



2760 Beverly Dr.  
Suite 9  
Aurora, IL 60502  
630.506.5535  
www.allegiantfire.net

**Report to:** Remington Development Partners, LLC **Date:** 11/25/2019  
**Property:** Remington Medical Commons, 329 Remington Blvd **Job Number:** 17588883  
**Address:** 329 Remington Blvd **Technician:**  
**City:** Bolingbrook **Chris Talbot**  
**State:** IL **Zip:** 60440

## ANNUAL FIRE ALARM INSPECTION REPORT

### MONITORING INFORMATION

Monitoring Agency: Westcomm Account #: 02-2113  
Phone #: 815-782-6789 Transmission Type: Radio OUT: 436 IN: 436

### FIRE ALARM CONTROL PANEL

Manufacturer: Firelite Model: MS-9200UDLS Last Inspection Date: First time  
Type:  Addressable  Conventional Location: Sprinkler Room

#### POWER

	YES	NO	N/A	Note #
Panel is powered by dedicated breaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Breaker location posted at FACP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breaker labeled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breaker locked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breaker Location: <u>Electric Room, FL 1</u> Panel #: <u>RP-1</u> Breaker: <u>CKT #42</u>				

#### BATTERIES

Description	Install Date	AMP/HR	Load Test %	PASS	FAIL	Notes
FACP	02/19/2019	18	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
NAC 1	05/01/2019	8	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
NAC 2	02/20/2016	7	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
NAC 3	09/22/2015	8	80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

#### NAC PANELS

Number/Description	Location	PASS	FAIL	Notes
NAC 1	Sprinkler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
NAC 2	Sprinkler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
NAC 3	Electric Room, Floor 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	



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## FIRE ALARM INSPECTION REPORT

DEVICE COUNTS							
Device Type	Quantity	Notes	Device Type	Quantity	PASS	FAIL	Notes
Manual pull stations	7		Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors	23		Horn/Strobe	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heat detectors	5		Strobe	58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Duct smoke detectors	5		Speaker		<input type="checkbox"/>	<input type="checkbox"/>	
Beam detectors			Door Holder		<input type="checkbox"/>	<input type="checkbox"/>	
Water flow switches	3		Fire Dampers		<input type="checkbox"/>	<input type="checkbox"/>	
Tamper switches	8		Annunciators		<input type="checkbox"/>	<input type="checkbox"/>	
Pressure switches			Elevator Recall	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	Notes
Was a lift needed to access any initiating devices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is FACP status normal/clear upon departure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did all notification devices operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All signals confirmed with Central Station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any initiating devices located in an elevator hoist way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire alarm documents being properly stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEVICE LIST							
Location	Type	Zone/Address	Listed Sensitivity	Tested Sensitivity	Functional PASS	FAIL	Notes
Sprinkler Room Above FACP	Smoke Detector	D007			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Pit	Smoke Detector	D012			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Top of Elevator Shaft	Smoke Detector	D014			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Lobby, Floor 1	Smoke Detector	D016			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Lobby, Floor 2	Smoke Detector	D017			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Equipment Room	Smoke Detector	D018			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 Sub-waiting	Smoke Detector	D037			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 SW Corr. 145	Smoke Detector	D038			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 South Corr. 136	Smoke Detector	D039			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 Staff Locker	Smoke Detector	D040			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 SE Corr. 136	Smoke Detector	D041			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 SW Mech. Storage	Smoke Detector	D042			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 SE Mech. Storage	Smoke Detector	D043			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 North Mech. Storage	Smoke Detector	D045			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 110 NE Med. Prep	Smoke Detector	D046			<input checked="" type="checkbox"/>	<input type="checkbox"/>	



