



**NMSU FIRE DEPARTMENT  
EMERGENCY COMMUNICATIONS SYSTEMS  
SUPPLEMENTARY RECORD OF COMPLETION**



**PROPERTY INFORMATION**

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

**DESCRIPTION OF SYSTEM OR SERVICE**

\_\_\_\_ Fire alarm with in-building fire emergency voice alarm communication system (EVAC)

\_\_\_\_ Mass notification system

\_\_\_\_ Combination system, with the following components:

\_\_\_\_ Fire alarm

\_\_\_\_ EVACS

\_\_\_\_ MNS

\_\_\_\_ Two-way, in-building, emergency communications system

\_\_\_\_ Other (specify): \_\_\_\_\_

Additional description of system(s): \_\_\_\_\_

NFPA 72 edition: \_\_\_\_\_

**In-Building Fire Emergency Voice Alarm Communications System**

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

Number of single voice alarm channels: \_\_\_\_\_ Number of speakers: \_\_\_\_\_

Number of multiple voice alarm channels: \_\_\_\_\_ Number of speaker circuits: \_\_\_\_\_

Location of amplification and sound processing equipment: \_\_\_\_\_

Location of paging microphone stations:

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

**Mass Notification System**

System Type:

\_\_\_\_ In-building MNS-combination

\_\_\_\_ In-building MNS

\_\_\_\_ Wide-area MNS

\_\_\_\_ Distributed recipient MNS

\_\_\_\_ Other (specify): \_\_\_\_\_

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: \_\_\_\_\_