



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

**Report to:** TJU Investments, LLC c/o Waveland Property Group, Inc. **Date:** 10/26/2023  
**Property:** Waveland Property, 369-373 Roosevelt **Job Number:** 31756548  
**Address:** 369 Roosevelt Road **Technician:**  
**City:** Glen Ellyn **Chris Talbot**  
**State:** IL **Zip:** 60137

## ANNUAL FIRE ALARM INSPECTION REPORT

### MONITORING INFORMATION

Monitoring Agency: DuComm Account #: 3132  
 Phone #: 630-690-8245 Transmission Type: Radio OUT: Larry IN: Larry

### FIRE ALARM CONTROL PANEL

Manufacturer: Firelite Model: MS-9200UDLS Last Inspection Date: First time  
 Type:  Addressable  Conventional Location: Sprinkler Room

#### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Breaker Location: <u>By FACP</u> Panel #: <u>HP</u> Breaker: <u>CKT #7</u>				

#### BATTERIES

Description	Install Date	AMP/HR	Load Test %	PASS	FAIL	Notes
FACP	08/25/2020	7	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"/>	
				<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
		<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"/>	



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## FIRE ALARM INSPECTION REPORT

DEVICE COUNTS							
Device Type	Quantity	Notes	Device Type	Quantity	PASS	FAIL	Notes
Manual pull stations	4		Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors	2		Horn/Strobe	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heat detectors			Strobe	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Duct smoke detectors	2		Speaker		<input type="checkbox"/>	<input type="checkbox"/>	
Beam detectors			Door Holder		<input type="checkbox"/>	<input type="checkbox"/>	
Water flow switches	2		Fire Dampers		<input type="checkbox"/>	<input type="checkbox"/>	
Tamper switches	4		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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	1D001			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HVAC #2	Smoke Detector	1D014			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit A RTU-2	Duct Detectors	1D002			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit B RTU-4	Duct Detectors	1D003			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit A NE Exit	Manual Station	1M007			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit A South Exit	Manual Station	1M009			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit B South Exit	Manual Station	1M010			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unit B NW Exit	Manual Station	1M011			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Tamper Switches	1M001			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Tamper Switches	1M002			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Tamper Switches	1M003			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Tamper Switches	1M012			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Waterflow Device	1M004			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sprinkler Room	Waterflow Device	1M013			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fan Shutdown	Relay Module	1M006			<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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NOTE #	COMMENTS
	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 at this time was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout w/ Glen

OWNER / REPRESENTATIVE SIGNATURE

Report emailed to customer 10/26/2023

PRINT NAME DATE

INSPECTOR SIGNATURE

Chris Talbot 118229

PRINT NAME NICET #