



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

**Report to:** Remington Development Partners, LLC **Date:** 03/02/2022  
**Property:** Remington Medical Commons, 329 Remington Blvd **Job Number:** 24013902  
**Address:** 329 Remington Blvd **Technician:**  
**City:** Bolingbrook Logan Sorenson, Horacio Rodriguez  
**State:** IL **Zip:** 60440

## ANNUAL FIRE ALARM INSPECTION REPORT

### MONITORING INFORMATION

Monitoring Agency: Wescom Monitoring Account #: 02-2113  
Phone #: 815-782-6789 Transmission Type: Radio OUT: Nina IN: Kelly

### FIRE ALARM CONTROL PANEL

Manufacturer: Firelite Model: MS-9200UDLS Last Inspection Date: 02/2021  
Type:  Addressable  Conventional Location: Main FACP/riser 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>1st floor Electric Room</u> Panel #: <u>House Panel RP-1</u> Breaker: <u>CKT #42</u>				

#### BATTERIES

Description	Install Date	AMP/HR	Load Test %	PASS	FAIL	Notes
Firelite Main FACP	03/12/2021	12v18ah	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC Panel 1	03/12/2021	12v8ah	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC Panel 2	03/12/2021	12v7ah	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC Panel 3	02/01/2021	12v8ah	100%	<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 Panel 1	Sprinkler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC Panel 2	Sprinkler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC Panel 3	2nd floor Electric Room	<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		<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	Notes
Was a lift needed to access any initiating devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	



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**FIRE ALARM INSPECTION REPORT**

NOTE #	COMMENTS
1.	During this 2022 annual fire alarm inspection Allegiant technicians tested all known and accessible life safety devices.
2.	Elevator pit/shaft devices and elevator fire recall functions tested successfully with assistance of KONE elevator technician.
3.	All alarm, supervisory, and trouble signals received and verified with operator Kelly.

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:  
By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in comments above.

OWNER / REPRESENTATIVE SIGNATURE

No agent on site

PRINT NAME

03/02/2022

DATE

INSPECTOR SIGNATURE

Logan Sorenson, Horacio Rodriguez 151691

PRINT NAME

NICET #

