

Customer # 113204 **Customer PO#** Columbus Scheduled Date 04/30/2021 ANNUAL FIRE EXTINGUISHER INSPECTION Completed Date 04/16/2021 Inspected By Chandler Additional Inspector or Fitter: Yes (No ZIGLER OHIO 19 LI C JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITF 153 WEST MAIN STREET 11 ANNUAL FIRE EXTINGUISHER INSP 80.00 **NEW ALBANY, OH 43054** CONTACT LLOYD KINSER PHONE (614) 601-8860 FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** CONTACT A/P PHONE (414) 367-5540 FAX Site Notes: **INSPECTION TOTAL** QTY INSPECTION MATERIALS PRICE **AMOUNT** Comments / Corrections: 10LB ABC 6 YEAR-SWAP-OUT FE'S 3 38.00 114.0 1 10LB ABC HYDRO-SWAP OUT FE 48.00 **NEW 10LB ABC FE** 80.00 INSPECTION MATERIALS TOTAL YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE GENERATE SFU FROM INSPECTION YES X NA ALL CONTROL VALVES LEFT IN OPEN POSITION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) YES NO NA QTY MISCELLANEOUS CHARGES SERVICE FOLLOW UP REPORT ATTACHED PRICE **AMOUNT** YES • NO SFU NUMBER: __ FRANKLIN CO TAX 7.5% ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician **Shad Chandler** Inspection Count Name 2 Thank You - Invoice to Follow 80.00 Total I confirm that the above work has been satisfactorily completed. **Material Total** 242.00 SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Other Total Customer Customer Tax 24.15 Name LLOYD Signature

Total Cost

346.15

INSPECTION WORK TICKET

Ticket # 998426



FIRE EXTINGUISHER INSPECTION REPORT

Fire Extinguisher Page 1 of 1

BREAK ROOM SUITE 1(10 ABC 2016 BUCKEYE 2022 2028 X X X SUITE 102 10 ABC 2014 PYRO-CHEM 2026 2032 X X X SUITE 103 BREAK ROOM 10 ABC 2014 PYRO-CHEM 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 BREAK ROO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 FRONT DOO 10 ABC 2016 BUCKEYE 2026 2032 X X X SUITE 203 FRONT DOO 10 ABC 2016 BUCKEYE 2026 2032 X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X SUITE 203 FRONT DOO 10 ABC 2015 BUCKEYE 2026 2032 X X X SUITE 203 FRONT DOO 10 ABC 2016 BUCKEYE 2026 2032 X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X X X X SUITE 203 FRONT DOO 10 ABC 2020 BUCKEYE 2026 2032 X X X X X X X X X X X X X X X X X X X	(A) ===			All LINIOU	COLOR TO ANALYSIS CONTRACTOR OF THE COLOR	ally					-			• • •		
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No SERVICE FOLLOW UP REPORT was required during this inspection.												_				
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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	with applicable	NFPA 10 te	st and	inspection sections.	time and All equipr	place of this inspecti	on. A e was	Il test a	nd inspec	tions were	perf	orme	d in	acco	rdance	•
. Action as stated above.			on any	SERVICE FOLLOW (JP REPOR	RT as stated above.	- 1140	ion in	operations	ii conditio	upo	on co	mpie	tion	of this	
Name of Inspector Shad Chandler Signature Certification # 54-25-4581	Name of Insp	ector Sh	ad Ch	nandler	Sig	gnature \	1	2/		Certific	atio	n #				
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 l	I acknowledge understood that requested will	that the insp	ection tion co	deficiencies, and sug	ggested in	mprovements were dis	cusse	ed with the per	me upon o	-						
requested, will be forwarded to the authority having jurisdiction. Name of Owner or Representative LLOYD Signature	Name of Own	er		e autnority having juri	sdiction.									ut,		



Customer # 113204 Customer PO # Columbus Scheduled Date 09/30/2020 ANNUAL BACKFLOW INSPECTION Completed Date 10/12/2020 Inspected By Dickson Additional Inspector or Fitter: ()Yes (No **ZIGLER OHIO 19 LLC** JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 153 WEST MAIN STREET ANNUAL DOMESTIC BACKFLOW TEST 1 **NEW ALBANY, OH 43054** CONTACT LLOYD KINSER PHONE (614) 601-8860 FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO MILWAUKEE, WI 53202 CONTACT A/P PHONE (414) 367-5540 FAX Site Notes: INSPECTION TOTAL 85 QTY INSPECTION MATERIALS PRICE **AMOUNT** Comments / Corrections: WORK MUST BE SCHEDULED COL BFP CONF. #: 1210076 **INSPECTION MATERIALS TOTAL** YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE GENERATE SFU FROM INSPECTION YES X NA ALL CONTROL VALVES LEFT IN OPEN POSITION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) YES NO N/A QTY MISCELLANEOUS CHARGES PRICE **AMOUNT** SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES • NO SFU NUMBER:_ STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Terry E. Dickson Inspection Count Thank You - Invoice to Follow Name 85 **Total** I confirm that the above work has been satisfactorily completed. **Material Total** SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Other Total Customer No Signer-Could by Customer Tax TD Name Signature **Total Cost**

INSPECTION WORK TICKET

Ticket # 941313



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 STRE	ET		Z	ip4305	54				
BUSINESS N	AME RAIN	IBOW PEDI	ATRICS									
CONTACT PERSON: LLOYD KINSER PHONE# (614) 601-8860 FAX#												
				Device Inform	nation – Please	<u>Print</u>						
NEW INSTA	LLATION	EXISTING	or REPL	ACEMENT	OLD ASSEMBL	Y SERIAL N	UMBER:					
TYPE OF AS	SEMBLY	R	P AIR G	GAP RP DC [IFY)					
MAKE OF A	SSEMBLY:	WILKINS	M	ODEL: 975XL2			RIAL NO.: 47555					
What hazard	is being isola	ted? (i.e. boile	r, irrigation, co	omplete building): D	OMESTIC							
Describe locat	ion of assem	bly: JANITO	R CLOSET									
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Repairs & Materials Used												
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Outlet Valve Pass Fail Provided? Yes No												
Assembly		FAIL	1000		∐NO REPAIRS MUST	BE COMPL	ETED WITHIN (10	0) DAYS				
COMMENTS:												
				Certified Tester Info								
I CERTIFY T	HAT ALL I	NFORMATIO	ON ON THIS	REPORT IS TRUE	E AND ACCUR	ATE.						
Tester's Name	(PRINTED):	DICKSON	TERRY		Cert.	#: 5138						
Test Equipmen				Model845-3	SN#09	120760	_Cal. Date12/	13/2019				
Tester's CO. Na	_{me:} S. A. C	COMUNALE	COMPANY	/	PH#	l:	614-291-7001					
Tester's Signatu	ıre:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		D	ate;	10/12/2020					



Customer # 113204 **Customer PO#** Columbus Scheduled Date 04/13/2020 ANNUAL FIRE EXTINGUISHER INSPECTION Completed Date 04/17/2020 Inspected By Chandler Additional Inspector or Fitter:)Yes (No RAINBOW PEDIATRICS JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 153 WEST MAIN STREET ANNUAL FIRE EXTINGUISHER INSP 11 NEW ALBANY, OH 43054 CONTACT MIKE KESSLER PHONE (614) 601-8860 FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** CONTACT A/P PHONE (414) 367-5540 FAX Site Notes: INSTALLED FIRE EXT (DRYWALL) \$15.00 \$75.00 INSPECTION TOTAL \$155.00 QTY **INSPECTION MATERIALS** PRICE **AMOUNT** Comments / Corrections: 3 **NEW 10LB ABC FE'S** \$80.00 \$240.00 3 **10LB ABC 6 YEAR MAINTENANCE FE'S** \$114.00 \$38.00 2 **NEW 5LB ABC FE'S** \$60.00 \$120.00 **5LB 6 YEAR MAINTENANCE FE'S** 2 \$23.00 \$46.00 INSPECTION MATERIALS TOTAL \$520.00 NO NA CITY CHARGES BACKFLOW INSPECTION FEE GENERATE SFU FROM INSPECTION YES X NA ALL CONTROL VALVES LEFT IN OPEN POSITION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) YES NO NA QTY MISCELLANEOUS CHARGES PRICE **AMOUNT** SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES • NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician **Shad Chandler** Inspection Count Thank You - Invoice to Follow Name \$155.00 Total I confirm that the above work has been satisfactorily completed.

MIKE

Customer

Name

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

Customer

Signature

Material Total

Other Total

Total Cost

Tax

\$520.00

\$675.00

INSPECTION WORK TICKET

Ticket # 904466



FIRE EXTINGUISHER INSPECTION REPORT

Fire Extinguisher Page 1 of 1

DATE 04/17/2020 SITE RAINBOW PEDIATRICS CONTACT MIKE KESSLER ADDRESS 33 WEST MAIN STREET CITY NEW ALBANY STATE OH ZIP 43054 This inspection is: Annual Semi-Annual Quarterly Monthly Weekly YES NA NO A. Are all extinguishers free from obstruction to access or visibility? A. Are all extinguishers free from physical damage, no nameplates legible and facing outward? C. Are all settinguishers seem to be full by weighing or hefting? E. Are all extinguishers free from physical damage, leaks, corrosion, and dogged nozzles? F. Are all extinguishers free from physical damage, leaks, corrosion, and dogged nozzles? F. Are all extinguishers free from physical damage, leaks, corrosion, and dogged nozzles? F. Are all extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor. LOCATION OF EXTINGUISHER B. Are the persuance gauges are in the operable range or position? LOCATION OF EXTINGUISHER B. Are the persuance gauges are in the operable range or position? LOCATION OF EXTINGUISHER B. Are all extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor. I. Are fire extinguishers being inspected at an iminimum of 30-day intervals by occupant or contractor. I. COCATION OF EXTINGUISHER B. A. B. A. B. A. B.	BRANCH PHON	- NII IN	**************************************		any											
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Are services required on the Fire Extinguishers: YES NO How many units this page require Service: 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						IX			2032	X	X	X	X	X	X	
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Certification # 54-25-4581	Name of Inspector of the state															
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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.					mprovements were one best of the knowle	liscuss edge of	ed with the per	me upon son provi	completion	n of th	ne in atior	spec	tion. that,	It is if		
Name of Owner or Representative MIKE Signature	Name of Owner		,		Sic	ınatur	<u>a</u>	/ A A A				. 1		20/25/2		



INSPECTION WORK TICKET

Ticket # 851344

Customer # 113204 Customer PO # Columbus Scheduled Date 09/06/2019 ANNUAL BACKFLOW INSPECTION Completed Date 09/24/2019 Inspected By Hatcher Additional Inspector or Fitter: ()Yes (No RAINBOW PEDIATRICS JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 153 WEST MAIN STREET 1 ANNUAL DOMESTIC BACKFLOW TEST **NEW ALBANY, OH 43054** CONTACT LLOYD PHONE (614) 601-8860 FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO MILWAUKEE, WI 53202 CONTACT A/P PHONE (414) 367-5540 FAX Site Notes: INSPECTION TOTAL 85 OTY **INSPECTION MATERIALS** PRICE **AMOUNT** Comments / Corrections: **INSPECTION MATERIALS TOTAL** YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE **GENERATE SFU FROM INSPECTION** ALL CONTROL VALVES LEFT IN OPEN POSITION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) YES NO N/A QTY MISCELLANEOUS CHARGES PRICE **AMOUNT** SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES • NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Inspection Steve R. Hatcher Count Thank You - Invoice to Follow Name 85 **Total** I confirm that the above work has been satisfactorily completed. **Material Total** SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Other Total Customer Customer Tax W/ Lloyd Kinser Name Signature **Total Cost**



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

INOTERII	ADDRESS:_	199 AAEQ 1	WAIN STREE			Z	ip 4305	4				
BUSINESS NAME RAINBOW PEDIATRICS												
CONTACT PERSON: LLOYD 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												
	Outlet Valve	Pass	Fail	1 st Check Valve	9.8 psid	Pass Fail	Air Inlet Valve	psig	Pass Fail			
Initial Test	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	3.8 psid	Pass Fail	Check Valve	psig	Pass Fail			
	2 nd Check Valve	psid	Pass Fail	2 nd Check Valve	9.2 psid	Pass Fail						
	Outlet Valve Pass Fail											
Repairs & Materials Used												
	Outlet Valve	psid	Pass Fail	1 st Check Valve	psid	Pass Fail	Air Inlet Valve	psig	Pass Fail			
Re-Test After Repairs	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail	Check Valve	psig	Pass Fail			
	2 nd Check Valve	psid	Pass	2 nd Check Valve	psid	Pass Fail	Required	AIR GAP INSPECTION Required Air Gap Separation				
Does the assemi	hler mant and			Outlet Valve	Pass	Fail	Provided	l? Yes No	0			
				ements? YES	NO	6.						
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												
Гester's CO. Na	me: S. A. C	COMUNALE	COMPANY		РН#	!:	614-291-7001					
Гester's Signatu	ire:\$	man and a man		m still get ?	D	ate:	09/24/2019					