



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 SUITES
Name of property representative: HEIDI KLIER
Address: _____
Phone: 847-695-8100 X 4 Fax: _____ E-mail: heidi2ventoassoc@aol.com
Service order number: ST00745175 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: EMERGENCY 24
Address: 999 E. TOUHY AVE, DES PLAINES, IL 60018
Phone: 855-751-4025 Account number: FV-3490
Circuit number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: RADIO

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: NFS-320

4.2 Panel Locations: SPRINKLER ROOM

Firmware revision number: 029.000.001

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 20 Location: ELECTRICAL ROOM
Overcurrent protection type: BREAKER Amps: 20 Disconnecting means location: HOUSE SUB PANEL / CKT-9

4.3.2 Secondary Power

Type: BATTERIES Location: IN FACP CABINET
Battery type (if applicable): SEALED LEAD ACID Amp hour rating: 12
Calculated capacity of batteries to drive the system
In standby mode (hours): 24 In alarm mode (minutes): 5



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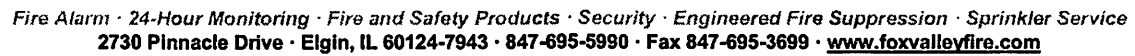
5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>EMERGENCY 24</u>	Time: <u>7:03 AM</u>
Building management	Contact: <u>JONATHAN</u>	Time: <u>7:05 AM</u>
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"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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"/>	



6.2 Power Supplies

[illegible]

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FIRE ALARM INSPECTION AND TESTING

6.2 Power Supplies Continued

[illegible]



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6.3 Secondary Power

Location: IN FACP CABINET

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SEE SECTION 7
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	2	<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"/>	SEE SECTION 7
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	25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SEE SECTION 7
Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Strobe	83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SEE SECTION 7
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"/>	7:22 AM	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:55 AM	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:41 AM	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11:30 AM	
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

THE DUCT DETECTOR LOCATED IN SUITE 100 ABOVE THE CEILING BEHIND THE NURSES STATION (D09) IS BROKEN.

THE MAIN FIRE PANEL BATTERIES ARE THE INCORRECT SIZE AS THEY ARE NOT RATED FOR THE CHARGER.

THE HORN STROBE LOCATED IN SUITE 200 BY THE DARK ROOM FAILED TO OPERATE.

THE HORN STROBE LOCATED IN SUITE 700 IN THE MAIN THERAPY ROOM FAILED TO OPERATE.

THE HORN STROBE LOCATED IN SUITE 300 BY EXAM ROOM #2 IS NOT PROPERLY MOUNTED.

BOTH OF THE STROBES LOCATED IN SUITE 500 IN THE WAITING AREA AND IN THE EMPLOYEE BREAK ROOM FAILED TO OPERATE.

UNABLE TO TEST THE RELAY LOCATED IN THE SPRINKLER ROOM ABOVE THE FIRE PANEL (M43) AS THE FUNCTION IS UNKNOWN (NO LABEL IN PROGRAMMING).



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8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>EMERGENCY 24</u>	Time: <u>11:42 AM</u>
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: 10/17/2024 Time: 11:30 AM

10. FIRE ALARM TECHNICIAN

Printed name: DAN TAUBE Signature: _____
Qualifications/NICET ID: 153849 Expiration Date: 3/01/2027

11. CUSTOMER SIGNATURE

Printed name: _____ Signature: _____

Date In: 10/17/2024 Time In: 7:00 AM | Date Out: 10/17/2024 Time Out: 11:45 AM