



NMSU FIRE DEPARTMENT SYSTEM RECORD OF COMPLETION



PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of Property:

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Testing organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Effective date for test and inspection: _____

Monitoring organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____

Phone: _____

DOCUMENTATION

On-site location of the required record documents and site-specific software:

NFPA 72 edition: _____

International Fire Code edition: _____



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DESCRIPTION OF SYSTEM OR SERVICE

This is a: _____ New system _____ Modification to existingsystem

Permit number: _____

Control Unit Manufacturer: _____

Model Number: _____

Software and Firmware: _____

Firmware revision number: _____

This system does not incorporate alarm verification: _____ Yes _____ No

Alarm Verification: _____

Number of devices subject to alarm verification: _____

Alarm verification set for _____ seconds.

See Main System Record of Completion for additional information, certifications, and approvals. This form is to be completed by the system installation contractor at the time of system acceptance and approval. Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: _____

Supplemental Pages Attached: _____