



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

Report to: Sandwich Development Partners, LLC **Date:** 02/02/2023
Property: Sandwich Development Partners, LLC, Valley West Medical Office Building **Job Number:** 27122044
Address: 1310 Main St **Technician:**
City: Sandwich **Brandon Wakefield, Luis Arredondo**
State: IL **Zip:** 60548

ANNUAL FIRE ALARM INSPECTION REPORT

MONITORING INFORMATION

Monitoring Agency: EM24 Account #: L3-0570
Phone #: 773-725-4000 Transmission Type: Radio OUT: 125 IN: 48

FIRE ALARM CONTROL PANEL

Manufacturer: Notifier Model: AFP200 Last Inspection Date: 2021
Type: ☒ Addressable ☐ Conventional Location: Telephone Room 1st Floor

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>Electrical Room</u> Panel #: <u>LP-1</u> Breaker: <u>#3</u>				

BATTERIES

Description	Install Date	AMP/HR	Load Test %	PASS	FAIL	Notes
Telephone Room FACP	05/30/2019	12V 12AH	90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Telephone Room NAC 1	7/2020	12V 7 AH	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 2 Telephone Room	11/01/2018	12V 7AH	80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 3 2nd Floor	7/2020	12V 7AH	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 4 2nd Flr	10/2018	12v 7AH	80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 5 2nd Floor	7/2020	12v 7AH	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 6 2nd Floor	7/2020	12v 7 AH	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"/>	

NAC PANELS

Number/Description	Location	PASS	FAIL	Notes
NAC 1	Next to FACP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nac 2	Next to FACP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 3	2nd Floor Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 4	2nd Floor Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAC 5	2nd Floor Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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DEVICE COUNTS							
Device Type	Quantity	Notes	Device Type	Quantity	PASS	FAIL	Notes
Manual pull stations	6		Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors	16		Horn/Strobe	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heat detectors	3		Strobe	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Duct smoke detectors	12		Speaker		<input type="checkbox"/>	<input type="checkbox"/>	
Beam detectors			Door Holder		<input type="checkbox"/>	<input type="checkbox"/>	
Water flow switches			Fire Dampers		<input type="checkbox"/>	<input type="checkbox"/>	
Tamper switches			Annunciators		<input type="checkbox"/>	<input type="checkbox"/>	
Pressure switches			Elevator Recall		<input type="checkbox"/>	<input type="checkbox"/>	

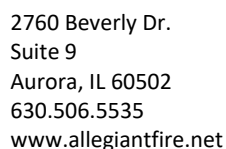
	YES	NO	N/A	Notes
Was a lift needed to access any initiating devices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is FACP status normal/clear upon departure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did all notification 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
Electrical Room	Smoke Detector	D01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Above FACP	Smoke Detector	D02			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Equipment Room	Smoke Detector	D03			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1st Floor Elevator Lobby	Smoke Detector	D04			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical Room	Smoke Detector	D08			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Telephone Room	Smoke Detector	D09			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2nd Floor Elevator Lobby	Smoke Detector	D10			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Pit	Smoke Detector	D11			<input type="checkbox"/>	<input type="checkbox"/>	1
Elevator Shaft	Smoke Detector	D12			<input type="checkbox"/>	<input type="checkbox"/>	1
West Exit	Manual Station	M01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suite 100 Exit	Manual Station	M02			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1st Floor West RTU Return Suite 105	Duct Detectors	M06			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1st Floor East RTU Return Suite 105	Duct Detectors	M07			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Elevator Equipment Room	Heat-Fixed/Rate-of-Rise	M08			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Main Vestibule Exit	Manual Station	M14			<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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