





# S.A. Comunale

An EMCOR Company

## FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 04/16/2021

SITE ZIGLER OHIO 19 LLC

ADDRESS 153 WEST MAIN STREET

CITY NEW ALBANY

CONTACT LLOYD KINSER

PHONE (614) 601-8860

STATE OH ZIP 43054

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly

	YES	N/A	NO
A. Are all extinguishers free from obstruction to access or visibility?	X		
B. Are the operating instructions on nameplates legible and facing outward?	X		
C. Are all safety seals and tamper indicators in place and free from physical damage?	X		
D. Do all extinguishers seem to be full by weighing or hefting?	X		
E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles?	X		
F. Are all pressure gauges are in the operable range or position?	X		
G. Are all HMIS (Hazardous Materials Information System) labels in place?	X		
H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor.			X

LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFFP	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTIONS PERFORMED (X)									
					INSPECTION	SERVICE NEEDED	6YR - 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE
BREAK ROOM SUITE 101	10	ABC	2016	BUCKEYE	X		2022	2028	X	X	X	X	X	X
SUITE 102	10	ABC	2016	BUCKEYE	X		2022	2028	X	X	X	X	X	X
ELEVATOR ROOM	5	ABC	2014	ANSUL	X		2026	2032	X	X	X	X	X	X
ELEVATOR ROOM	10	ABC	2014	PYRO-CHEM	X		2026	2032	X	X	X	X	X	X
1ST FLOOR HALLWAY	5	ABC	2014	PYRO-CHEM	X		2026	2032	X	X	X	X	X	X
SUITE 103	10	ABC	2014	ANSUL	X		2026	2032	X	X	X	X	X	X
SUITE 203 BREAK ROOM	5	ABC	2020	BUCKEYE	X		2026	2032	X	X	X	X	X	X
SUITE 203 FRONT DOOR	10	ABC	2015	BUCKEYE	X		2026	2032	X	X	X	X	X	X
2ND FLOOR HALLWAY	10	ABC	2020	PYRO-CHEM	X		2026	2032	X	X	X	X	X	X
SUITE 202 FRONT DOOR	10	ABC	2020	BUCKEYE	X		2026	2032	X	X	X	X	X	X
SUITE 201	10	ABC	2014	ANSUL	X		2026	2032	X	X	X	X	X	X

Are services required on the Fire Extinguishers:  YES  NO How many units this page require Service: 0

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 10 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Shad Chandler Signature Certification # 54-25-4581

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative LLOYD Signature



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket #	941313
Customer #	113204
Customer PO #	
Scheduled Date	09/30/2020
Completed Date	10/12/2020
Inspected By	Dickson

<b>Columbus</b>
ANNUAL BACKFLOW INSPECTION

<b>JOB SITE</b>	ZIGLER OHIO 19 LLC
	153 WEST MAIN STREET
	NEW ALBANY, OH 43054
<b>CONTACT</b>	LLOYD KINSER
<b>PHONE</b>	(614) 601-8860
<b>FAX</b>	

<b>BILL TO</b>	PHYSICIANS REALTY TRUST
	309 N. WATER STREET, SUITE 500
	MILWAUKEE, WI 53202
<b>CONTACT</b>	A/P
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	

**Site Notes:**

<b>Comments / Corrections:</b>
WORK MUST BE SCHEDULED
COL BFP CONF. #:
1210076

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES  NO  N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES  NO SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

- 1. NA
- 2. NA

Technician Name	Terry E. Dickson	Count	1
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I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

Customer Name	TD	Customer Signature	No Signer - could be TD SAE
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Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	ANNUAL DOMESTIC BACKFLOW TEST		
INSPECTION TOTAL			85
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
INSPECTION MATERIALS TOTAL			

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		

**OTHER TOTAL**

Thank You - Invoice to Follow	Inspection Total	85
	Material Total	
	Other Total	
	Tax	
	Total Cost	85



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:

MAIL: City of Columbus, Division of Water  
Backflow Compliance  
918 Dublin Road  
Columbus, Ohio 43215-9052  
(FAX) 614-645-0290

### Customer and Property Information – Please Print

PROPERTY ADDRESS: 153 WEST MAIN STREET Zip 43054  
BUSINESS NAME RAINBOW PEDIATRICS  
CONTACT PERSON: LLOYD KINSER PHONE# (614) 601-8860 FAX# \_\_\_\_\_

### Device Information – Please Print

NEW INSTALLATION  EXISTING  or REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_  
TYPE OF ASSEMBLY  RP  AIR GAP RP  DC  PVB  OTHER (SPECIFY) \_\_\_\_\_  
MAKE OF ASSEMBLY: WILKINS MODEL: 975XL2 SIZE: 3/4" SERIAL NO.: 4755505

What hazard is being isolated? (i.e. boiler, irrigation, complete building): DOMESTIC

Describe location of assembly: JANITOR CLOSET BY ELEV

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	<u>10.8</u> psid	Pass <input checked="" type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	<u>2.8</u> psid	Pass <input checked="" type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<u>10.4</u> psid	Pass <input checked="" type="checkbox"/>			Fail <input type="checkbox"/>
Repairs & Materials Used			Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>				
Re-Test After Repairs	Outlet Valve	____psid	Pass <input type="checkbox"/>	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	____psid	Pass <input type="checkbox"/>	AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				

Does the assembly meet proper piping installation requirements?  YES  NO

Assembly PASSED  FAILED

\* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS: \_\_\_\_\_

### Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED): DICKSON TERRY Cert. #: 5138  
Test Equipment: Make: Midwest Model 845-3 SN# 09120760 Cal. Date 12/13/2019  
Tester's CO. Name: S. A. COMUNALE COMPANY PH#: 614-291-7001  
Tester's Signature: \_\_\_\_\_ Date: 10/12/2020





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BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 04/17/2020  
SITE RAINBOW PEDIATRICS  
ADDRESS 153 WEST MAIN STREET  
CITY NEW ALBANY

CONTACT MIKE KESSLER  
PHONE (614) 601-8860  
STATE OH ZIP 43054

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly

	YES	N/A	NO
A. Are all extinguishers free from obstruction to access or visibility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the operating instructions on nameplates legible and facing outward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all safety seals and tamper indicators in place and free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do all extinguishers seem to be full by weighing or hefting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are all pressure gauges are in the operable range or position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are all HMIS (Hazardous Materials Information System) labels in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFFP	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTIONS PERFORMED (X)									
					INSPECTION	SERVICE NEEDED	6YR - 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE
BREAK ROOM SUITE 10	10	ABC	2016	BUCKEYE	<input checked="" type="checkbox"/>		2022	2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 102	10	ABC	2016	BUCKEYE	<input checked="" type="checkbox"/>		2022	2028	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ELEVATOR ROOM	5	ABC	2014	ANSUL	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ELEVATOR ROOM	10	ABC	2014	PYRO-CHEM	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1ST FLOOR HALLWAY	5	ABC	2014	PYRO-CHEM	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 103	10	ABC	2014	ANSUL	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 203 BREAK ROOM	5	ABC	2020	BUCKEYE	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 203 FRONT DOOR	10	ABC	2015	BUCKEYE	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2ND FLOOR HALLWAY	10	ABC	2020	PYRO-CHEM	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 202 FRONT DOOR	10	ABC	2020	BUCKEYE	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUITE 201	10	ABC	2014	ANSUL	<input checked="" type="checkbox"/>		2026	2032	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Are services required on the Fire Extinguishers:  YES  NO How many units this page require Service: 0

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Name of Owner or Representative MIKE Signature





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BUSINESS NAME RAINBOW PEDIATRICS

CONTACT PERSON: LLOYD PHONE# (614) 601-8860 FAX# \_\_\_\_\_

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TYPE OF ASSEMBLY  RP  AIR GAP RP  DC  PVB  OTHER (SPECIFY) \_\_\_\_\_

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	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
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	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	<u>3.8</u> psid	Pass <input checked="" type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<u>9.2</u> psid	Pass <input checked="" type="checkbox"/>			Fail <input type="checkbox"/>
Repairs & Materials Used			Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>				
Re-Test After Repairs	Outlet Valve	_____ psid	Pass <input type="checkbox"/>	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				

Does the assembly meet proper piping installation requirements?  YES  NO

Assembly **PASSED**  **FAILED**

\* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS: \_\_\_\_\_

### Certified Tester Information - Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED): HATCHER STEPHEN Cert. #: 5952

Test Equipment: Make: Gage It Model: A3 SN#: 580233 Cal. Date: 01/17/2019

Tester's CO. Name: S. A. COMUNALE COMPANY PH#: 614-291-7001

Tester's Signature: Stephen A. Hatcher Date: 09/24/2019