



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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Address: 1310 Main St

Technician:

City: Sandwich

Brandon Wakefield, Luis Arredondo

State: IL **Zip:** 60548

FIRE ALARM INSPECTION REPORT

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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FIRE ALARM INSPECTION REPORT

Table with 2 columns: NOTE #, COMMENTS. Contains notes about elevator shaft testing and unit 207 access.

Note: There is a separate panel and devices inside unit 105 that are tested by others.

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.

Not onsite to sign

OWNER / REPRESENTATIVE SIGNATURE

N/A

PRINT NAME

02/02/2023

DATE

Handwritten signature of Brandon Wakefield, Luis Arredondo

INSPECTOR SIGNATURE

Brandon Wakefield, Luis Arredondo 113268

PRINT NAME

NICET #



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Technician: Brandon Wakefield, Luis Arredondo

QUARTERLY FIRE SPRINKLER INSPECTION REPORT

Central Station	EM24	POS/Acct	L3-0570	Out	125	IN	48
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GENERAL		YES	NO	N/A	Note #
Is this property currently occupied?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Pump onsite?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fire Pumps, Gravity, Surface or Pressure Tanks in good external condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gravity, Surface and Pressure Tanks at proper pressure/levels?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FIRE DEPARTMENT CONNECTIONS		YES	NO	N/A	Note #
Visible and accessible?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs or caps in place?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identification signs are in place?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ball drip valve is functional/not leaking?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONTROL VALVES	QUANTITY	6	YES	NO	N/A	Note #
All Control Valves in the correct (open or closed) position?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locked or supervised?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily accessible?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free from damage or leaks?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper signage in place?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tamper Switches operate properly?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WET SYSTEMS	QUANTITY	2	YES	NO	N/A	Note #
Gauges read normal water pressure?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible and Free from damage and Leaks?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic placards secured to system and legible?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does main drain test results differ more than 10% from previous test?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Flow/Alarm Devices activate within required 90 seconds?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRY SYSTEMS	QUANTITY		YES	NO	N/A	Note #
Gauges reading normal water and/or air pressure?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm devices activate and are in good working condition?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quick opening devices operate correctly and are in service?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Priming water adequate?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Low Air pressure alarm free from damage and operational?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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QUARTERLY FIRE SPRINKLER INSPECTION REPORT

MAIN DRAIN AND WATERFLOW TEST RESULTS

Table with 8 columns: System #, Riser Size, Size of Test Pipe, PSI Static Pressure Before, PSI Residual Pressure, PSI Pressure After, Waterflow Time (sec), Note #. Rows include Floor 1 and Floor 2.

(*Any additional main drain/waterflow results will be listed on a separate sheet.)

THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: (these suggestions are not the result of an engineering survey)

Table with 2 columns: Note #, Improvements. Content is N/A.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Table with 1 column: Modifications. Content is N/A.

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 now was left in operational condition upon completion of this inspection except as noted in comments above.

Not onsite to sign

OWNER / REPRESENTATIVE SIGNATURE

PRINT NAME: N/A DATE: 02/02/2023

Inspector signature

INSPECTOR SIGNATURE

PRINT NAME: Brandon Wakefield, Luis Arredondo DATE: 113268 NICET #