

**FIRE ALARM SYSTEM
RECORD OF COMPLETION**

Name of protected property: Aurora Medical OFFICE
 Address: 1411 South Patomas
 Representative of protected property (name/phone): Scott Stone (Fire Alarm Services)
 Authority having jurisdiction: Aurora
 Address/telephone number: _____

	Organization name/phone	Representative name/phone
Installer <u>Fire Alarm Services</u>		
Supplier _____		
Service organization <u>Fire Alarm Services</u>		
Location of record (as-built) drawings: <u>FAS Logbook (Electrical Room 1st Floor)</u>		
Location of operation and maintenance manuals: <u>" " " "</u>		
Location of test reports: <u>" " " "</u>		

A contract for test and inspection in accordance with NFPA standard(s)
 Contract No(s): _____ Effective date: _____ Expiration date: _____

System Software
 (a) Operating system (executive) software revision level(s): _____
 (b) Site-specific software revision date: 11-2013
 (c) Revision completed by: Fire Alarm Services (name) (firm)

1. Type(s) of System or Service

NFPA 72, Chapter 6 — Local
 If alarm is transmitted to location(s) off premises, list where received: _____

NFPA 72, Chapter 8 — Remote Station
 Telephone numbers of the organization receiving alarm:
 Alarm: _____
 Supervisory: _____
 Trouble: _____
 If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
 Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 8 — Proprietary
 Telephone numbers of the organization receiving alarm:
 Alarm: _____
 Supervisory: _____
 Trouble: _____
 If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____
 Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 8 — Central Station
 Prime contractor: CFP 1-800-662-1711
 Central station location: _____

(NFPA 72, 1 of 4)

FIGURE 4.5.2.1 Record of Completion.

Means of transmission of signals from the protected premises to the central station:

McCulloh Multiplex One-way radio
 Digital alarm communicator Two-way radio Others

Means of transmission of alarms to the public fire service communications center:

(a) _____
(b) _____

System location: _____

NFPA 72, Chapter 9 — Auxillary

Indicate type of connection: Local energy Shunt Parallel telephone

Location of telephone number for receipt of signals: _____

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by _____ on _____, includes the devices shown in 5 and 6, and has been in service since _____.

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, National Electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: [Signature] Date: 10-17-2013

Organization: Fire Alarm Services

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached _____.

All operational features and functions of this system were tested by _____ date _____ and found to be operating properly in accordance with the requirements of:

NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)

NFPA 70, National Electrical Code, Article 760

Manufacturer's instructions

Other (specify): _____

Signed: [Signature] Date: 11-21-13

Organization: Fire Alarm Services

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: _____ Class: _____

(NFPA 72, 2 of 4)

FIGURE 4.5.2.1 Continued

5. Alarm-Initiating Devices and Circuits
 Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):
 Quantity: 7 Style: _____ Class: B

MANUAL
 (a) Manual stations Noncoded Transmitters _____ Coded _____ Addressable _____
 (b) Combination manual fire alarm and guard's tour coded stations _____

AUTOMATIC
 Coverage: Complete _____ Partial
 Selective _____ Nonrequired _____

(a) Smoke detectors _____ Ion Photo _____ Addressable _____
 (b) Duct detectors _____ Ion Photo _____ Addressable _____
 (c) Heat detectors FT _____ RR _____ FT/RR _____ RC _____ Addressable _____
 (d) Sprinkler waterflow indicators: Transmitters _____ Noncoded _____ Coded _____ Addressable _____
 (e) The alarm verification feature is disabled or enabled _____, changed from _____ seconds to _____ seconds.
 (f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR
 (a) _____ Coded stations
 (b) _____ Noncoded stations
 (c) _____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations
 Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM
 Check if provided
 (a) Valve supervisory switches
 (b) _____ Building temperature points
 (c) _____ Site water temperature points
 (d) _____ Site water supply level points

Electric fire pump:
 (e) _____ Fire pump power
 (f) _____ Fire pump running
 (g) _____ Phase reversal

Engine-driven fire pump:
 (h) _____ Selector in auto position
 (i) _____ Engine or control panel trouble
 (j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:
 (a) _____ Selector in auto position
 (b) _____ Control panel trouble
 (c) _____ Transfer switches
 (d) _____ Engine running
 Other supervisory function(s) (specify): _____

(NFPA 72, 3 of 4)

FIGURE 4.5.2.1 Continued

7. Annunciator(s) NA
 Number: _____ Type: _____ Location: _____

8. Alarm Notification Appliances and Circuits
NFPA 72, Chapter 6 — Emergency Voice/Alarm Service
 Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____
 Quantity of speakers installed: _____ Quantity of speaker zones: _____
 Quantity of telephones or telephone jacks included in system: _____

Quantity and the class of notification appliance circuits connected to system (see *NFPA 72, Table 6.7*):
 Quantity: _____ Style: _____ Class: B

Types and quantities of notification appliances installed:
 (a) Bells _____ With Visible _____
 (b) Speakers _____ With Visible _____
 (c) Horns X With Visible X
 (d) Chimes _____ With Visible _____
 (e) Other: _____ With Visible _____
 (f) Visible appliances without audible: X

9. System Power Supplies
 (a) Fire Alarm Control Panel: Nominal voltage: 120V Current rating: 20A
 Overcurrent protection: Type: Breaker Current rating: 20A
 Location: Low Level Electrical Room

(b) Secondary (standby):
 Storage battery: _____ Amp-hour rating: 12
 Calculated capacity to drive system, in hours: 24
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

(c) Emergency system used as backup to primary power supply: Battery
 Emergency system described in *NFPA 70, Article 700*: _____

10. Comments
 Frequency of routine tests and inspections, if other than in accordance with the referenced *NFPA* standard(s): _____
 System deviations from the referenced *NFPA* standard(s) are: _____

 (signed) for installation contractor/supplier (title) Supervisor (date) 11-22-13

 (signed) for alarm service company (title) (date)

 (signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

 (signed) representative of the authority having jurisdiction (title) (date)

(*NFPA 72, 4 of 4*)

FIGURE 4.5.2.1 Continued



Fire Alarm Services, Inc.
 4800 W. 60th Avenue
 Arvada, CO 80003

Phone (303) 466-8800
 Fax (303) 466-8820

FIRE ALARM SYSTEM INSPECTION REPORT

Cover Sheet

Performed By:	FIRE ALARM SERVICES, INC. 4800 W. 60TH AVENUE ARVADA, CO 80003 PH: (303) 466-8800	Start Date:	October 17, 2013
Performed For:	1411 SOUTH POTOMAC STREET AURORA, CO 80012	Inspector:	S STENE
		Customer:	PETE STIFTER
		Phone:	720-641-7581

Control Panel	
Manufacturer	EST
Type	QUICKSTART
Location	MAIN ENTRY

System Monitoring	
Company	CFP
Phone #	1-800-662-1711
Account	A21-0963
Passcard #	CBRE

System Power Supplies				
Primary Voltage	120VAC	Battery Type	12 VOLTS DC	NOTE#
Overcurrent Protection	20AMP	Ampere Hour	8AH	N/A <input type="checkbox"/>
Panel Number	EM	Install Date	Oct-13	Load Test
Circuit Number	17	Battery Voltage	NEW	Left NEW
Location	LOWER LVL ELECTRICAL	Charge Voltage	NEW	Right NEW

Operational Test Results				
Alarm Received Within 90 sec. To Mon. Company	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Trouble Signals Received At Monitoring Company	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Panel Response To Zone Trouble	NORMAL	<input checked="" type="checkbox"/>		NOTE#
Panel Response To Signal Trouble	NORMAL	<input checked="" type="checkbox"/>		NOTE#
Panel Response To Battery Fail	NORMAL	<input checked="" type="checkbox"/>		NOTE#
Panel Response To AC Power Fail	NORMAL	<input checked="" type="checkbox"/>		NOTE#
Panel Response To Ground Fault	NORMAL	<input checked="" type="checkbox"/>		NOTE#

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Customer Signature:		Date:	
Inspector's Signature:	<i>Scott Stene</i>	Date:	October 17, 2013

FIRE ALARM SYSTEM INSPECTION REPORT

Transponders / Nodes / Booster Panels				
Manufacturer	EST			
Type	UNKNOWN			
Location	LOWER LEVEL ELECTRICAL			
Control Input by:	Address/Zone _____	Supervised	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NOTE# _____
Primary Voltage	120VAC	Battery Type	12 VOLTS DC	NOTE# _____
Overcurrent Protection	20AMP	Ampere Hour	7AH	
Panel Number	EM	Install Date	Oct-13	Load Test
Circuit Number	1	Battery Voltage	NEW	Left NEW
Location	LOWER LEVEL	Charge Voltage	NEW	Right NEW

Transponders / Nodes / Booster Panels				
Manufacturer	N/A			
Type	N/A			
Location	N/A			
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____
Primary Voltage		Battery Type		NOTE# _____
Overcurrent Protection		Ampere Hour		
Panel Number		Install Date		Load Test
Circuit Number		Battery Voltage		Left
Location		Charge Voltage		Right

Transponders / Nodes / Booster Panels				
Manufacturer	N/A			
Type	N/A			
Location	N/A			
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____
Primary Voltage		Battery Type		NOTE# _____
Overcurrent Protection		Ampere Hour		
Panel Number		Install Date		Load Test
Circuit Number		Battery Voltage		Left
Location		Charge Voltage		Right

Transponders / Nodes / Booster Panels				
Manufacturer	N/A			
Type	N/A			
Location	N/A			
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____
Primary Voltage		Battery Type		NOTE# _____
Overcurrent Protection		Ampere Hour		
Panel Number		Install Date		Load Test
Circuit Number		Battery Voltage		Left
Location		Charge Voltage		Right

FIRE ALARM SYSTEM INSPECTION REPORT

System Information

Authority Having Jurisdiction:

AURORA FIRE DEPT.

Phone:

303-739-7110

Inspection Frequency:

Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Semi-Annual	<input type="checkbox"/>
Annual 100 %	<input checked="" type="checkbox"/>

Door Holders Normal N/A

Model	UNKNOWN
Type	UNKNOWN
Voltage	24 VOLTS
Doors Release	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Note #	

Annunciation Normal N/A

Manufacturer		Model	
Type		Location	
Note #			

Egress Door Operation Normal N/A

Doors Unlock On General Alarm	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Doors Unlock With Floor Alarm	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Doors Relock After Alarm Reset	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Doors Relock After Alarm Reset	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Note #			Note #		

Fan Control Operation Normal N/A

Supply Fan Shut Down		Return Fan Shut Down	
Method Of Shut Down		Method Of Shut Down	
Stairwell Fan Pressurization			

Sprinkler Protection System Operation

Wet Sprinkler System	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Dry Sprinkler System	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coverage Area	ENTIRE BUILDING		Coverage Area	N/A	
Location Of Main Sprinkler Control Room	BASEMENT				

Fire Pump

Manufacturer	N/A	Model	N/A	Horse Power	N/A
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Monitoring Company Signals Verification

Signal Transmitted	Alarm	Trouble	Supervisory
Operator Contacted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name / #	OPERATOR	Note #	Note #

Fire Alarm Panel Testing Instructions

- 1.) CALL CFP AT 1-800-662-1711, P.W. CBRE, TO TAKE SYSTEM OFF-LINE.
- 2.) SEE OPERATING INSTRUCTIONS FOR STEP BY STEP PROCEDURES.
- 3.) WHEN WORK IS COMPLETE, RETURN SYSTEM TO NORMAL AND PLACE BACK ON-LINE.
- 4.)
- 5.)

FIRE ALARM SYSTEM INSPECTION REPORT

Elevator Recall Operation For Bank / Car # - 1			
Primary Elev. Recall	Normal <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Recall to Floor	1ST FLOOR	Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:		PANEL RESET & ELEVATOR KEY	

Elevator Recall Operation For Bank / Car # - 2			
Primary Elev. Recall	Normal <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Recall to Floor	1ST FLOOR	Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

Elevator Recall Operation For Bank / Car # -			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

FIRE ALARM SYSTEM INSPECTION REPORT

Notes and Recommendations

NOTE #	COMMENTS
#1	SYSTEM TESTED 100%, ALL OKAY!
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	
#11	

