



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

Report to: Sandwich Development Partners, LLC
Property: Valley West Medical Office Building
Address: 1310 Main St
City: Sandwich
State: IL **Zip:** 60548

Date: 02/09/2022
Job Number: 23680888
Technician: Chris Temes, Ayden Temes

QUARTERLY FIRE SPRINKLER INSPECTION REPORT

Central Station	EM24	POS/Acct	L3-0570	Out	43	IN	27
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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"/>	

FIRE DEPARTMENT CONNECTIONS	YES	NO	N/A	Note #
Visible and accessible?	<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"/>	

CONTROL VALVES	QUANTITY	6	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"/>	

WET SYSTEMS	QUANTITY	2	YES	NO	N/A	Note #
Gauges read normal water pressure?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible and Free from damage and Leaks?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic placards secured to system and legible?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does main drain test results differ more than 10% from previous test?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Flow/Alarm Devices activate within required 90 seconds?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRY SYSTEMS	QUANTITY	0	YES	NO	N/A	Note #
Gauges reading normal water and/or air pressure?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm devices activate and are in good working condition?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quick opening devices operate correctly and are in service?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Priming water adequate?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Low Air pressure alarm free from damage and operational?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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MAIN DRAIN AND WATERFLOW TEST RESULTS

Table with 8 columns: System #, Riser Size, Size of Test Pipe, PSI Static Pressure Before, PSI Residual Pressure, PSI Pressure After, Waterflow Time (sec), Note #. Rows include Floor 1 and Floor 2.

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

THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: (these suggestions are not the result of an engineering survey)

Table with 2 columns: Note #, Improvement description. Row 1: None at this time.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Performed quarterly test test and inspection of fire sprinkler systems, per NFPA codes.

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE: By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.

OWNER / REPRESENTATIVE SIGNATURE

No Agent On-Site PRINT NAME

02/09/2022 DATE

INSPECTOR SIGNATURE

Chris Temes, Ayden Temes PRINT NAME

122419 NICET #

Inspector signature area containing a handwritten signature and the text 'INSPECTOR SIGNATURE'.