

DETECTION

SYSTEMS & SERVICE INC.

CERTIFICATION / INSPECTION REPORT

SUBSCRIBER				ALARM COMPANY			
Name Salt Creek MOB				DETECTION SYSTEMS & SERVICE, INC.			
Address 8 Salt Creek In				1035 Havens Court			
C-S-Z Hinsdale, IL				Downers Grove, IL 60515			
Phone				Phone: (630) 705-9585			

FIRE ALARM CONTROL PANEL													
Manufacturer/model: EST IO 500						Number of Zones:							
Does panel indicate normal condition:			Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Does the silence switch operate:			Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Are all indicating lights in working order:			Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Are the batteries Properly charged:			Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Does trouble light operate:			Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Batteries:		Qty: 2	Volt: 12	AH: 26		

FIRE DETECTION INITIATION AND ANNUNCIATION DEVICES											
Device	Qty	Tested	Cleaned	Pass	Fail	Device	Qty	Tested	Cleaned	Pass	Fail
Remote Annun.	1	1		1		Smoke Det. (Photo)	7	7		7	
Audio/Visual	60	60		60		Smoke Det.(Ion)					
Visuals only	134	134		134		Smoke Det. (Duct)	13	13		13	
Bells						Thermal Det. (ROR)	2	2		2	
Waterflow (Paddle)	5	5		5		Thermal Det. (FT)					
Waterflow (Pressure)						Manual Pull Station	9	9		9	
Valve Tamp. (OS&Y)	7	7		7							
Valve Tamp. (PIV)											
NAC Power Expander	4	4		4							

SPRINKLER SYSTEM SUPERVISORY DEVICES							
Main Drain Test	Static Pressure 60			psi	Residual Pressure (flowing)		psi
Waterflow	Riser #1	Riser #2	Riser #3	Riser #4	Riser #5	Riser #6	
	3rd Fl	2nd Fl	1st Fl	Elev pit	Elev top		
Delay (secs)	45 sec	42 sec	40 sec	43 sec	41 sec		

REMOTE MONITORING			
Monitoring Station Type: Central		Transmitter Type: Radio	
Monitoring Performed by: Ducom		Connection Date:	
Phone / Channel numbers used in transmission:			
Did Fire Alarm panel transmit properly for:	Alarm: Yes	Trouble: Yes	Alarm Trouble Over Ride: Yes

NOTES/COMMENTS

Inspector name: _____ Inspection: Pass: Fail:

DEVIATIONS FROM NFPA72		
INSPECTION		
Inspection performed by: Manuel Godinez	NICET# 236623	Date: 10-20-2023