



2760 Beverly Dr.
Suite 9
Aurora, IL 60502
630.506.5535
www.allegiantfire.net

Report to: Remington Development Partners, LLC
Property: Remington Medical Commons
Address: 329 Remington Blvd
City: Bolingbrook
State: IL **Zip:** 60440

Date: 02/22/2021
Job Number: 20511277
Technician: Barry Trenholm, Mark Zauner

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Wescom Monitoring	POS/Acct	02-2113	Out	Heidi	IN	Mike
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GENERAL	YES	NO	N/A	Note #
Is this property currently occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Pump onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Pumps, Gravity, Surface or Pressure Tanks in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gravity, Surface and Pressure Tanks at proper pressure/levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all appropriate information signs and placards in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPRINKLERS (visible)	YES	NO	N/A	Note #
Free of damage or leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of corrosion, foreign material, paint, or loading?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed in proper orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid in glass bulbs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spare head box contains proper number and type of heads, including wrench(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escutcheon plates are present and installed correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum clearance between sprinklers and storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinklers tested or replaced per appropriate testing schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PIPING	YES	NO	N/A	Note #
In good condition with no external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of leaks or mechanical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct alignment/No external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet Sprinkler piping not exposed to freezing temperatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hangers/bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FIRE DEPARTMENT CONNECTIONS	YES	NO	N/A	Note #
Visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Couplings swivel and operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs or caps in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identification signs are in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ball drip valve is functional/not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ANTI-FREEZE SYSTEMS	YES	NO	N/A	Note #
Have all anti-freeze systems been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper signage and placard info in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

LOCATION / AREA PROTECTED	TEMP	Note #	LOCATION / AREA PROTECTED	TEMP	Note #
1			3		
2			4		

(*Any additional anti-freeze system results will be listed in Note # Section)



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FIVE YEAR REQUIREMENTS				YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the piping in all systems been checked for obstructive materials within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System Gauges tested or replaced within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONTROL VALVES				YES	NO	N/A	Note #
All Control Valves in the correct (open or closed) position?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locked or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily accessible?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free from damage or leaks?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper signage in place?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tamper Switches operate properly?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Control Valves operated through full range and return to normal position?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OS&Y Valves properly lubricated?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Description	Type	Size	Location	Note #
City (Before backflow)	OS&Y	4"	Sprinkler Room	
City (After backflow)	OS&Y	4"	Sprinkler Room	
1st Floor	Butterfly	4"	Sprinkler Room	
2nd Floor	Butterfly	4"	Sprinkler Room	
Stand Pipe	Butterfly	4"	Sprinkler Room	
Top of Shaft	Butterfly	2"	Top of Shaft	
Elev Pit	Butterfly	2"	Elev Pit	
City Feed	OS&Y	10"	Sprinkler Room	

(*Any additional control valves will be listed on a separate sheet.)

MAIN DRAIN AND WATERFLOW TEST RESULTS				YES	NO	N/A	Note #
Do main drain test results differ more than 10% from previous test?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note #
1st Floor	4"	2"	65	40	50	W/60	
2nd Floor	4"	2"	65	40	50	W/60	
Stand Pipe	4"	2"	65	40	50	W/60	

(*Any additional main drain/waterflow results will be listed on a separate sheet.)

