



Fire Alarm · 24-Hour Monitoring · Fire and Safety Products · Security · Engineered Fire Suppression · Sprinkler Service
2730 Pinnacle Drive · Elgin, IL 60124-7943 · 847-695-5990 · Fax 847-695-3699 · www.foxvalleyfire.com

FIRE ALARM INSPECTION AND TESTING

1. PROPERTY INFORMATION

Name of property: ROYAL BLVD CONDO Worksite: 213430
Address: 2350 ROYAL BLVD STE 100 ELGIN, IL 60123
Description of property: MEDICAL BUILDING
Name of property representative: HEIDI KLIER
Address: _____
Phone: 847-695-8100 X 4 Fax: _____ E-mail: heidi2ventoassoc@aol.com
Service order number: ST00564625 Inspection frequency: ANNUAL

2. TESTING AND MONITORING INFORMATION

Testing organization: FOX VALLEY FIRE & SAFETY
Address: 2370 PINNACLE DR ELGIN IL 60124
Phone: 847-695-5990 Fax: 847-695-3699
Monitoring organization: SENTRY SECURITY
Address: 339 EGIDI, WHEELING, IL.
Phone: 888-272-7080 Account number: 4007-0837
Circuit number: _____ Phone line 1: 847-717-5131 Phone line 2: 847-717-5156
Means of transmission: DACT / REPLACED BATTERIES ONSITE

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: NOTIFIER Model Number: AFP-200

4.2 Panel Locations: PUMP / FACP RM

Firmware revision number: 2.43 B4

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120VAC Amps: 20 Location: HOUSE SUB PANEL IN ELECTRICAL RM

Overcurrent protection type: BREA^{AKR} Amps: 20 Disconnecting means location: CKT-9

4.3.2 Secondary Power

Type: BATTERIES Location: INSIDE FACP

Battery type (if applicable): SLA Amp hour rating: 7

Calculated capacity of batteries to drive the system

In standby mode (hours): 24 In alarm mode (minutes): 5



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5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: SENTRY/ANDREW	Time: 8:01 AM
Building management	Contact: NOS	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SEE SECTION 7
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
Door holder	<input type="checkbox"/>	<input type="checkbox"/>	
Door closure	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire damper	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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6.2 Power Supplies Continued

[illegible]



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6.3 Secondary Power

Location: FACP CABINET

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.4 Alarm and Supervisory Initiating Device

Description	Quantity	Visual Inspection	Functional Test	Comments
Manual pull	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Smoke detector	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Heat detector		<input type="checkbox"/>	<input type="checkbox"/>	
IR detector		<input type="checkbox"/>	<input type="checkbox"/>	
Beam detector		<input type="checkbox"/>	<input type="checkbox"/>	
Wet water flow	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dry water flow		<input type="checkbox"/>	<input type="checkbox"/>	
Duct detector	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote test station	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sprinkler tamper (supervisory)	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sprinkler low/high (supervisory)		<input type="checkbox"/>	<input type="checkbox"/>	
CO detector		<input type="checkbox"/>	<input type="checkbox"/>	
Low temperature		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump running		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump phase fail		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump phase reversal		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump trouble		<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen system		<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"/>	

6.5 Notification Appliances

Description	Quantity	Visual Inspection	Functional Test	Comments
Horn strobe	24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Strobe	79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speaker		<input type="checkbox"/>	<input type="checkbox"/>	
Speaker strobe		<input type="checkbox"/>	<input type="checkbox"/>	
Chime		<input type="checkbox"/>	<input type="checkbox"/>	
Bell	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	



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6.6 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		FACP IN TROUBLE UPON ARRIVAL
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

7. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING OR MAINTENANCE

FACP IN TROUBLE UPON ARRIVAL FO GROUND FAULT INTERNAL DAMAGE NEEDS TO BE REPLACED.



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8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 11/2/22 Time: _____

10. FIRE ALARM TECHNICIAN

Printed name: OMAR VELGARA Signature: _____
Qualifications/NICET ID: 156312 Expiration Date: 03/01/25

11. CUSTOMER SIGNATURE

Printed name: _____ Signature: _____

Date In: 11/02/22 Time In: 7:30 AM | Date Out: 11/02/22 Time Out: _____