

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1577569 **Vendor Name:** Ardent Alarm LLC

**Check Details:**

**Check Number:** 0347159 **Check Amount:** \$ 400.00 **Check Date:** 12/16/2025

**Invoice Details:**

**Invoice Number:** 10222504 **Invoice Date:** 10/22/2025 **PO Number:** P0020018 **Voucher Number:** V0916238

**Document Type:** AP Invoice

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**Document Below**

INVOICE

Ardent Alarm  
P.O. Box 408  
ST. CHARLES, IL 60174

jaden@ardentalarm.com  
+1 (866) 770-7386



Bill to  
College of DuPage  
500 Kuhn Road  
Illinois  
Carol Stream, IL 60188

Ship to  
College of DuPage  
College of DuPage  
500 Kuhn Road  
Carol Stream, Illinois

Invoice details

P.O. Number: P0020018

Invoice no.: 10222504

Terms: Net 30

Invoice date: 10/22/2025

Due date: 11/21/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Testing	Testing of the fire alarm system for the above referenced location.	1	\$400.00	\$400.00

Total

\$400.00

Ways to pay



Contact Ardent Alarm to pay.

View and pay



St. Charles, Illinois 60174  
Phone: 630.553.4560

## FIRE ALARM INSPECTION AND TESTING REPORT

Company: College of DuPage	Date: 10/16/2025
Address: 500 Kuhn Road	Last Insp: 10/22/2024
City, State, Zip: Carol Stream, Illinois 60188	Insp By: MJA

### MONITORING

Entity Name: _____		YES	NO
	Monitor Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Account Reference #: 1338	Alarm Put In Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Acknowledge Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone Number: 630.690.8245	Acknowledge Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Monitoring Back In Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Phone #: _____			
Secondary Phone #: _____	Additional Information: _____		

### FACP

Charging Circuit Output: 27.46 Volts	Make: NOTIFIER
Battery Voltage: 28.3 Volts	Model: AFP100
Battery Size: 2X12VDC 12AH	
Date Due for Replacement: 10/2027	
Location of Breaker Panel: Main Entrance	
Addressable: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
# of Initiating Zones <input type="text"/>	Devices <input type="text"/>
# of Indicating Circuits <input type="text"/>	Devices <input type="text"/>

	YES	NO	N/A
Power Loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Power Loss (Does Panel Recognize Low or Loss of Battery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zone Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfaced Equipment (Door Magnets, Annunciators)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps, LED's, Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
System left in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The alarm system functions as installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Noted violations have been corrected or have been authorized for repair?	<input type="checkbox"/>	<input type="checkbox"/>
Reason not authorized:		
Customer's printed name:	Customer's signature:	

### DEFICIENCIES

### RECOMMENDATIONS / NOTES

MICHAEL ALLEN  
Ardent Alarm LLC, Inspector



St. Charles, Illinois 60174  
Phone: 630.553.4560

## FIRE ALARM INSPECTION AND TESTING REPORT

Company: College of DuPage	Date: 10/16/2025
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### Auxiliary Functions

**Annunciator:** Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Location: \_\_\_\_\_ Pass: \_\_\_\_\_ / Fail: \_\_\_\_\_ Note: \_\_\_\_\_

**Remote L.E.D'S:** \_\_\_\_\_ Pass: \_\_\_\_\_ / Fail: \_\_\_\_\_ Note: \_\_\_\_\_

**Communicator:** Manufacture DUCOM/KELTRON Model: \_\_\_\_\_

Location: FACP Pass: X / Fail: \_\_\_\_\_ Note: \_\_\_\_\_

**Door Holders:** QTY: 2 Pass: X / Fail: \_\_\_\_\_ Note: \_\_\_\_\_

**Hvac Shutdown:** QTY: \_\_\_\_\_ Pass: \_\_\_\_\_ / Fail: \_\_\_\_\_ Note: \_\_\_\_\_



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## Alarm Device Report

COMPANY NAME: College of DuPage

ADDRESS: 500 Kuhn Road

CITY/STATE: Carol Stream, Illinois 60188

DATE: 10/16/2025

BY: MJA

### LEGEND

SD - Smoke Detector HD - Heat Detector DD-Duct Detector WF - Waterflow TP - Tamper HS - Horn Strobe S - Strobe AN - Ansul  
PS - Pull Station DH - Door Holder CM - Control Module RLY - Relay Module MP - Manual Pull DM - Magnetic Door Closer

ITEM	ZONE	TYPE	L	LOCATION	PASS	FAIL	NOTES	ITEM
1	M1	PS		EAST EXIT	X			1
2	M2	PS		NORTH CLASS ROOM	X			2
3	M3	PS		NORTH CORRIDOR	X			3
4	M4	PS		WEST EXIT	X			4
5	M5	SP		OS&Y	X			5
6	M6	WF		MAIN FLOW	X			6
7	M7	RLY		DOOR HOLDER	X			7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
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18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25



St. Charles, Illinois 60174

Phone: 630.553.4560

## Device Summary

COMPANY NAME: College of DuPage

ADDRESS: 500 Kuhn Road

CITY/STATE: Carol Stream, Illinois 60188

DATE: 10/16/25

BY:

MJA

Device	QTY	QTY Tested	Cleaned	OK
Smoke Detectors				
Heat Detectors				
RTU Smoke Detectors				
Horns / Strobes	20	20		X
Pull Stations	4	4		X
Flow Switches	1	1		X
OS and Y Tamper Switches	2	2		X
Butterfly Tamper Switches				
PIV Tamper Switches				
Outside Bells / Strobes	1	1		X
Control Panel	1	1		X
Nac Panel / ADA Booster				
Communication / Reporting	1	1		X
Keltron Module / Radio	1	1		X
Batteries	2	2		X
Other - Pull Station Covers	4	4		X

Jason LeGrand <jason@ardentalarm.com>

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[External] po# P0020018

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Jason LeGrand <jason@ardentalarm.com>

Wed, Oct 22, 2025 at 04:27 PM UTC

CC:

BCC:

**CAUTION:** This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

See the attached invoice for this P.O.

Jason LeGrand  
P.O. Box 408  
St. Charles, IL 60174

O: 866.770.7386 ext 103  
C: 630.383.8078

[jason@ardentalarm.com](mailto:jason@ardentalarm.com)  
[Ardent Alarm](#)

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**2 attachments**

Invoice 10222504.pdf

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