

## **ADDENDUM 1**

**PROJECT:** 07-19-002 Fire Alarm Maintenance, Testing and Support RFP  
**BID / TIME DUE:** August 9, 2019 @ 1:00 P.M.

### **QUESTIONS:**

1. For the fire alarm test and inspection bid, it mentions that the fire alarm contractor will be responsible for all materials, labor, and installations. I am just wondering if that means that I have to include cost for materials/installations outside of the annual test and inspection? Because it also mentions something about a 10% mark-up on devices that need to be added. So basically, will the school cover materials and labor for service work performed outside of the inspections? Or is the contractor responsible for it?
  - a. Yes, we will allow for a 10% mark-up on work to be added.
2. Can I get drawings and inspection reports?
  - a. Yes. Inspection Reports are included with Addendum 1.
  - b. Identify which drawings you would like to have access.
3. Will we have to provide certified payroll?
  - a. No, you will not be required to provide certified payroll.

**This addendum does not change the due date or time.**

**END OF DOCUMENT**

**Sugar Grove**

Rt. 47 at Waubonsee Drive  
Sugar Grove, IL 60554-9454  
(630) 466-7900

**Aurora Downtown**

18 S. River St.  
Aurora, IL 60506-4131  
(630) 801-7900

**Aurora Fox Valley**

2060 Ogden Ave.  
Aurora, IL 60504-7222  
(630) 585-7900

**Plano**

100 Waubonsee Drive  
Plano, IL 60545-2276  
(630) 552-7900

**INSPECTION AND TESTING FORM**

Date: 28 DEC 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
Address: 1550 Shore Naperville, IL  
Representative: Brian Clark  
License No.: 124-000-429  
Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesaee CC, Bodie / Von Ohlen  
Address: PT 47  
City: Sugar Grove  
Contact: ED Plante

**MONITORING ENTITY**

Contact: Rapid Response  
Telephone: 877-285-5390  
Monitoring Account Ref. No.: SND 96284

**APPROVING AGENCY**

Contact: Tri-Comm Fire  
Telephone: 630-377-0911

**TYPE TRANSMISSION**

- McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_

**SERVICE**

- Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EDWARDS  
Model No.: EST-3  
Circuit Styles: B style 4  
Number of Circuits: N/A  
Software Rev.: N/A

Last Date System Had Any Service Performed: N/A  
Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>18</u>	<u>B</u>	<u>18</u>	Manual Fire Alarm Boxes
<u>120</u>	<u>B</u>	<u>120</u>	Ion Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Photo Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Duct Detectors
<u>8</u>	<u>B</u>	<u>8</u>	Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____		_____	Building Temp.
_____		_____	Site Water Temp.
_____		_____	Site Water Level
_____		_____	Fire Pump Power
_____		_____	Fire Pump Running
_____		_____	Fire Pump Auto Position
_____		_____	Fire Pump or Pump Controller Trouble
_____		_____	Fire Pump Running
_____		_____	Generator in Auto Position
_____		_____	Generator or Controller Trouble
_____		_____	Switch Transfer
_____		_____	Generator Engine Running
_____		_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 6 Style(s) 4

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5

Overcurrent Protection: Type Breaker Amps 15

Location (of Primary Supply Panelboard): \_\_\_\_\_

Disconnecting Means Location: 1PF EAST

(b) Secondary (Standby):

24 VDC Storage Battery: Amp-Hr Rating 2x55AH

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:21:25	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PP	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAPID	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 12/26/18 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
 Address: 1550 Shore Rd  
 Representative: Brian Clark  
 License No.: 124 000429  
 Telephone: 630 369 2900

**MONITORING ENTITY**

Contact: Rapio Response  
 Telephone: \_\_\_\_\_  
 Monitoring Account Ref. No.: \_\_\_\_\_

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
 Control Unit Manufacturer: EDWARDS  
 Model No.: EST-3  
 Circuit Styles: Class B style y  
 Number of Circuits: \_\_\_\_\_  
 Software Rev.: N/A

**PROPERTY NAME (USER)**

Name: Waukonsee Auditorium  
 Address: 100 Waukonsee Drive  
 City: Sugar Grove  
 Contact: EO Plante

**APPROVING AGENCY**

Contact: Sugar Grove F.D.  
 Telephone: \_\_\_\_\_

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
 Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>4</u>	<u>B</u>	<u>4</u>	Manual Fire Alarm Boxes
<u>1</u>	<u>B</u>	<u>1</u>	Ion Detectors
_____	_____	_____	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4

Overcurrent Protection: Type Breaker Amps 15

Location (of Primary Supply Panelboard): 120 VAC

Disconnecting Means Location: SAME

(b) Secondary (Standby):

24 VDC Storage Battery: Amp-Hr Rating 55

Calculated capacity in 110 Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK ↓
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:55:35	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:55:35	↓
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WAUBONSEE P.D.	1670
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid Response	1530
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: 12/26/18 Time: 1530

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: MICHAEL KOVAC Date: 12/26/18 Time: 1530

Signature: [Signature]

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 28 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: Sound Inc  
Address: 1550 Shore RD.  
Representative: Brian Clark  
License No.: 124 000429  
Telephone: 630 369 2900

**PROPERTY NAME (USER)**

Name: Waukegan / ACP  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Contact: \_\_\_\_\_

**MONITORING ENTITY**

Contact: Rapid Response  
Telephone: \_\_\_\_\_  
Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVING AGENCY**

Contact: Sugar Grove F.D.  
Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
Control Unit Manufacturer: EDWARDS  
Model No.: EST -3  
Circuit Styles: B style y  
Number of Circuits: \_\_\_\_\_  
Software Rev.: N/A

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>4</u>	<u>B</u>	<u>4</u>	Manual Fire Alarm Boxes
<u>28</u>	<u>B</u>	<u>28</u>	Ion Detectors
_____	_____	_____	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4  
 Overcurrent Protection: Type BREAKER Amps 15  
 Location (of Primary Supply Panelboard): Electrical RM 1ST FLOOR  
 Disconnecting Means Location: SAME

(b) Secondary (Standby):  
24 VDC Storage Battery: Amp-Hr Rating 45  
 Calculated capacity in 110 Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK ↓
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**COMBINATION SYSTEMS**

	<b>Visual</b>	<b>Device Operation</b>	<b>Simulated Operation</b>
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Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**INTERFACE EQUIPMENT**

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SUPERVISING STATION MONITORING**

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00:19	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00:19	OK
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTIFICATIONS THAT TESTING IS COMPLETE**

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waubensee P.D.	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid Response	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: 12/27/18 Time: 1530

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: Mike Kovar Date: 12/27/18 Time: 1530

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

INSPECTION AND TESTING FORM

Date: 26 Dec 18 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND Inc  
 Address: 1550 Shore RD  
 Representative: Brian Clark  
 License No.: 124 000429  
 Telephone: 630 369 2900

**PROPERTY NAME (USER)**

Name: WAUBONSEE ACKERLAW  
 Address: 100 RT 47  
 City: SUGAR GROVE  
 Contact: \_\_\_\_\_

**MONITORING ENTITY**

Contact: Rapid Response  
 Telephone: \_\_\_\_\_  
 Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVING AGENCY**

Contact: SUGAR GROVE F.D.  
 Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EDWARDS  
 Model No.: EST-3  
 Circuit Styles: Class B Style X  
 Number of Circuits: \_\_\_\_\_  
 Software Rev.: N/A

Last Date System Had Any Service Performed: N/A

Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>12</u>	<u>B</u>	<u>12</u>	Manual Fire Alarm Boxes
<u>62</u>	<u>B</u>	<u>62</u>	Ion Detectors
<u>8</u>	<u>B</u>	<u>8</u>	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage \_\_\_\_\_ Amps \_\_\_\_\_

Overcurrent Protection: Type \_\_\_\_\_ Amps \_\_\_\_\_

Location (of Primary Supply Panelboard): \_\_\_\_\_

Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):

24VDC Storage Battery: Amp-Hr Rating ~~110 AH~~ 55AH

Calculated capacity in 110 AH Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	NA

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	



	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:40:38	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:40:38	↓
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:40:38	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:40:38	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WABOSEE P.D.	1530
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RADIO	1530
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: 11/26/18 Time: 1530

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: MIC KAVAR Date: 11/26/18 Time: 1530

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 19 Nov 16 Time: 0700

**SERVICE ORGANIZATION**

Name: Sound inc  
 Address: 1550 Shore RD  
 Representative: Brian Clark  
 License No.: 124 000429  
 Telephone: 630 369-2900

**MONITORING ENTITY**

Contact: Rapio Response  
 Telephone: \_\_\_\_\_  
 Monitoring Account Ref. No.: SND 96296

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
 Control Unit Manufacturer: EDWARDS  
 Model No.: FST-3  
 Circuit Styles: Class B style 4  
 Number of Circuits: 6  
 Software Rev.: N/A

**PROPERTY NAME (USER)**

Name: Waubensee Plano  
 Address: 100 Waubensee Drive  
 City: Plano  
 Contact: ED Plante

**APPROVING AGENCY**

Contact: Plano F.D.  
 Telephone: \_\_\_\_\_

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A

Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>7</u>	<u>B</u>	<u>7</u>	Manual Fire Alarm Boxes
<u>10</u>	<u>B</u>	<u>10</u>	Ion Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
<u>2</u>	<u>B</u>	<u>2</u>	Heat Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
<u>64</u>	<u>4</u>	<u>64</u>	Other (Specify): _____

No. of alarm notification appliance circuits: 8

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 8 Style(s) Y

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 4  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): Electrical Room  
 Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby): 2 x 12 V 44 A.H.  
 Storage Battery: Amp-Hr Rating \_\_\_\_\_

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	↓
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A
<b>TRANSIENT SUPPRESSORS</b>	<input checked="" type="checkbox"/>		OK
<b>REMOTE ANNUNCIATORS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	↓

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11:55:28	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EO Plante	1500
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid Response	1500
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

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System restored to normal operation: Date: 19 NOV 18 Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: MIKE KOVAR Date: 19 NOV 18 Time: \_\_\_\_\_

Signature: 

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



INSPECTION AND TESTING FORM

Date: 11/21/18 Time: 0700

SERVICE ORGANIZATION

Name: SOUND INC
Address: 1550 Shorewood Newport, RI
Representative: Brian Clark
License No.: 124-000-429
Telephone: 630-369-2900

PROPERTY NAME (USER)

Name: Waubunsee Co. Auto Body
Address: #47
City: Sugar Grove
Contact: ED Plante

MONITORING ENTITY

Contact: Rapid Response
Telephone: 877-285-5390
Monitoring Account Ref. No.:

APPROVING AGENCY

Contact: Tri-Comm Fire
Telephone: 630-377-0911

TYPE TRANSMISSION

McCulloh Multiplex Digital
Reverse Priority RF
Other (Specify)
Control Unit Manufacturer: Edwards
Model No.: EST-3
Circuit Styles: B style 4
Number of Circuits: 4
Software Rev.: N/A

SERVICE

Weekly Monthly Quarterly
Semiannually Annually
Other (Specify)

Last Date System Had Any Service Performed: N/A
Last Date That Any Software or Configuration Was Revised: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Table with 3 columns: Quantity of Devices Installed, Circuit Style, Quantity of Devices Tested. Rows include Manual Fire Alarm Boxes (6), Ion Detectors, Photo Detectors, Duct Detectors (14), Heat Detectors (14), Waterflow Switches, Supervisory Switches, and Other (Specify).

Alarm verification feature is disabled enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>12</u>		<u>12</u>	Bells
			Horns
			Chimes
			Strobes
<u>13</u>		<u>13</u>	Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72<sup>®</sup>, Table 6.6.1):

Quantity 4 Style(s) X

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): Rear Electrical Room NW  
 Disconnecting Means Location: Same

(b) Secondary (Standby):  
24 DC Storage Battery: Amp-Hr Rating 12V 55AH x2

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A
<b>TRANSIENT SUPPRESSORS</b>	<input checked="" type="checkbox"/>		OK
<b>REMOTE ANNUNCIATORS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07:54:18	OK
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waub PD	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RPPD	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shop mgr.	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 29 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: Sound INC  
Address: 1550 Shore Rd  
Representative: Brian Clark  
License No.: 124-000-429  
Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesaee Fox Valley  
Address: 2060 OGDEN  
City: \_\_\_\_\_  
Contact: ED Plante

**MONITORING ENTITY**

Contact: Rapid Response  
Telephone: \_\_\_\_\_  
Monitoring Account Ref. No.: SUD 96298

**APPROVING AGENCY**

Contact: Aurora PD  
Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
Control Unit Manufacturer: EDWARDS  
Model No.: EST-3  
Circuit Styles: Class B  
Number of Circuits: 6  
Software Rev.: N/A

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>8</u>	<u>B</u>	<u>8</u>	Manual Fire Alarm Boxes
<u>6</u>	<u>B</u>	<u>6</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Heat Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
<u>164</u>	<u>B</u>	<u>164</u>	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72<sup>®</sup>, Table 6.6.1):

Quantity B Style(s) Y

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
 \_\_\_\_\_ Storage Battery: Amp-Hr Rating \_\_\_\_\_  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	ok
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Rapid Response</u>	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 28 DEC 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
Address: 1550 Shore Rd. Naperville, IL  
Representative: Brian Clarke  
License No.: 124-000-429  
Telephone: 630-369-2900

**MONITORING ENTITY**

Contact: Rapid Response  
Telephone: \_\_\_\_\_  
Monitoring Account Ref. No.: SND.9630

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
Control Unit Manufacturer: EDWARDS  
Model No.: EST-3  
Circuit Styles: Class B style V  
Number of Circuits: 6  
Software Rev.: N/A

**PROPERTY NAME (USER)**

Name: Wauhansee Downtown Aurora  
Address: 18 South River  
City: EP PLATE  
Contact: 630-816-6381

**APPROVING AGENCY**

Contact: Aurora FD  
Telephone: \_\_\_\_\_

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>28</u>	<u>B</u>	<u>28</u>	Manual Fire Alarm Boxes
<u>180</u>	<u>B</u>	<u>180</u>	Ion Detectors
<u>11</u>	<u>B</u>	<u>11</u>	Photo Detectors
<u>10</u>	<u>B</u>	<u>10</u>	Duct Detectors
<u>5</u>	<u>B</u>	<u>5</u>	Heat Detectors
<u>21</u>	<u>B</u>	<u>21</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
210	4	210	Bells
			Horns
			Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 24

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 24 Style(s) 4

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 6

Overcurrent Protection: Type Breaker Amps 15

Location (of Primary Supply Panelboard): Basement

Disconnecting Means Location: Same

(b) Secondary (Standby):

14 12V 7AH BATS Storage Battery: Amp-Hr Rating \_\_\_\_\_

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK ↓
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Specific Gravity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>TRANSIENT SUPPRESSORS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
<b>REMOTE ANNUNCIATORS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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"/>	<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"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>OK</u>
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Campus PD</u>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: 28 DEC 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
 Address: 1550 Shore Rd. Naperville IL  
 Representative: Brian Clark  
 License No.: 124-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesaer CC - B106A  
 Address: RT 47  
 City: Sugar Grove  
 Contact: Ed Plante

**MONITORING ENTITY**

Contact: Rapid Response  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: SND 996280

**APPROVING AGENCY**

Contact: Tri-Comm-Fire  
 Telephone: 630-816-6384

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
 Control Unit Manufacturer: Edwards  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: 4  
 Software Rev.: N/A

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date That Any Software or Configuration Was Revised: \_\_\_\_\_

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>6</u>		<u>6</u>	Manual Fire Alarm Boxes
<u>78</u>	<u>B</u>	<u>78</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
			Duct Detectors
<u>3</u>		<u>3</u>	Heat Detectors
<u>6</u>		<u>6</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	S	_____	Building Temp.
_____		_____	Site Water Temp.
_____		_____	Site Water Level
_____		_____	Fire Pump Power
_____		_____	Fire Pump Running
_____		_____	Fire Pump Auto Position
_____		_____	Fire Pump or Pump Controller Trouble
_____		_____	Fire Pump Running
_____		_____	Generator in Auto Position
_____		_____	Generator or Controller Trouble
_____		_____	Switch Transfer
_____		_____	Generator Engine Running
_____		_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 4 Style(s) Y

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): South Center Entry  
 Disconnecting Means Location: Same

(b) Secondary (Standby):  
24 VDC Storage Battery: Amp-Hr Rating 12V - 55AH x 2  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK ↓
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Specific Gravity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**TRANSIENT SUPPRESSORS**

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
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**REMOTE ANNUNCIATORS**

REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
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**NOTIFICATION APPLIANCES**

Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
S		<input type="checkbox"/>	<input type="checkbox"/>	S		<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	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"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 28 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND IN  
 Address: 1550 Shore Rd, Naperville IL  
 Representative: Brian Clark  
 License No.: 124-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesaee CC STUDENT CTR.  
 Address: 847  
 City: Sugar Grove  
 Contact: ED Plante

**MONITORING ENTITY**

Contact: Rapid Response  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: 996290

**APPROVING AGENCY**

Contact: TRI - Comm - Fire  
 Telephone: 630-377-0911

**TYPE TRANSMISSION**

- McCulloh  Multiplex  Digital  
 Reverse Priority  XRF  
 Other (Specify) \_\_\_\_\_

**SERVICE**

- Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EDWARDS  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: 1  
 Software Rev.: N/A

Last Date System Had Any Service Performed: N/A

Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>9</u>		<u>9</u>	Manual Fire Alarm Boxes
<u>83</u>	<u>B</u>	<u>83</u>	Ion Detectors
<u>18</u>	<u>B</u>	<u>18</u>	Photo Detectors
<u>13</u>	<u>B</u>	<u>13</u>	Duct Detectors
<u>2</u>		<u>2</u>	Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72<sup>®</sup>, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 vac Amps 6

Overcurrent Protection: Type Breaker Amps 15

Location (of Primary Supply Panelboard): 142A Electrical RM

Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
24 vac Storage Battery: Amp-Hr Rating 2 x 55AH

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" type="checkbox"/>	
<b>TRANSIENT SUPPRESSORS</b>	<input checked="" type="checkbox"/>		
<b>REMOTE ANNUNCIATORS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	



	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	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"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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\_\_\_\_\_

System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSPECTION AND TESTING FORM**

Date: 29 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
Address: 1550 Shore Rd NAPSQUILLIC  
Representative: Brian Clarke  
License No.: 124-000-429  
Telephone: 630-369-2900

**MONITORING ENTITY**

Contact: Rapid Response  
Telephone: 877-285-5390  
Monitoring Account Ref. No.: SND 96276

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
Control Unit Manufacturer: EDwards  
Model No.: EST-3  
Circuit Styles: B style 4  
Number of Circuits: 4  
Software Rev.: N/A

**PROPERTY NAME (USER)**

Name: Waukesha Co. Science Bldg  
Address: RT 47  
City: Sugar Grove  
Contact: ED PLANT

**APPROVING AGENCY**

Contact: Tri-Comm Fire  
Telephone: 630-316 6384

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>9</u>	<u>B</u>	<u>9</u>	Manual Fire Alarm Boxes
<u>10</u>	<u>B</u>	<u>10</u>	Ion Detectors
<u>2</u>	<u>B</u>	<u>2</u>	Photo Detectors
<u>5</u>	<u>B</u>	<u>5</u>	Duct Detectors
	<u>B</u>	<u>5</u>	Heat Detectors
	<u>B</u>	<u>5</u>	Waterflow Switches
		<u>15</u>	Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 4 Style(s) 4

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): West Electrical  
 Disconnecting Means Location: Same

(b) Secondary (Standby): 24 VDC Storage Battery: Amp-Hr Rating 55 AH

Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	N/A
Specific Gravity		<input type="checkbox"/>	
<b>TRANSIENT SUPPRESSORS</b>	<input checked="" type="checkbox"/>		OK
<b>REMOTE ANNUNCIATORS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	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"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DD	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAPID	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: 28 APR 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
 Address: 1550 Shore Rd. NAPERVILLE IL  
 Representative: Brian CLARK  
 License No.: 124-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesaes CC OPS BLDG  
 Address: RT 47  
 City: Sugar Grove  
 Contact: ED PLANTA

**MONITORING ENTITY**

Contact: RAPID Response  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVING AGENCY**

Contact: Tri-Comm Fire  
 Telephone: 630-377-0911

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
 Control Unit Manufacturer: Edwards  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: \_\_\_\_\_  
 Software Rev.: \_\_\_\_\_

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date That Any Software or Configuration Was Revised: \_\_\_\_\_

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>3</u>	<u>B</u>	<u>3</u>	Manual Fire Alarm Boxes
<u>3</u>	<u>B</u>	<u>3</u>	Ion Detectors
<u>2</u>	<u>B</u>	<u>2</u>	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 2  
 Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):  
 Quantity 2 Style(s) Y

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby): 24 VDC Storage Battery: Amp-Hr Rating 2 x 12V - 55AH  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

**TYPE**

	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

**TYPE**

	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	↓
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A

**TRANSIENT SUPPRESSORS**

	<input checked="" type="checkbox"/>		OK
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**REMOTE ANNUNCIATORS**

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
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**NOTIFICATION APPLIANCES**

Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	





COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	ok
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	ok
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PD	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RATIP	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

\_\_\_\_\_

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\_\_\_\_\_

System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



INSPECTION AND TESTING FORM

Date: 29 Dec 2018 Time: \_\_\_\_\_

SERVICE ORGANIZATION

Name: SOUND INC
Address: 1550 Shore Rd
Representative: Brian Clark
License No.: 124-000-429
Telephone: 630-369-2900

PROPERTY NAME (USER)

Name: Waubesa CC Henning BCDG
Address: RT 47
City: Sugar Grove
Contact: Ed Plante

MONITORING ENTITY

Contact: Rapid Response
Telephone: 877-285-5390
Monitoring Account Ref. No.:

APPROVING AGENCY

Contact: Tri-Comm Fire
Telephone: 630-377-0911

TYPE TRANSMISSION

McCulloh Multiplex Digital
Reverse Priority RF
Other (Specify)
Control Unit Manufacturer: Edwards
Model No.: EST-3
Circuit Styles: B style 4
Number of Circuits:
Software Rev.:

SERVICE

Weekly Monthly Quarterly
Semiannually Annually
Other (Specify)

Last Date System Had Any Service Performed:

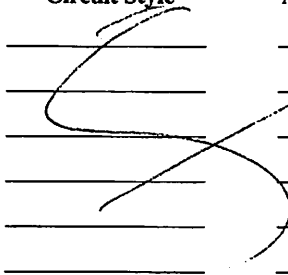
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Table with 3 columns: Quantity of Devices Installed, Circuit Style, Quantity of Devices Tested. Lists various alarm devices like Manual Fire Alarm Boxes, Ion Detectors, etc.

Alarm verification feature is disabled enabled

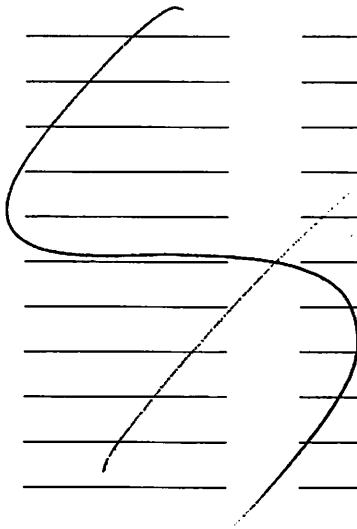
**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____		_____	Bells
_____		_____	Horns
_____		_____	Chimes
_____		_____	Strobes
_____		_____	Speakers
_____		_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____		_____	Building Temp.
_____		_____	Site Water Temp.
_____		_____	Site Water Level
_____		_____	Fire Pump Power
_____		_____	Fire Pump Running
_____		_____	Fire Pump Auto Position
_____		_____	Fire Pump or Pump Controller Trouble
_____		_____	Fire Pump Running
_____		_____	Generator in Auto Position
_____		_____	Generator or Controller Trouble
_____		_____	Switch Transfer
_____		_____	Generator Engine Running
_____		_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72<sup>®</sup>, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 V AC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
24 VDC Storage Battery: Amp-Hr Rating 2 x 55 AH  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

### SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK ↓ N/A
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

### TRANSIENT SUPPRESSORS

### REMOTE ANNUNCIATORS

### NOTIFICATION APPLIANCES

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

### INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### EMERGENCY COMMUNICATIONS EQUIPMENT

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK ↓
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	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"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DD	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAPID	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: 28 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: Sound Inc  
 Address: 1550 Shore RD Naperville IL  
 Representative: Brian Clark  
 License No.: 124-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesa Erickson/Fiola House  
 Address: RT 47  
 City: Sugar Grove  
 Contact: ED Platka

**MONITORING ENTITY**

Contact: Rapid Response  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVING AGENCY**

Contact: Tri - Comm Fire  
 Telephone: 630-377-0911

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RRF  
 Other (Specify) EDWARDS  
 Control Unit Manufacturer: SNO 96268  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: 4  
 Software Rev.: N/A

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date That Any Software or Configuration Was Revised: \_\_\_\_\_

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>20</u>	<u>B</u>	<u>20</u>	Manual Fire Alarm Boxes
<u>50</u>	<u>B</u>	<u>50</u>	Ion Detectors
<u>10</u>	<u>B</u>	<u>10</u>	Photo Detectors
			Duct Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Heat Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 6 Style(s) 4

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): Erikson West FACP RM  
 Disconnecting Means Location: same

(b) Secondary (Standby): 24 VDC Storage Battery: Amp-Hr Rating 2 x 55AH  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	





COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<i>OK</i>
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>P.D</i>	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	<i>R.A.P.I.D</i>	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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\_\_\_\_\_

System restored to normal operation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: 28 DEC 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
 Address: 1550 SHORE RD NAPERVILLE, IL  
 Representative: BRIAN CLARK  
 License No.: B24-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubesa CC Dickson Blvd  
 Address: RT 47  
 City: SUGAR GROVE  
 Contact: ED PLANTE

**MONITORING ENTITY**

Contact: RAPID RESPONSE  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: 996288

**APPROVING AGENCY**

Contact: TR1 - COMM FIRE  
 Telephone: 630-377-0911

**TYPE TRANSMISSION**

- McCulloh  Multiplex  Digital
- Reverse Priority  RF
- Other (Specify) \_\_\_\_\_

**SERVICE**

- Weekly  Monthly  Quarterly
- Semiannually  Annually
- Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EDWARDS  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: \_\_\_\_\_  
 Software Rev.: \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
 Last Date That Any Software or Configuration Was Revised: N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>11</u>	<u>B</u>	<u>11</u>	Manual Fire Alarm Boxes
<u>92</u>		<u>92</u>	Ion Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Photo Detectors
<u>7</u>	<u>B</u>	<u>7</u>	Duct Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Heat Detectors
<u>18</u>	<u>B</u>	<u>18</u>	Waterflow Switches
<u>2</u>	<u>B</u>	<u>2</u>	Supervisory Switches
			Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120 VAC Amps 5  
 Overcurrent Protection: Type Breaker Amps 15  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
24 VDC Storage Battery: Amp-Hr Rating 12 V 55AH x 2  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



**COMBINATION SYSTEMS**

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INTERFACE EQUIPMENT**

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING STATION MONITORING**

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	ok
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	↓
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTIFICATIONS THAT TESTING IS COMPLETE**

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_



**INSPECTION AND TESTING FORM**

Date: 28 Dec 2018 Time: 0700

**SERVICE ORGANIZATION**

Name: SOUND INC  
 Address: 1550 SHORERD NAPERVILLE, IL  
 Representative: BRIAN CLARK  
 License No.: 124-000-429  
 Telephone: 630-369-2900

**PROPERTY NAME (USER)**

Name: Waubonssee Coll. Collins Bldg  
 Address: Rt 47 Sugar Grove  
 City: Sugar Grove  
 Contact: Ed Plante

**MONITORING ENTITY**

Contact: RAPID RESPONSE  
 Telephone: 877-285-5390  
 Monitoring Account Ref. No.: SND96265

**APPROVING AGENCY**

Contact: Tri-Comm Fire  
 Telephone: 630-377-0911

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify) \_\_\_\_\_  
 Control Unit Manufacturer: EDWARDS  
 Model No.: EST-3  
 Circuit Styles: B style 4  
 Number of Circuits: 4  
 Software Rev.: N/A

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify) \_\_\_\_\_

Last Date System Had Any Service Performed: N/A  
 Last Date That Any Software or Configuration Was Revised: \_\_\_\_\_

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>8</u>	<u>B</u>	<u>8</u>	Manual Fire Alarm Boxes
<u>12</u>	<u>B</u>	<u>12</u>	Ion Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is  disabled  enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 4 Style(s) 4

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120VAC Amps 5  
 Overcurrent Protection: Type SEMI DEF RM Amps 15  
 Location (of Primary Supply Panelboard): SAME  
 Disconnecting Means Location: SAME

(b) Secondary (Standby):  
24VDC Storage Battery: Amp-Hr Rating 2x 12V 55AH  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY COMMUNICATIONS EQUIPMENT**

TYPE	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Phone Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	





	Visual	Device Operation	Simulated Operation
<b>COMBINATION SYSTEMS</b>			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACE EQUIPMENT</b>			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISING STATION MONITORING</b>	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"/>	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>NOTIFICATIONS THAT TESTING IS COMPLETE</b>	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PD	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAPID	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System restored to normal operation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_