



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

Report to: Remington Development Partners, LLC **Date:** 03/27/2023 07:00am CDT, 03/27/2023 01:30pm CDT
Property: Remington Medical Commons, 329 Remington Blvd **Job Number:** 28218730
Address: 329 Remington Blvd **Technician:**
City: Bolingbrook Jeff Truchan, Luis Arredondo, Jon Rocke, Zachary Ross
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: 486 IN: 476

FIRE ALARM CONTROL PANEL

Manufacturer: Firelite Model: MS-9200UDLS Last Inspection Date: 2022
Type: Addressable Conventional Location: Riser Room

POWER

	YES	NO	N/A	Note #
Panel is powered by dedicated breaker?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	1
Top of Elevator Shaft	Smoke Detector	D014			<input type="checkbox"/>	<input type="checkbox"/>	1
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 type="checkbox"/>	<input type="checkbox"/>	1
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"/>	

