

2760 Beverly Dr. Suite 9 Aurora, IL 60502 630.506.5535 www.allegiantfire.net Report to: Sandwich Develoment Partners, LLC Date:

Property: Sandwich Development Partners, LLC, Valley West Medical Office Building Job Number:

Address: 1310 Main St City: Sandwich

State: IL **Zip:** 60548

Date: 01/29/2021

b Number: 20511363

Technician:

Mike Harvey

QUARTERLY FIRE SPRINKLER INSPECTION REPORT

Central Station	EM24	POS/Acct	L3-0570	Out	24	-	IN	24
Is this property currently occ Fire Pump onsite? Fire Pumps, Gravity, Surface Gravity, Surface and Pressure	upied? or Pressure Tanks in god		ndition?		YES	<i>NO</i>	<i>N/A</i>	Note#
Visible and accessible? Plugs or caps in place? Identification signs are in pla Ball drip valve is functional/r	ot leaking?		TIONS		YES V V	<i>NO</i>	<i>N/A</i>	Note#
CONTROL VALVES All Control Valves in the corre Locked or supervised? Easily accessible? Free from damage or leaks? Proper signage in place? Tamper Switches operate pro					YES V V V V V V			Note#
WET SYSTEMS Gauges read normal water p Accessible and Free from dan Hydraulic placards secured to Does main drain test results Water Flow/Alarm Devices a	mage and Leaks? o system and legible? differ more than 10% fro	om previous te	st?		YES V V V	<i>NO</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<i>N/A</i>	Note#
DRY SYSTEMS Gauges reading normal water Alarm devices activate and a Quick opening devices opera Priming water adequate? Low Air pressure alarm free p	re in good working cond te correctly and are in so	lition? ervice?			YES	<i>NO</i>		Note#



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				& 0.	KIEKLI FIKE S					
			MAIN DRAIN	AND WATERFLOW	TEST RESULTS					
	System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note #		
	Floor 1	3"	1.25"	45	30	40	Within 60			
	Floor 2	3"	1.25"	45	30	40	Within 60			
		(*Any additi	ional main drain/s	waterflow results will	be listed on a separate sh	eet.)				
		THE INS	PECTOR SUGGE	ESTS THE FOLLOW	ING NECESSARY IMPF	ROVEMENTS				
Note #					lt of an engineering s					
	None at this time.									
		MODIFICAT	TIONS OR CORI	RECTIONS MADE L	OURING THIS INSPECT	TON:				
N/A										
INICALC	TION O SUCCESTED	IN ARRON (EN AENITO NA			EDGLIGATED ON MIED O	D OWNERS DEPRE	CENTATIVE			
By this sig	TION & SUGGESTED I gnature, I certify: I state th upon completion of this in	at the information on th	is form is correct o	at the time and place			_	erational		
	No Ag	ent on Site			_		/ //_			
OWNER / REPRESENTATIVE SIGNATURE				INI	INSPECTOR SIGNATURE					
J VV IV LT	Y NEI NESEIVIAIIVE	SIGNATOILE		IIV.	HIST ECTOR SIGNATORE					

01/29/2021

DATE