MICRO-EYE SECURITY SYSTEMS, INC.
13939 S. Kildare Ave. State of Illinois Alarm License: 127.00719
Crestwood, Il. 60418-2356
Office: (708)388-SAFE (7233) Fax: (708)388-2266 Email: microi@aol.com

Systems Test Inspection Report

Customer Name: **RANDALL MEDICAL BUILDING**
Location: **1710 NORTH RANDALL ROAD ELGIN, IL 60123** Date:**09/23/2022**

A. System Details New System **Inspection**
1. **Fire Alarm** Security Other
2. Is system connected to remote monitoring? **YES** NO
3. If yes, who is notified? **Central Station [X]** Fire Dept. [ ] Security [ ] Other [ ]
4. Communication: Digital [ ] Reverse polarity [ ] Tones Transmission [ ] **AES Radio [X]**
Radio #970665

B. Test And Inspection Of System
1. Were Control Panel Operation Functions Tested? **YES** NO NA
2. Did Operations Function Properly? **YES** NO NA
If No See, Deficiency Report.
3. Is Emergency Power Provided? **YES** NO NA
4. Battery Condition: **10-NEW PP12v8ah 07/07/2021 & 2-NEW PP12V7AH 03/08/2019**
DC Volts: **fire panel batts 13.43-13.40** Amp Hours: **11.65/18ah 12/18ah**
5. Charging Circuit Voltage Output: **27.19v (9/23/2022 1-new 12v8ah AES radio battery)**
(9/23/2022 2-12v8ah batts for Nac Panel 2A 3rd Flk Electric Room)

C: Detectors
1. Did Smoke Detectors Function Properly?(electric rm) **YES** NO NA
2. Were All Heats Inspected? except elevator hoistway. **YES** NO NA
3. Detector Type Are They Supervised?
Smoke **YES** NO NA
Heat **YES** NO NA
Duct **YES** NO NA
Other **YES** NO NA
1. Were All Switches Tested? YES NO **NA**
2. Switch Type Are They Supervised?
Water Flow *Sprinkler tested& serviced by* **YES** NO NA
Tamper *Shabaugh & Sons 888-217-7055* **YES** NO NA
Manual Pull **YES** NO NA
Other: Door *Holder Magnets* **YES** NO **NA**
3. Checked: Horn/Strobe & Strobe **YES** NO NA
5. Did Audibles operate to Spec? **YES** NO NA
6. Did Visuals Operate to Spec? **YES** NO NA
7. Did Trouble Signals Operate? **YES** NO NA

E. Annunciator
1. Working Properly? YES NO **NA**

F. Tested: Communication To:
Central Station [ ] **Fire Dept./Central Dispatch [X]** Other [ ]

1. Communication Was Tested For: Fire Alarm Signal **[X]** Trouble Signal **[X]** Secure Signal **[X]**
Supervisory **[X]**

G. System Returned To Normal Operation? **YES** NO
If No Please See Deficiency Report.

TECHNICIAN SIGNATURE: *Peter J. Angelus* DATE: **09/23/2022**