

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: 05/10/2023 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Brenton residence
Address: 417 Valerie ct, Incline Village NV 89451
Description of property: Private residence
Name of property representative: Brenton
Address: 417 Valerie Ct, Incline Village NV 89451
Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: BattleBorn Alarm
Address: 59 Damonte Ranch Pkwy Suite B541, Reno NV 89521
Phone: 775-796-1911 Fax: _____ E-mail: BBA@BattleBornAlarm.com
Service organization: BattleBorn Alarm
Address: 59 Damonte Ranch Pkwy Suite B541, Reno NV 89521
Phone: 775-796-1911 Fax: _____ E-mail: BBA@BattleBornAlarm.com
Testing organization: BattleBorn Alarm
Address: 59 Damonte Ranch Pkwy Suite B541, Reno NV 89521
Phone: 775-796-1911 Fax: _____ E-mail: BBA@BattleBornAlarm.com
Effective date for test and inspection contract: _____
Monitoring organization: All American Monitoring
Address: 1301 Sarasota Center Blvd
Phone: 800-318-9486 Fax: _____ E-mail: AAM@AAMCS.com
Account number: BBA1036 Phone line 1: _____ Phone line 2: _____
Means of transmission: Cellular
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: 2022

4.1 Control Unit

Manufacturer: DSC 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: 16.5VAC Control panel amps: 40VA

Overcurrent protection: Type: _____ Amps: _____

Branch circuit disconnecting means location: Across From Panel 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): _____ 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	<u>18/4</u>			
Initiating Device	<u>18/4</u>		<u>D</u>	
Notification Appliance	<u>18/4</u>			
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
<u>Keypad</u>	<u>Front Door</u>

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations				
Smoke Detectors	<u>20</u>			
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches	<u>1</u>			
Tamper Switches				

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	20	Built into Smoke Detectors
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	4
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: _____