



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: TAYLOR JAMIESON
Address: 117 W WILLOW AVE C/O WAVELAND PROPERTY GRP WHEATON, IL 60187
Phone: 630-230-1223 Fax: _____ E-mail: TAYLOR@WAVELANDPROP.COM
Service order number: ST00856161 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: ABOVE FACP

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: 29.000.001

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: FACP CABINET

Battery type (if applicable): SEAL LEAD ACID Amp hour rating: 18 AH

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>8:00 AM</u>
Building management	Contact: _____	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"/>	
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"/>	QTY:1
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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6.3 Secondary Power

Location: IN 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	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"/>	
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"/>	
Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Strobe	83	<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"/>	8:25AM	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:49PM	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:15AM	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:52PM	
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

- ALL 3 REMOTE POWER SUPPLIES LOCATED IN JANITOR / SPRINKLER ROOM BATTERIES FAILED LOAD TEST. (QTY 6) 12V-7AH
- ALL HORNSTROBES AND STROBES LOCATED IN SUITE 500 ARE OUT OF SYNC WHEN AUDIO VISUALS WERE TESTED DURING INSPECTION.
- UNABLE TO FUNCTIONALLY TEST DUCT DETECTOR (D19 IN SUITE 600) DUE TO OFFICE DIRECTOR DENYING ACCESS. RTS ONLY AT THIS TIME.



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8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>EMERGENCY 24</u>	Time: <u>2:15PM</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: 1/12/26 Time: 2:15PM

10. FIRE ALARM TECHNICIAN

Printed name: MANUEL MENJIVAR Signature: _____
Qualifications/NICET ID: 170698 Expiration Date: 2028-05-01

11. CUSTOMER SIGNATURE

Printed name: _____ Signature: _____

Date In: 1/12/26 Time In: 8:00 AM | Date Out: 1/12/26 Time Out: 2:15PM