25-2503873

SYSTEM RECORD OF COMPLETION

Form Completion Date: 5/30/25 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Medical Center of Aurora ED CT
Address: 1501 S Potomac St
Description of property: Hospital
Name of property representative: Health one
Address: 4900 S. Monaco St
Phone: 303-946-5511 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: E Light Electric
Address: 361 Inverness Dr.
Phone: 303-754-0001 Fax: _____ E-mail: _____
Service organization: Johnson Control
Address: 14200 E Exposition Ave
Phone: 303-355-0500 Fax: _____ E-mail: _____
Testing organization: Johnson Control
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Effective date for test and inspection contract: _____
Monitoring organization: Johnson Control
Address: 14200 E Exposition Ave
Phone: 303-355-0500 Fax: _____ E-mail: _____
Account number: SD6821 Phone line 1: _____ Phone line 2: _____
Means of transmission: POTS
Entity to which alarms are retransmitted: Aurora Fire Phone: 303-627-3136

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: 2022

4.1 Control Unit

Manufacturer: Simplex Model number: 4100 ES

4.2 Software and Firmware

Firmware revision number: 6.04.02

4.3 Alarm Verification

☑ This system does not incorporate alarm verification.
Number of devices subject to alarm verification: 3 Alarm verification set for 90 seconds

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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: _____

Overcurrent protection: Type: Breaker

Amps: 20 Amps

Branch circuit disconnecting means location: _____

Number: _____

5.1.2 Secondary Power

Type of secondary power: Battery

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		X	B	0
Device Power				
Initiating Device				
Notification Appliance		X	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	0	N/A	N/A	
Smoke Detectors	3	Address	Alarm	
Duct Smoke Detectors	0	N/A	N/A	
Heat Detectors	0	N/A	N/A	
Gas Detectors	0	N/A	N/A	
Carbon Monoxide Detectors	0	N/A	N/A	
Waterflow Switches	0	N/A	N/A	
Tamper Switches	0	N/A	N/A	

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SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	N/A
Visual	1	Conventional
Combination Audible and Visual	1	Conventional

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0
	0

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: E Light Title: _____ Phone: _____

12.2 System Operational Test

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

Signed: _____ Printed name: Ellyn P. Date: 5/30/25

Organization: Johnson Controls Inc. Title: Fire Installer IV Phone: _____

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____ Shane Spirk

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

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