Amps: 20

Branch circuit disconnecting means location:

Number:

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid 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				
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	3	Addressable	Alarm	Photo
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				
Other (specify):				

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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: Elizabeth Parsons Date: 11/29/23

Organization: E Light Electric Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: _____ Printed name: Daniel Edwards Date: 11/29/23

Organization: JCI Title: Technician Phone: 513-816-9667

12.3 Acceptance Test

Date and time of acceptance test: 11/29/23 3:00pm

Installing contractor representative: _____ Elizabeth Parsons

Testing contractor representative: _____ Daniel Edwards

Property representative: _____

AHJ representative: _____

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