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: 5/13/2024 Supplemental Pages Attached:

22-2258138

1. PROPERTY INFORMATION

Name of property: Medical Center of Aurora 3rd floor refresh
Address: 1501 South Patomac, Aurora CO
Description of property: Hospitol
Name of property representative: Tyler
Address: 1501 South Patomac
Phone: 720-249-6558 Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: E-Light
Address: 361 Inverness Dr S. Ste B. Englewood, CO 80112
Phone: (303) 754-0001 Fax: E-mail:
Service organization:
Address:
Phone: Fax: E-mail:
Testing organization: Johnson Controls Inc
Address: 14200 Exposition Ave, Aurora CO
Phone: (303) 754-0001 Fax: E-mail:
Effective date for test and inspection contract: 5/21/2024
Monitoring organization: Simplex Grinnell
Address:
Phone: 888-746-7539 Fax: E-mail:
Account number: SD-6821 Phone line 1: Phone line 2:
Means of transmission: POTs
Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: FACP First floor main enterance

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: Simplex Model number: 4100ES

4.2 Software and Firmware

Firmware revision number: 6.04.02 rev333

4.3 Alarm Verification

This system does not incorporate alarm verification.
Number of devices subject to alarm verification: 20 Alarm verification set for 90 seconds

☐6. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 Control panel amps:
Overcurrent protection: Type: Breaker Amps:
Branch circuit disconnecting means location: Electrical Room panel 2LSL Number: breaker 21-23

5.1.2 Secondary Power

Type of secondary power: Battery Backup

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	1	addressable	Alarm	trualert
Smoke Detectors	30	addressable	Alarm	trualert
Duct Smoke Detectors				
Heat Detectors	1	adrressable	Alarm	trualert
Gas Detectors				
Waterflow Switches				
Tamper Switches				

☐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: Darren Bennett Printed name: Darren Bennett Date: 5/21/2024

Organization: Johnson Controls Inc. Title: FACP IV Phone: 720-601-0485

12.3 Acceptance Test

Date and time of acceptance test: 5/21/2024

Installing contractor representative: _____

Testing contractor representative: Darren Bennett

Property representative: _____

AHJ representative: _____

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