

Columbus

ANN SPKI	R ALA	ARM SENS AND FWD FLO	W INSPECT	ΓΙΟΝ		-	**********
JOE	3	SOUTHERN POINT	Γ, LLC.		Addi	tional Inspecto	or c
					QTY	INSPEC	TIC
SIT		9085 SOUTHERN STREE	: T		1	ANNUAL ALA	RM
		ORIENT, OH 43146			1	ANNUAL WET	INS
CONTA		AIME			1	FORWARD FL	
PHON	E	(414) 367-5540	~~~		1	BIENNIAL SEN	
FAX							
BILI		PHYSICIANS REALT	Y TRUST				
		309 N. WATER STREET,	SUITE 500	***************************************			
TO		MILWAUKEE, WI 53202	***************************************			***************************************	
CONTAC	CT	A/P					
PHONE		(414) 367-5540					
FAX							
Site Not	es:						
1WS 1FF 6B	F 15F	E 1AD					
Commer	nts /	Corrections:			QTY	INSPECT	10
						INSPECT	10
ALL CONT	ROL	VALVES LEFT IN OPEN		N (5	SELECT YE	NO NA CATE SFU FROM S WHEN AN INSPECTION S A SFU OR A SFU IS NO	INS
SEDVIC	-	YES NO NA	E-1	15	QTY	MISCELLAN	1000
OV	-C /	DLLOW UP REPORT AT	TACHED	***************************************	C	ITY BACKFLOW	
O YI	=5 (NO SFU NUMBER:				TATE OF DELA	
ADD MESSMER	JORI	NAL INSPECTOR OR FIT DAN 2. NA	TTER				
Technician Name	Jarre	et Hopkins	Count	2 7	hank Y	Ou - Invoice to	Ec

INSPECTION WO	RK TICKE
Ticket #	987845
Customer #	113204
Customer PO#	
Scheduled Date	03/31/2021
Completed Date	
Inspected By	
or Fitter: (•)Yes	ONo

E	0005 00117117011			INSPECTIONTIEN	/15	PRICE	AMOUN		
	9085 SOUTHERN STREET		1	ANNUAL ALARM INSPEC	TION				
A	ORIENT, OH 43146		1	ANNUAL WET INSPECTION	ON				
CT	AIME		1	FORWARD FLOW TEST E	BACKFLOW				
IE .	(414) 367-5540		1	BIENNIAL SENSITIVITY IN					
	PHYSICIANS REALTY TR	UST	***************************************						
	309 N. WATER STREET, SUITE	500							
	MILWAUKEE, WI 53202								
СТ	A/P								
E	(414) 367-5540								
			-						
tes:									
3F 15	FE 1AD			INS	PECTION	TOTAL	585		
nte	/ Cowe attack		QTY	INSPECTION MATE		PRICE	AMOUNT		
1115	/ Corrections:								
				INSPECTION MA	TERIALS	TOTAL			
TROI	_ VALVES LEFT IN OPEN POS YES □ NO □ N/A	ITION	GENER	NO NA CITY CHARGE RATE SFU FROM INSPECTION ES WHEN AN INSPECTION DOES NOT GE ES A SFU OR A SFU IS NOT REQUIRED)	ES BACKFLOV IN YES	N INSPECTION			
CE F	OLLOW UP REPORT ATTACH	ED		MISCELLANEOUS CH		PRICE	AMOUNT		
ES	NO SFU NUMBER:			CITY BACKFLOW INSPECTI	and the second s				
OITIO	NAL INSPECTOR OR FITTER			STATE OF DELAWARE FEE					
JOR				. 1974 - A.					
love		T		OTHER TOTAL					
Jarret Hopkins Count 2				You - Invoice to Follow	pection Total	585			
SEE	confirm that the above work has	s been satis	sfactorily	completed.	Materia	al Total			
SEE	REVERSE SIDE FOR ADDITION	DNAL TER	MS AND	CONDITIONS	Othe	er Total			
	NO SIGNER (COVID)	Custome Signatur		1111		Tax			
	nspection Work Ticket Rev 1.5 16 July 2019	Signatur	6 //			al Cost	585		
				E-mail tax exem	ot certificate to:	tax.exempt@c	omunale.com		

Customer

Name



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

● B DATE	RANCH PHONE NUMBER: 614-29	1-7001			01	NATION	AL ACCOUN	T NUMBI		0-776-	
SITE	SOUTHERN POINT, LLC.										
	ESS 9085 SOUTHERN STREET				CON.	TACT	AIME				
CITY	ORIENT				PHO	VE _	(414) 367-55	40			
OIII	ORIENT	-			STAT	E	ОН	2	ZIP 431	46	
	pection is: Annual Semi-Annual Semi-Annual Semi-Annual This section		Quarterly [Monthly	The second secon		ther				
-	building occupied?	is to be a	answered and	signed by th	e Owner o	r Owners	Representat	ive	YES	N/A	NO
									IX	-	-
C. Are a	he occupancy classification and haze Il fire protection systems in service?	ard conte	ents remained	the same s	since the la	ast inspe	ection (If no, surv	rey required)	X		
									X		
F Owne	Ill Wet Sprinkler System piping and W	et porti	ons of Dry Sys	stems prote	cted from	tempera	tures below 4	10°?	X		
Inspect	er has been instructed on maintaining	the Dry	System Auxil	liary Drains'	?					X	
Name	ion of Sprinklers, Hangers, Pipe and	Fittings	will be condu	ucted from I	loor Leve	I, Conce	aled Spaces	are not re	quired to	be In	spected
wante o	Nowher or Representative:	O SIGN	IER (COVID)	Signat	ure:	<	2				
2 – GEN	ERAL (Questions A, B, C, D, E, F, H,	J&Ka	re inspection i	tems) (Ques	tions G, L	& M are	tested items)		YES	N/A	NO
A. nave	the sprinkler systems been extended	to all vi	isible areas of	the building	17 UFNO an	Engineerine	C		X	IVA	NO
B. Does	there appear to be proper clearance	betweer	n the top of all	storage an	d the sprin	kler def	lector2	191	X		
C. Are tr	e nydraulic nameplate(s) securely at	tached t	to the riser and	d legible?	Answer N/A if s	ıstem is Din	e Schoduled)		X		
D. Is the	re a spare head box with the proper r	number a	and type of sp	are sprinkle	ers and wre	enches?		-	$\langle \rangle$		
E. Fire D	ept. Connection in good condition, vi	sible, ac	essible and m	narked with	ID signs?				\(\frac{1}{2}\)		
F. Has tr	e Fire Dept. Connection piping been	hydrost	atically tested	in the last 5	years?		Year Due: 2	022		V	
G. Have	all gauges 5 or more years old been	replaced	d or calibrated	1? Y	ear Replaced:	2017	V D	000	V		
H. Intern	al inspection of the Pipe, Valves and	Backflov	w has been pe	erformed wit	thin the las	t 5 year	S? Year Due: 2	022	\Diamond		
J. Ale al	Thoses and nose valves in good con-	dition, fr	ee from physic	cal damage	and no lea	aks?	o, rear bue.			V	
K. Hose	(>5 yrs) connected to the system has	been se	erviced per NF	PA 1962?	Year of Hose	: NA	Year Due:	ΙΔ		\Diamond	
L. Fire ba	ackflow prevention device tested per t	he auth	ority having ju	risdiction?	Month Due:	1111	Voor Duo: 3			^	
M. Forwa	rd flow test has been conducted on f	re back	flow device - N	NA for syste	ms w/ fire	pumps?	Year Due: 2		\Diamond	-	
3 - CONT	ROL VALVES (Questions A, B & E are	inspect	ion items) (Que	stion D is a t	act itam) (O			022			
A. Are all	sprinkler system main control valves	and all	other central	uoluga in th	est item) (Q	uestion (; is a maintena	nce item)	YES	N/A	NO
B. Are all	control valves supervised in the appr	onriate	onen or close	d positions	appropria	ate oper	or closed po	sition?	X		
C. Were a	all control valves operated through ful	I range	of motion July	u position?	Supervision T	ype) Tan	nper Switch		X		
D. Did all	electrical supervisory switches actua	te cupo	ruicoru olorma	ricated and	returned to	o norma	I position?		X		
E. Are all	control valves easily accessible and	marked	with ID ciana						X		
4 - WATE	R SUPPLY (Question A is a inspecti	on item	(Questions P	(Valve Location	n) Mechai	nical Ro	om		X		
A. Did flov	w results have the same or greater P	Cl mandi	(Questions B	& C for info				The same of the sa	YES	N/A	NO
B. System	water supplied from: City Water				J		should be noted as	-	X		
C. Main di			vated Tank	Pressure		Suction 7		d Othe	er		
Riser	to the second se	NA, i	f no how man	y 25' hoses	required to	get ou	tside for a Fo	rward Flo	w Test ?		NA
Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI	Alarn	Design	Hydraulic In Design	formation		PM
1	EAST MECH ROOM	2"	85	65	Return	Time		Area	Base	De	mand
				- 55	80	32	.10	1014	52		224
						N. R. C.					
					-				-	-	
									1		

SITE SOUTHERN PO	NT, LLC.					D.4.7	/	2014 = 1		
5 - FLOW ALARMS (Qu	iestions A & B	are inspection & t	est items, base	d on type of inspect	on n	DA (-	03/15/		
A. Did waternow through	the inspector	s test actuate all r	nechanical ala	rms?	on p	errormea)	-	YES	N/A	NC
B. Did waterflow through	the inspector	s test actuate all e	lectrical alarm	s?			+	V	X	-
6 - WET SYSTEMS (Que	estions A & B a	re inspection items)	(Questions C. D	& E are tested items	(0)	estion E in facting		<u> </u>		1
Number of systems 1	Sizes 4"	NA NA	NA Make	& STRAIGHT GU	T			YES	N/A	NO
A. Alarm valves, riser che	eck valves, ga		ted trim are fre	e from physical dan	1	ST GUT		17		
B. Trim valves, alarm and	supervisory	lines are in the ap	propriate open	or closed position?	lage	1	_	X		-
o. is the antimeeze system	in brotected c	orrectly based on	the listed cold	zone? co	ld Zor	a Designatore N.A.	-		X	
 D. The antifreeze system 	protection is i	normal and is not	overcharged?	(protection above the co	ld zor	20 is considered as a town	+	-	\ <u>\</u>	
E. Was the antifreeze sys	tem tested at	the point of conne	ection to the sy	stem and at the ren	note	point of the system?	-		\Diamond	
F. Area Protected? NA					e N		tion	NAO	Dame	4
7 - DRY / PREACTION /	DELUGE SYS	STEMS It is the	owner's respon			iary drains between inspe			Remo Owner	
Number of Dry Systems	0	Make and Model		NA	T		-	140	otified	NA
Number of Pre-Action Sys	stems 0	Make and Model	NA	NA	片	Trip test report attached	71	- 3%		
Number of Deluge System	ns 0	Make and Model		NA	╠				st not red	
(Questions A, B, C, G & H		items) (Questions	D F&I are too	itad itama) (Quantin		Trip test report attached	X _T	rip tes	t not red	quired
A. Valves, gauges and as	sociated trim	are free from phys	ical damage?	ted items) (Question	FIS	a maintenance item)	-	YES	N/A	NO
B. Trim valves, alarm and					-				X	
C. Is the air pressure and	priming water	lovel permel?	oropriate open	or closed position?					X	
									X	
D. Did the air compressorE. Did the low air pressure	allarm operat	te during the tost?	rate satisfactor	ily?					X	
									X	
F. Auxiliary drains that weG. Valves and trim appear	to be protect	od from to real and	drained during	this inspection?					X	
				F?					X	
H. Pipe that passes through. Has the Air Leakage Tos	t boon condu	sted and the Bookag	e?						X	
I. Has the Air Leakage Tes 8 - SPRINKI FRS PIPE	AND HANGE	cted on the Dry Sy	stem within th	e last 3 years? Yea	r Perfo	ormed: NA			X	
8 - SPRINKLERS, PIPE, A A. Is all visible pipe in good	d condition wi	th no external cor	B & C are inspe	ection items) (Questi	ons i	D, E & F are tested items	Y	ES	N/A	NO
B. Are visible pipe hangers	and seismic	broom from of the	osion, priysica	I damage and no le	aks?			X		
C. Are all sprinklers free fr	om domogo	braces free or phy	sical damage	? ————————————————————————————————————				X		
C. Are all sprinklers free from D. Have standard sprinkler	50 co	busifuctions to spr	ay patterns, fo	reign materials & co	rrec	t orientation?)	X		
D. Have standard sprinkler	s 50 or more	years old been re	placed or succ	essfully tested?					X	
E. Have fast response spri	nkiers 20 or m	nore years old bee	n replaced or	successfully tested?	Dat	e of Sprinklers NA			X	
F. Have dry type sprinklers	10 or more y	ears old been repl	aced or succe	ssfully tested?	Date	e of Sprinklers NA			X	
9 - FIRE PUMPS AND STO	DRAGE TANK	KS (General Infor	mation concern	ing the property)						
System has Fire Pump: Y	NX Fire	Pump Test Perfo	rmed This Insp	ection: Y N	N/A	Report Attached	· v[N	TNIA	V
Water Storage Tank Suppl	es Water: Y	□ N 🗙 Ta	ank Inspection	Performed: Y		N/A Report Attach	- hou	717		
Explanation of "NO" ans	wers, system				sted	on SERVICE FOLLOW U	ъи. D #	' <u>L</u>	<u>, </u>	
which is attached to this No SERVICE FOLLOW U	TOTTII.						- T		-	
I state that the information of	on this form is	CORROCT OF The 1		is increation. All t						
with applicable NFPA 25 tes inspection except as noted	t and inspection	on sections. All eq	uipment tested	at this time was left	st an in op	d inspections were perfo perational condition upor	rme	d in ac mpletic	cordar	ice iis
Name of Inspector	Jarret F		Signature	a above.						
				Jack 1-	T	Certification	n #	54	4-25-51	152
l acknowledge that the inspe understood that all informat requested, will be forwarded	ion contained to the authori	herein is provided ty having jurisdicti	ed improvemen to the best of tl on.	ts were discussed w ne knowledge of the	ith m	ne upon completion of the on providing the informa	e ins tion	spection and the	on. It is nat, if	
Name of Owner or Representative		SIGNER (COV		S!	2	771				
or izebieselitative	140	SIGNEK (COV	(עו	Signature		1 11 1 1				

Water Based Test and Inspection Page 2 of 2



BACKFLOW PREVENTER FORWARD FLOW TEST

Rackflow Preventor Februard Flore Total Ca

				Line	OII U	nupa	II y							
	СН РНС	NE NU	MBER: 6	14-291-70	01				NOITAN	IAL ACCOUN	T NILINAE	DED. 4	900 -	770 7404
DATE	03/15/2	021							J	AL ACCOUN	INCINE	DER: 1	-800-7	76-7181
SITE			OINT, LLC.					C	ONTACT	AIME				
ADDRESS	9085 SC	DUTHE	RN STREE	Т		-	-11		HONE	(414) 367-55	40			The state of the s
CITY	ORIENT		and the same						TATE	OH	40	ZIP	4314	
NFPA 25	- Require	ements	(2002, 2008	& 2011):				-				ZIF	4314	0
A forward f downstream o	low test s	hall be c	onducted at t	the system	demand,	includin	g hose str	eam deman	d, where hy	drants or inside	hose stat	ions ar	e locate	ad.
2. For backflow the system de	v prevente	ers sized	2" and unde	er, the forwa	ard flow te	est shall	be accept	able to cond	duct without	measuring flow,	where th	e test o	outlet is	of size to flo
3. Where conr	ections d	o not pe	rmit a full flov	v test, tests	shall be	complet	ed at the r	mavina fl-						
4. A forward flo	ow test sh	all not b	e required wi	here annual	fire pum	p testino	eu at the r	naximum flo ne system d	w rate poss	ible. ow through the b				
O NFPA 13 -	Require	ments (2007):		pain	p tooting	g causes ti	ie system u	emand to fic	ow through the b	ackflow p	revent	er devi	ce.
The backflow The minimum	n flow rate	on asse	mbly snall be	forward flo	w tested	to ensur	e proper o	peration.						
	II IIOW Tate	require			e shall be	the sys	stem dema	and, includin	g hose strea	am demand whe	re applica	able.		
BACKFLOW MANUFACTUR		KFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GРM	STATIC PSI (System	RESIDUA PSI (System	L SYSTE DEMAN	Control of the Contro	MAIN DRAIN			REQUIRED TOTAL FT
WILKINS	4"		1	1-3/4"	9	330	side of BF)	side of BF)	(Hydraulic Sti		SIZE	YES	NO	REQUIRED
Location / Syste	m Numbe	er	EAST	MECH RO	(m)	330		ets for Forus	224 ard Flow Tes	52	2"		X	0
								CIS IOI I OIWA	ard Flow res	t? YES N	A X NO	Amou	nt? 0	Size? NA
BACKFLOW MANUFACTUR	AND CONTRACTOR OF THE PARTY OF	KFLOW	# OF TEST OUTLETS	TEST NOZZLE	PITOT	GPM	STATIC	RESIDUA		AND THE RESERVE OF THE PARTY OF	MAIN	FIRE	HOSE	REQUIRED
	L 3	SIZE	FLOWING	SIZE	or PSI	GFW	(System	PSI (System side of BF)	DEMAN (Hydraulic Sti		DRAIN	YES	NO	TOTAL FT
Location / Syste	na Niversita							side of Br)		(Hydraulic Sticker	SIZE			REQUIRED
Location / Syste	iii ivumbe	r					Test Outle	ets for Forwa	rd Flow Test	? YES N	A NO	Amour	nt?	LSize?
BACKFLOW	BACH	(FLOW	# OF TEST	TEST	PITOT		STATIC	RESIDUAL	SYSTEM	A SYSTEM	MAIN	CIDE	HOOF	DEGUIDE
MANUFACTUR	E S	IZE	OUTLETS FLOWING	NOZZLE SIZE	or PSI	GPM	PSI (System	PSI (System	DEMAN	D PSI	DRAIN		Reprovement /	REQUIRED TOTAL FT
							side of BF)	side of BF)	(Hydraulic Stic	ker) (Hydraulic Sticker)	SIZE	YES	NO	REQUIRED
ocation / Syster	n Numbe	r					Test Outle	ets for Forwa	rd Flow Test	? YES N/	A NO	Amoun	+2 6	N0
DACKEL OW			# OF TEST	TEST						. 120 14/	110	Amoun		Size?
BACKFLOW MANUFACTURE	BACK	FLOW IZE	OUTLETS	NOZZLE	PITOT	GPM	STATIC	RESIDUAL PSI	DEMAND		MAIN	FIRE I		REQUIRED
			FLOWING	SIZE	or PSI		(System side of BF)	(System side of BF)		PSI ker) (Hydraulic Sticker)	DRAIN	YES	NO	TOTAL FT REQUIRED
ocation / Syster	n Number	T												KEQUIKED
						ليحب	Test Outle	ts for Forwar	rd Flow Test	YES N/	NO A	Amoun	t? S	ize?
The Backflow	Device	(s) Pas	sed the Fo	rward Flo	w Test:	() YES	O NO						
							W. 100 House 5000							
test outlets to a	chieve the	v preven e desired	ter forward flow rate. T	ow test did i	not meet	the dem	and as sh	own on the	hydraulic pla	acard. The syst	em is not	equipp	ed with	enough
Per the above r	eference	NFPA	25 standard t	he owner is	not requ	ired to a	idd additio	escribed tes nal test outl	t and does r ets and this	not require additi test meets the i	onal test	outlets	be inst	talled.
I The above	backflow	nrevent	er forward fle	ou toot did		A								
outlets to achieve can be found or	the des	ired flov	rate. Further	er investigat	tion need	s to be	done in ord	der to deterr	nyaraulic pla nine the roo	acard. The system t cause of this to	em is equ	ipped v	vith end	ough test
I state that the with applicable inspection exce	NFPA 25 opt as no	on on tr test an ted on a	ils form is co d inspection ny SERVICE	orrect at th sections. FOLLOW	e time ar All equi UP REP	nd place pment t ORT as	e of this in ested at t stated ab	nspection. his time wa	All test and as left in op	l inspections w erational condi	ere perfo	ormed n com	in acco	ordance of this
Name of Inspe			Hopkins						byl	Certif	ication	# 54	25 E4	5 2
acknowledge	hat the in	nspection	n deficienc	ine and a				A COLUMN TO A COLU	The state of the s			7		
understood tha requested, will	t all infor be forwa	mation ded to	contained he	erein is pro / having ju	vided to risdiction	the bes	ements verse of the k	vere discus nowledge (sed with m of the perso	e upon comple on providing th	tion of the	ne insp ation a	ection nd tha	. It is t, if
Name of Owne or Representa	er		SNER (CO					Signatu	ro C	7-7	1			
Produita		The state of the s						- Guiaiti	10	and the same of th		-		



FIRE ALARM INSPECTION & TEST REPORT

(DEANIE		All EMIGUN COMPANY	& IEST REPORT							
		ER: 614-291-7001	NATIONAL ACCOUNT NUMBER: 1-800-776-7181							
DATE	03/15/2021	ADDITIONAL BUILDI	NG DATA							
SITE	SOUTHERN POI	NT, LLC.	CONTA	ACT AIME						
ADDRESS	9085 SOUTHERN	N STREET	PHONE		67 5540					
CITY	ORIENT		STATE	(114) 00	67-5540					
MONITORIN	G ENTITY BUCK	KEYE PROTECTION	Carried Control of the Control of th	-	ZIP 43146					
			PHONE	330-456	5-2671					
This inspection		quarterly	Monthly	Weekly Otl	her					
Type Transm		al Multiplex McCu	Illoh Reve	rse Polarity	RF Other					
Panel Manuf	acturer NOTIFI	IER Model Number	NFW2-100	Type	4					
ALARM INITI	ATING DEVICES	AND CIRCUIT INFORMATION		.,pc /	Addressable Hard Wi					
Qty of device	s Circuit Class	Type of device	Oty of device							
4	CLASS B	Manual Stations	Qty of devices	Circuit Class	Type of device					
0	NA	ION Detectors	2	CLASS B	Heat Detectors					
5	CLASS B	Photo Detectors	1	CLASS B	Waterflow Switches					
5	CLASS B	Duct Detectors	2	CLASS B	Supervisory Switches					
AL ARM NOT										
Qty of devices	Circuit Class	ANCES AND CIRCUIT INFORMATION								
0		Type of device	Qty of devices	Circuit Class	Type of device					
0	NA NA	Bells	7	CLASS B	Strobes					
0	NA NA	Horns	40	CLASS B	Horn/Strobes					
0	NA NA	Speakers								
		Chimes								
SUPERVISOR	RY SIGNAL-INITIA	TING DEVICES AND CIRCUIT INFO	RMATION							
Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device					
0	NA	Building Temp	0	NA	Generator or Controller Trouble					
0	NA	Site Water Temp	0	NA	Generator Engine Running					
0	NA	Site Water Level	0	NA	Generator in Auto Position					
0	NA	Fire Pump Running	0	NA	Switch Transfer					
0	NA	Fire Pump or Pump Controller Trouble								
0	NA	Fire Pump Power								
0	NA	Fire Pump Auto Position								
	INE CIRCUITS			1						
Qty and Style (se	ee NFPA 72, Table 6	-6.1) of Signaling line circuits connected to	o system Qty	3	Style(s) Y					
SYSTEM POW	ER SUPPLIES				1 - 1,13(0)					
A. Primary (Ma	in): Nominal Voltage	120								
Over Current	Protection: Type	Fuse	Circuit Break	er	AMPS 20					
Location (Pri	mary Supply Panelbo	pard) ELEC RM PNL PPI	Disconnecting Mea	And the second s	AMPS 20					
B. Secondary (S	Standby): X Storag	ge Battery Other:	AMP HR Rating	7.0	or Breaker #) 39					
Calculated ca	apacity to operate sys	stem, in hours X 24 60	Other:	7.0						
NA Engine	-Driven generator de	dicated to fire alarm system. Location of fi	nel storage.							
TYPE BATTER			are, eterage.							
Dry Cell		No								
- Contraction of the Contraction	Nickel Cadmi		_ead-Acid Other	r:						
NA Emergen	cv system described	d as a backup to primary power supply, in	stead of using a secon	dary power supply.						
		in NFPA 70, Article 700 ribed in NFPA 70, Article 701		-						
Optional	stationy system desc	ribed in NFPA 70, Article 702, which also	meets the performance	requirements of A	rticle 700 or 701					

Fire Alarm Test and Inspection Page 2 of 3

DATE 03/15/2021

PRIOR TO ANY TE						SECONDARY POWER)21			
Notifications Are Ma			No	- Alle	W	'ho	T	Time	Type		1				
Building Management	X			LOY	DK.		7	:00A		VISU	al Functional	NA		Comm	nents
Monitoring Entity	X					PROTECT			Battery Condition	X	Els Medit		OK		
Other:						TROTECT	- 1	.00A	Load Voltage		X		OK		
INITIATING & SUPE	DVISO	DV DE	VICI		070.0				Discharge Test		X		ОК		
(ON SEPARATE FO	DMI #	OFD	ACE	CAT	515 &	INSPECTION	ON	S	Amp Hour Reading		X		OK		
(ON SEPARATE FO	EOUIF	MEN	AGE		IACE	IED EMERG	SEN	ICY	Specific Gravity		X		OK	_	2007
			5000	1_	_				Batteries Meet NFP	1 72 T	est Requirem	ents:	● Ye	s	No N
SYSTEM TESTS & Type				Γ											
Control Panel	Visual	Func	ional	NA		Comment	s		Туре	Visu	al Functional	NA	С	omm	ents
Interface Equipment			<u> </u>	_	OK				Transient Suppressors	5		X			
Lamps/LEDS		X			OK				Remote Annunciators		X		ок		
Fuses	-		-	_	OK				Audible		X		ОК	-34	
Primary Power Supply		X	}		OK				Visual		X		ок		
Trouble Signals		X	>		ОК			Speakers Voice Clerity				X			
Disconnect Switches	-	×			OK			Voice Clarity				X			
Ground Fault Monitor				X				Door Holders				X		-	
Glound Fault Monitor				X					Door Unlock			X			
Туре	Visual	Funct	ional	NA		Comments			Interface Equipment	Visus	al Functional	NA			2
Phone Set				X						Visu	V	IVA		omme	ents
Phone Jack				X				Elevator Recall HVAC Shut Down					OK	-	
Off-Hook Indicator				X					Specify:	-	1		ОК		
Amplifier(s)				X					Special Hazards	Vieue	I Functional	NA			
Tone Generators				X					Specify:	Visua	Tunctional	NA	Co	mme	nts
Call in Signal Silence				X					Specify:						
System Performance				X					Specify:			-			
SUPERVISING STATIC	N MON	ITORIN	IG		Yes	NA N	lo	T^{-1}	Time						
Alarm Signal					X			7:05			ОК	Con	nments		
Alarm Restoral					X			8:45	A		ОК				
Trouble Signal					X			7:00	A		ОК				
Trouble Restoral					X			9:00	A		ОК				
Supervisory Signal	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO				X			8:00	A		OK				
Supervisory Restoral			- A		X			8:00			OK				
NOTIFIED TESTING CO	MPLET	E	-		Yes	NA N	_								
Building Management				1	X	- N	0	LOY	Who	_		Т	ime		
Monitoring Entity					X			-		_	9:00A				
Other:					/\		_	ВОС	KEYE PROTECTION		9:00A				
HAS SENSITIVITY BE	g Comp	leted:	202	1	Ye	ar Sensitivit	y T	esting	Due: 2023	How '	Was Sensitiv	ity Tes	ted: PAI	NEL	
VHILE PERFORMING Explanation of "NO" tached to this form.									NOTED THAT NEED	COR	RECTED: Y	ES() NO($\overline{}$	A O
No SERVICE FOLLO															,
state that the information 2 test and inspection sect OLLOW UP REPORT as st	on this fe	arm ic c		-4 41-					n. All test and inspection I condition upon complet	s were	performed in a	ccordar except a	nce with ap	plicak any (ole NFPA SERVICE
lame of Inspector	Jarret H	lopkii	าร			Sig	nat	ure	Jacob 74.	1	Certif	ficatio	n# 54-3	25_51	52
acknowledge that the insp nformation contained herei aving jurisdiction.	ection, d in is prov	eficiend vided to	ies, a the b	nd su est of	ggested the kno	d improvement wledge of the	per:	ere disc son pro	cussed with me upon com viding the information an	pletion d that,	of the inspecti if requested, w	ion. It is ill be for	understoo warded to	od tha	t all thority
lame of Owner	NO SIG								Signaturo		7	,			

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
ELEC RM ABOVE FACP	PSD	1D001	SENSITIVITY		SETTING	
1ST FL RETURN DUCT P	PDD	1D003	FUNCTIONAL	.5-3.71		PASS
ELEV EQ RM	RRD	1D006	VISUAL			PASS
ELEV EQ RM	PSD	1D007	SENSITIVITY			PASS
IST FL ELEV LOBBY	PSD	1D007		.5-3.71		PASS
2ND FL ELEV SHAFT	RRD	1D009	SENSITIVITY	.5-3.71		PASS
2ND FL ELEV SHAFT	PSD	1D020	VISUAL		and the second	PASS
2ND FL ELEV LOBBY	PSD		VISUAL	.5-3.71		PASS
IST FL RETURN DUCT P	PDD	1D022	SENSITIVITY	.5-3.71		PASS
ND FL RETURN DUCT P	PDD	1D026	FUNCTIONAL			PASS
ND FL RETURN DUCT P		1D027	FUNCTIONAL			PASS
RTU-1 RETURN	PDD	1D028	FUNCTIONAL			PASS
RONT ENTRANCE	PDD	1D029	FUNCTIONAL			PASS
BY NORTH STAIRS	MPS	1M012	FUNCTIONAL			PASS
RISER RM	MPS	1M013	FUNCTIONAL			PASS
RISER RM	TS	1M014	FUNCTIONAL		-9025	PASS
RISER RM	TS	1M015	FUNCTIONAL		-	PASS
	WFS	1M016	FUNCTIONAL		-	
ND FL BY SOUTH STAIRS	MPS	1M023	FUNCTIONAL			PASS
ND FL BY NORTH STAIRS	MPS	1M024	FUNCTIONAL			PASS
THE COLUMN TWO IS NOT			ONOHOLAL			PASS
	1 1					

Are services required on Fire Alarm Components: (YES ●NO How many devices this page require Service: BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



ADDITIONAL BATTERY INSPECTION REPORT

BRANCH PHONE NUMBER:	614-291-7001
OITE A ALLE	

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

SITE SOUTHERN POINT, LLC.

DATE 03/15/2021 **Panel** Battery #2 Battery #1 Battery #3 Battery #4 **Battery** Location **Battery** Status Number Volts Amps Volts Amps Volts Amps Size Date Volts Amps Pass (12V-7Ah) (10/2005) Fail MAIN **MECH RM LOBBY** 12.78 7.8 12.76 7.8 **12V7AH** 03/2021 NAC MECH RM LOBBY 12.82 7.9 12.84 7.6 **12V7AH** 04/2018

				1		1	1			1			_	+
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									-					1
Comments Non-														
No SERVICE FOL I state that the informati 72 test and inspection so	LOW UP REPOR on on this form is ections. All equip	RT was required	during this	inspect	tion.									
No SERVICE FOL I state that the informati 72 test and inspection so FOLLOW UP REPORT as	LOW UP REPOR on on this form is ections. All equip s stated above.	RT was required correct at the timment tested at thi	during this e and place s time was	inspect e of this i left in or	ion. inspecti peration	on. All te al condit	est and i ion upor	nspectio า comple	ns were tion of t	perform his inspe	ed in accorda ection except	ance with app as noted on	olicable I any SEF	NFP.
No SERVICE FOL I state that the informati 72 test and inspection so FOLLOW UP REPORT as Name of Inspector	LOW UP REPOR on on this form is ections. All equip s stated above. Jarret Hopk	RT was required correct at the timment tested at thi	during this e and place s time was	s inspect e of this i left in or	ion. inspecti peration	on. All te al condit	est and i	nspection comple	ns were	perform his inspe	ed in accords ection except Certification	ance with app as noted on	olicable I any SEF	NFP. RVIC
No SERVICE FOL I state that the informati 72 test and inspection so FOLLOW UP REPORT as	con on this form is ections. All equips s stated above. Jarret Hopk spection, deficient	correct at the timment tested at thi	during this e and place s time was	s inspect e of this i left in or	inspecti peration	on. All te al condit	est and i	nspection comple	ns were	perform his inspe	ed in accords ection except Certification	ance with apple as noted on	olicable I any SEF 5-5152	NFP



Customer # 113204 Customer PO # Columbus Scheduled Date 03/31/2021 ANNUAL FIRE EXTINGUISHER INSPECTION Completed Date 03/15/2021 Inspected By Hopkins Additional Inspector or Fitter: Yes (No SOUTHERN POINT, LLC. JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET 18 ANNUAL FIRE EXTINGUISHER INSP 5.00 90.00 **ORIENT, OH 43146** CONTACT AIME PHONE (414) 367-5540 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: 1WS 1FF 6BF 15FE 1AD INSPECTION TOTAL QTY **INSPECTION MATERIALS** PRICE AMOUNT **Comments / Corrections:** FRANKLIN CO TAX 7.5% **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 NA QTY MISCELLANEOUS CHARGES PRICE **AMOUNT** SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE ● YES ○ NO SFU NUMBER: SFU989880 STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Jarret Hopkins Inspection Count Name 1 Thank You - Invoice to Follow 90.00 **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 6.75 NO SIGNER (COVID) Name Signature **Total Cost** 96.75

INSPECTION WORK TICKET

Ticket # 989880



S. A. Comunale Company Fire Extinguisher Inspection Rev 1.0 12 December 2012

FIRE EXTINGUISHER INSPECTION REPORT

			All ENGUE	a constitution of the	any				-0 = 30-03-03-						
Carrier State Control		E NUN	MBER: 614-291-70	01	(NA	TION	AL ACCO	UNT NUN	/IBEF	₹: 1-	800-	776-	7181	
-	15/2021														
Manager and Automatical States and Automatica			NT, LLC.			CON	TACT	AIME							
		HERN	STREET		100	РНО	NE	(414) 3	867-5540						
CITY ORI		-				STA	TE	ОН	20000		ZI	P 4	3146	j	
This inspection is	: XAr	nnual	Semi-Annual	Qua	rterly Monthly	I	Week	ly							
A. Are all extinguis	shers fre	e fror	n obstruction to acce	ss or vis					-		T	YES	N	I/A	NO
B. Are the operating	ng instru	ıctions	on nameplates legi	ble and fa	acing outward?			-			+	\Diamond	+	_	
C. Are all safety se	eals and	tamp	er indicators in place	and free	e from physical dama	ige?	alti artika	110			+	\Diamond	+		
D. Do all extinguis	hers see	em to	be full by weighing o	r hefting	?	3					+	\Diamond	+	+	
E. Are all extinguis	shers fre	e fron	n physical damage, I	eaks, cor	rosion, and clogged	nozzle	es?				+	\Diamond	-		
F. Are all pressure	gauges	are i	n the operable range	or positi	on?		-				+	\Diamond	-	_	
G. Are all HMIS (H	lazardou	us Ma	terials Information S	ystem) la	bels in place?						+	\Diamond	+		
H. Are fire extingui	ishers b	eing ir	nspected at a minimu	ım of 30-	day intervals by occu	pant	or cont	ractor			+	\Diamond	+		
	T		_			I	01 00110					\triangle			
			AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WE' CHEMICAL HALON 1211	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	-	T	INSPEC	CTIONS P	ERF	ORN	IED	(X)		
LOCATION (SIZE	AGENT TYPE ABC / BC CO2 PURPLE K ALOTRON WE CHEMICAL HALON 1211	UFACT DATE	UFACTI OF FIRE INGUISE	INSPECTION	<u> </u>	※ Ⅱ	DOE	h	2	111	z	z	ш
EXTINGUISH	ER	S	A P C C C C C C C C C C C C C C C C C C	DA DA	UF/ NGI	5	SERVICE NEEDED	3YR – 12 YR DUE DATE		BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	AG
			8 4	AN	A E	SPE	完		HYDRO	RA	100 100 100 100 100 100 100 100 100 100	GAI	3	SEL	SIGNAGE
1ST FL LOBBY		40	-			ž	0) 2	6YR DUE	₹	B	O		۵	Δ	S
1ST FL ELEV EQ.		10	ABC	2005	BADGER	X		2032	2026	X	X	X	X	X	X
1ST FL ELEV EQ.		10	ABC	2010	AMEREX	X		2028	2022	X	X	X	X	X	X
1ST FL RM 100		10 5	ABC	2001	BADGER		X	2021	2027		X	X	X	X	
1ST FL CTR HALL		10	ABC	2009	BUCKEYE	X		2025	2031	X	X	X	X	X	X
1ST FL HALL EXA		10	ABC	2002 2014	BADGER	X		2032	2026	X	X	X	X	X	X
1ST FL E EXIT		10	ABC	2014	AMEREX	X		2032	2026	X	X	X	X	X	X
1ST FL BY BRK R	Contract Con	10	ABC	2007	AMEREX	X		2024	2030	X	X	X	X	X	X
1ST FL MRI	-	-	12 (2)	2018	KIDDE	$\stackrel{\times}{\hookrightarrow}$		2025	2031	X	X	X	X	X	X
1ST FL HALL BY	LAB 1			2013	AMEREX	\Diamond		2024	2030	X	X	X	X	X	X
2ND FL LOBBY	1		Management	2001	BADGER	\Diamond		2032	2026	X	$\overset{\sim}{\hookrightarrow}$	X	X	X	X
2ND FL A-200	1			2007	BUCKEYE	\Diamond		2032	2026	$\langle \cdot \rangle$	$\langle \cdot \rangle$	$\langle \rangle$	X	X	X
2ND FL B-200	1	10		2011	PYRO-CHEM	\Diamond		2025	2031	$\langle \cdot \rangle$	$\langle \cdot \rangle$	$\langle \rangle$	X	X	X
2ND FL C-200	1	10			PYRO-CHEM	\Diamond		2023	2031	$ \bigcirc $	$\langle \cdot \rangle$	$\langle \cdot \rangle$	$\langle \cdot \rangle$	X	X
2ND FL D-200	1	10	ABC		PYRO-CHEM	$\hat{\mathbf{x}}$		2025	2023	\Diamond	$ \bigcirc $	$ \bigcirc $	$ \bigcirc $	$\langle \cdot \rangle$	$\stackrel{\sim}{\times}$
2ND FL STAIR E. I	EXIT 1	0	ABC	20010000000	BADGER	X		2032	2026	\Diamond	\Diamond	Θ	$ \bigcirc $	\rightarrow	Ϋ́
Are services requi	ired on	the Fi	ro Extinguishava	(A)VE	2 0 112 11					\triangle	\wedge	Δ	\triangle		
			<u> </u>	(YE					e require				1		
Explanation of "I	NO" ans	wers,	system deficiencies, a	and/or ins	pector recommendati	ons ar	re listed	on SERV	ICE FOLL	OW I	ID#	SI	-1102	9880	
										J., O	"_		000	5000	_
I state that the infor	mation o	r KEP	ORT was required duri	ng this ins	pection.										
with applicable NFP	A 10 tes	t and i	nspection sections.	time and	place of this inspecti nent tested at this tim	on. A	Il test a	nd inspec	tions were	perf	orme	d in	acco	rdance	
inspection except as	s noted	on any	SERVICE FOLLOW L	JP REPOR	RT as stated above.	c was	ien in	operationa	ii conditio	n upc	n co	mple	tion (of this	
Name of Inspector	r Jar	ret H	opkins	Sig	gnature		71		Certific	atio	n #				
I acknowledge that t understood that all i	he inspe	ection,	deficiencies, and sug	gested in	mprovements were dis	Jugaren Grande							·25-5 tion.		
Name of Owner			authority having juri	sdiction.		nature			aing the in					П	
or Representative		5.51	-ir (COVID)		Sign	iature	,		K	7	-1-				

Fire Extinguisher Page 1 of 2



FIRE EXTINGUISHER INSPECTION REPORT

		An EMC	OR Cor	npany			(Addi	tional	Pag	es)				
BRANCH PHONE	NUMB	ER: 614-291-7001) NA	ΓΙΟΝΑΙ	L ACCOUN	IT NUMBI	FR: 1	-800	-776	710	1	
SITE SOUTHERN PO	INT, LI	LC.			ATE		5/2021			-000	-110	-7 10		
This inspection is:		Semi-Annual	Qua	rterly Monthly		Week								
		15		, ,		TVCCK	WHEN THE PARTY OF	CTIONS PE	DEOF	NACE) (V)			10-10-
LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFFP	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTION	SERVICE NEEDED	6YR – 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE
2ND FL 220 LOBBY	10	ABC	2021	AMEREX	X		2027	2033	~		~		~	
2ND FL 220 BY RM 11	10	ABC	2021	AMEREX	X		2027	2033	X		X	X	X	X
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Are services required on	the Fi	re Extinguishers:	YE	s NO How	many	units	this page	require S	ervice	- <u> </u> e:	101	0		_



SERVICE FOLLOW UP REPORT SFU989880

An EMCOR Company

BRANC	CH PHONE NUMBER:	614-291-7001	○ NATIO	NAL ACCOUNT NUI	MBER: 1-800-776-7181
DATE	04/10/2021				
SITE	SOUTHERN POINT, I	LLC.	CONTACT	AIME	
ADDRESS	9085 SOUTHERN ST	REET	PHONE	(414) 367-5540	
CITY	ORIENT		STATE	OH	ZIP 43146
THIS SERVICE F	FOLLOW UP REPORT CONTAINS REPAIRED BECAUSE THEY COU	A DESCRIPTION OF ITEMS THAT COULD CAUSE TH ILD POSE SERIOUS LIFE SAFETY ISSUES TO THE BU		TION PROPERLY IN THE EVE	ZIP 43146 ENT OF A FIRE. IT IS RECOMMENDED
Name of In		Jarret Hopkins	Signature	Ja 2	76
System Co	mments:				V

- 2. SAC FIRE EXTINGUISHER INSPECTION REPORT PAGE ONE
- QUESTION: SERVICE REQUIRED
- 7.2.2 PROCEDURES. PERIODIC INSPECTION OR ELECTRONIC MONITORING OF FIRE EXTINGUISHERS SHALL INCLUDE A CHECK OF AT LEAST THE FOLLOWING ITEMS:
- (1) LOCATION IN DESIGNATED PLACE
- (2) NO OBSTRUCTION TO ACCESS OR VISIBILITY
- (3) PRESSURE GAUGE READING OR NDICATOR IN THE OPERABLE RANGE OR POSITION
- (4) FULLNESS DETERMINED BY WEIGHING OR HEFTING FOR SELFEXPELLING-TYPE EXTINGUISHERS,
- CARTRIDGE-OPERATED EXTINGUISHERS, AND PUMP TANKS
- (5) CONDITION OF TIRES, WHEELS, CARRIAGE, HOSE, AND NOZZLE FOR WHEELED EXTINGUISHERS
- (6) INDICATOR FOR NONRECHARGEABLE EXTINGUISHERS USING PUSHTO-TEST PRESSURE INDICATORS
- 7 .2.2.1 IN ADDITION TO 7.2.2, FIRE EXTINGUISHERS SHALL BE VISUALLY INSPECTED IN ACCORDANCE WITH 7 .2.2.2 IF THEY ARE LOCATED WHERE ANY OF THE FOLLOWING CONDITIONS EXISTS:
- (1) HIGH FREQUENCY OF FIRES IN THE PAST
- (2) SEVERE HAZARDS
- (3) LOCATIONS THAT MAKE FIRE EXTINGUISHERS SUSCEPTIBLE TO MECHANICAL INJURY OR PHYSICAL DAMAGE
- (4) EXPOSURE TO ABNORMAL TEMPERATURES OR CORROSIVE ATMOSPHERES
- 7.2.2.2 WHERE REQUIRED BY 7.2.2.1, THE FOLLOWING INSPECTION PROCEDURES SHALL BE IN ADDITION TO THOSE
- (1) VERIFYING THAT OPERATING INSTRUCTIONS ON NAMEPLATES ARE LEGIBLE AND FACE OUTWARD
- (2) CHECKING FOR BROKEN OR MISSING SAFETY SEALS AND TAMPER INDICATORS
- (3) EXAMINATION FOR OBVIOUS PHYSICAL DAMAGE, CORROSION, LEAKAGE, OR CLOGGED NOZZLE
- 7 .2.3.1 RECHARGEABLE FIRE EXTINGUISHERS. WHEN AN INSPECTION OF ANY RECHARGEABLE FIRE EXTINGUISHER REVEALS A DEFICIENCY IN ANY OF THE CONDITIONS LISTED IN 7.2.2(3) OR 7.2.2(4), THE EXTINGUISHER SHALL BE SUBJECTED TO APPLICABLE MAINTENANCE PROCEDURES.
- 7 .3.1.2.1 SIX-YEAR INTERNAL EXAMINATION. EVERY 6 YEARS, STORED.PRESSURE FIRE EXTINGUISHERS THAT REQUIRE A 12-YEAR HYDROSTATIC TEST SHALL BE EMPTIED AND SUBJECTED TO THE APPLICABLE INTERNAL EXAMINATION PROCEDURES AS DETAILED IN THE MANUFACTURER'S SERVICE MANUAL AND THIS STANDARD.

NOTES: 1 - 10LB ABC DUE FOR 6 YR MAINT.



SERVICE FOLLOW UP REPORT SFU989880

SITE

SOUTHERN POINT, LLC.

System Comments - Continued:

*** END OF REPORT ***

I acknowledge that this SERVICE FOLLOW UP REPORT was 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 such information.

PLEASE SCHEDULE A SERVICE TECHNICIAN TO REPAIR THESE ITEMS AT YOUR EARLIEST CONVENIENCE.

PLEASE PROVIDE A QUOTE TO REPAIR THESE ITEMS.

Name of Owner or Representative

NO SIGNER (COVID)



	All	EINIGUK	Com	pany		stomer		204
	Columbus					mer PO		
FIRE EXTINGL						uled Date		30/2021
I IKE EXTINGO	JISHER SERVICE QUOTE 378807	SFU989880				eted Date		28/2021
	1	***************************************	2 27			ected By	/ Cha	andler
JOB	SOUTHERN POINT, L	LC.		litional Inspect	or or Fitter:	Yes	<u> </u>	No
SITE			QTY	INSPE	CTION ITEMS		PRICE	AMOUN
SIIE	9085 SOUTHERN STREET							
CONTACT	ORIENT, OH 43146							
PHONE								
	(414) 367-5540							
FAX								
BILL	PHYSICIANS REALTY T	RUST						
	309 N. WATER STREET, SUIT	E 500						
ТО	MILWAUKEE, WI 53202	***************************************						
CONTACT	A/P	***************************************						
PHONE	(414) 367-5540		***************************************					
FAX								
Site Notes	:	***************************************					***************************************	
1WS 1FF 6BF 1	5FE 1AD				INSPE	CTION TO	TAL	0.0000
			QTY	INSPEC	TION MATERI			
Comments	s / Corrections:		1		EAR SWAP-OUT		PRICE	AMOUNT
			1	SERVICE CHA		FE		38.00
				OLKVICE CHA	RGE			38.00
		110000000000000000000000000000000000000	17. 10. 11. 50	INSPEC	TION MATE	PIALSTO	TAL	
			YE		CITY CHARGES	BACKFLOW IN	SPECTION	ON FEE
ALL CONTRO	OL VALVES LEFT IN OPEN PO	OSITION		RATE SFU FROM		YES		
Γ	YES NO NA	00111014	GENERAT	TES A SFU OR A SFU IS	TION DOES NOT GENER NOT REQUIRED)	ATE A SFU, SELEC	T NA WHEN	INSPECTION
SERVICE	FOLLOW UP REPORT ATTA	CHED	QTY	MISCELLA	ANEOUS CHAF	RGES P	RICE	AMOUNT
	NO SFU NUMBER:	STILD	***************************************					
				PICKAWAY CO	TAX 7.25%			
. NA	IONAL INSPECTOR OR FITTE 2. NA	R						
Technician					C	THER TO	TAL	
Name Sh		ount 0.5		You - Invoice t	to Follow	Inspe	ction Total	.=:
	I confirm that the above work					Material [*]		76.00
SE	E REVERSE SIDE FOR ADDI	TIONAL TER	RMS AN	D CONDITION:	S	Other	Total	3
Customer	IFAIAUFES	Custom	ner	> O A			Tax	5.51
Name	JENNIFER	Signatu	ire	Jule	7	Total		81.51

INSPECTION WORK TICKET

Ticket # 6627



Customer PO# Columbus Scheduled Date 12/31/2020 QUARTERLY SPRINKLER INSPECTION Completed Date 02/05/2021 Inspected By Hopkins Additional Inspector or Fitter: ()Yes (No SOUTHERN POINT, LLC. JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET QUARTERLY WET INSPECTION **ORIENT, OH 43146** CONTACT AIME PHONE (414) 367-5540 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: **1WS 1FF 6BF 15FE 1AD** INSPECTION TOTAL 105 QTY 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 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 Jarret Hopkins Inspection Count Name 1 Thank You - Invoice to Follow 105 **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 NO SIGNER (COVID) Name Signature **Total Cost** S. A. Comunale Co., Inc. Inspection Work Ticket Rev 1.5 16 July 2019

INSPECTION WORK TICKET

Customer # 113204

Ticket # 967641



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

● E	RANCH PHONE N	UMB	ER:	614-	291-7	7001		\bigcirc	ΝΔΤΙΩΝ	JAI A	CCOUNT	WIMDED.	4 000 -		
DATE	02/05/2021								MATIO	IAL A	CCOUNT	NOMBEK:	1-800-	76-71	81
SITE	SOUTHERN P	OIN	Γ, LLC					COL	NTACT	АТАЛ	=				
ADDRES	SS 9085 SOUTHE	RN S	STREE	T	-			PHO							-
CITY	ORIENT					***************************************		STA		OH	367-5540				
This inspe	ection in Do-			7.	. 1					ОП		ZIP	431	146	
100	ERS SECTION	Annu	iai [2	Quarte	erly	Other					****				
													YES	N/A	NO
2 - GENE	fire protection syste RAL (Questions A,	ms in	servic	ce?									X		
A. Are the	hydraulic namenlat	D, C,	D&E	ly ottook	ction	items)							YES	N/A	NO
B. Fire De	hydraulic nameplat	olinas	/ swiv	els unda	mag	od and retai	na legible? (nswer N/A	if system is	Pipe Sch	reduled)		X		
C. Fire De	pt. Connection coup	de a	2000cil	olo and m	mage	ed and rota	te smoothly,	caps / p	lugs in I	olace	& undamag	ed?	X		
D. Fire De	pt. Connection visib	k val	ve not	Jooking	auto	d with sign	, gaskets pre	sent an	d in goo	d con	dition?		X		
E. Are ho	pt. Connection chec	etora	go dou	ieaking,	auto	drain vaive	and clapper	(s) in p	lace and	oper	ating correc	ctly?	X		
3 - CONTI	ses, hose valves & s	stion	A is a	tested its	essib	ile, in good	condition, fre	e from p	ohysical	dama	ge and no	leaks?		X	
	electrical supervisor					visory alarm	202						YES	N/A	NO
4 - WATE				tested it				or nor a	/	1.0				X	
A. Are pres	ssure results at full t	low o	reater	or equal	to a	cceptance o	nin Test one ris	er per qu	iarter w/	backflo	w preventer	on system)	YES	N/A	NO
Riser	Location				ize	Static	Residua			arm	1	lydraulic Inf	ormation		
Number						Pressure				me	Design Density	Design Area	PSI @	0	SPM emand
1	EAST MECH ROO	M		2"		85	70	74	1	A	.10	977	60.26	aler and a second	1.386
										-					
5 - FLOW		on B i	s a ins	pected ite	em) (Questions A	& C are teste	d items)	- CHE			YES	NI/A	NO
A. Did water	erflow through the in	spec	tor's te	st or ala	rm te	st line actua	ate mechanic	al alam	ns?	- Strollb.			IES	N/A	NO
B. Pressure	e switches & vane ty	pe w	aterflo	w switch	es ar	re in good o	ondition, sec	urely at	tached	v/ no l	eaks?		X		
C. Did wate	efflow through the in	spec	tors te	st or alar	m lin	e actuate p	ressure or va	ne tvpe	waterflo	ow sw	itch?			V	
OTOTE	M INFORMATION wet systems?	(Gei	narai q	uestion c	once	rning syster	m component	s)						_/\	
		1	Sizes				Make / Mode		RAIGHT	GUT	ST GUT				
	dry systems?	0	Sizes	NA			Make / Mode	ls NA		Wa area	NA				
	preaction systems?	0	Sizes	NA			Make / Mode	ls NA			NA				
	deluge systems?	0	Sizes				Make / Mode	ls NA		***************************************	NA				
7 – DRY, P	REACTION AND D	ELUC	GE (G	uestions	A, B	& C are tes	ted items)						YES	N/A	NO
A. Is the air	pressure and primin	ng wa	ater lev	el norma	al?							T	123	Y	INO
B. Quick op	ening device operat	ed co	orrectly	/?										\Rightarrow	
C. Did the lo	ow air pressure aları	m ope	erate c	during the	e test	?								\Rightarrow	
(Explan	ation of "NO" answe	rs sı					ctor recomme	ndations	are list	ed on	SERVICE FO	OLLOW UP	#	X	
	RVICE FOLLOW UP F														
with applica	he information on th ble NFPA 25 test and except as noted on a	is for	m is co	rrect at t	he tin	ne and place	of this inspe	ction. A	All test a	nd insp perati	pections we onal condit	re perform ion upon co	ed in acompletion	cordan	ce is
Name of In	spector	Jarr	et Ho	pkins		Signatu	ire Jan	2	7-60	1	Cert	ification #	54	-25-51	52
i acknowled understood requested, v	ge that the inspectio that all information o vill be forwarded to t	n, def ontai he au	icienci ned he thority	es, and s rein is pr having ju	ugge ovide urisdi	ested improved to the best			V			on of the ir informatio	spection and th	n. It is at, if	
Name of Or or Represe	wner			SIGNER			s	ignatur	e C	7	71	ns.			



Customer PO # Columbus Scheduled Date 09/30/2020 SEMI ANNUAL SPRINKLER AND ALARM INSPECTION Completed Date 10/15/2020 Inspected By Messmer Additional Inspector or Fitter:)Yes (No SOUTHERN POINT, LLC. JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET 1 SEMI-ANNUAL ALARM INSPECTION **ORIENT, OH 43146** 1 SEMI-ANNUAL WET INSPECTION CONTACT AIME PHONE (414) 367-5540 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: **1WS 1FF 6BF 15FE 1AD** INSPECTION TOTAL 190 QTY INSPECTION MATERIALS PRICE **AMOUNT** Comments / Corrections: **INSPECTION MATERIALS TOTAL** 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 Inspection Jordan Messmer Count Thank You - Invoice to Follow Name 190 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 gnature/covid-19 cond Name Signature **Total Cost** S. A. Comunale Co., Inc. Inspection Work Ticket Rev 1.5 16 July 2019

INSPECTION WORK TICKET

Customer # 113204

Ticket # 941364



FIRE ALARM INSPECTION

		All ENILOR Company		~ ?	KIES	TF	REPO	RT	
BRANC	H PHONE NUMBI	ER: 614-291-7001			ONAL ACC		COLUMN TO A COLUMN TO SERVICE OF THE SERVICE O	m m =	770 7404
DATE	10/15/2020	ADDITIONAL BUILD	ING DATA	J	/ 100	00111	NOMBER	. 1-000-	776-7181
SITE	SOUTHERN POI			CONTA	ACT A				
ADDRESS	9085 SOUTHERN	STREET		_		IME			
CITY	ORIENT			PHONE	_\	14) 36	7-5540		
MONITORING		/FVF PROTECTION		STATE	0	Н		ZIP 43	146
monitoring.	BUCK	KEYE PROTECTION		PHONE	33	0-456	-2671	_	
This inspection	on is: Annual	Semi-Annual Quarterly	Mont	hly	Weekly	Oth	ier		
Type Transm		al Multiplex McCu	illoh	Povo	rse Polarity				
Panel Manufa	acturer NOTIFI		NFW2-10				RF	 - 	Other
ALARM INITI	ATING DEVICES	AND CIRCUIT INFORMATION	141 772-10		Type	X	Addressa	ble	Hard Wired
Qty of devices	Circuit Class	Type of device							
4	CLASS B	Manual Stations		devices	Circuit C	Class	Type of c	device	
0	NA NA	ION Detectors		2	CLASS		Heat Dete	ectors	
5	CLASS B	Photo Detectors		1	CLASS	100	Waterflow	v Switche	es
5	CLASS B	Duct Detectors	-	2	CLASS	В	Superviso	ory Switch	hes
ALARM NOTI	FICATION APPLI	ANCES AND CIRCUIT INFORMATION	ON						
Qty of devices	Circuit Class	Type of device		devices	Circuit C	lass	Type of de	evice	ALTERNATION AND ADDRESS OF THE PARTY OF THE
0	NA	Bells		7	CLASS	В	Strobes		
0	NA	Horns	4	0	CLASS		Horn/Stro	bes	
0	NA	Speakers					11011110110	500	
0	NA	Chimes							
SUPERVISOR	Y SIGNAL-INITIA	TING DEVICES AND CIRCUIT INFO	DMATION		-				
Qty of devices	Circuit Class	Type of device	Qty of c		Circuit Ol				
0	NA	Building Temp	Q,y or c		Circuit Cl	ass	Type of de		
0	NA	Site Water Temp			NA NA		Generator o	-	
0	NA	Site Water Level			NA NA		Generator E		AND DESCRIPTION OF THE PARTY OF
0	NA	Fire Pump Running			NA		Generator in		osition
0	NA	Fire Pump or Pump Controller Trouble			IVA		Switch Tran	ster	
0	NA	Fire Pump Power			100 - 100 -	-			
0	NA	Fire Pump Auto Position							
SIGNALING LI	NE CIRCUITS								
Qty and Style (se	e NFPA 72, Table 6-	-6.1) of Signaling line circuits connected to	system	Otv			10.1		
	ER SUPPLIES		o oyotom	Qty	3		Style(s)	Υ	
	in): Nominal Voltage	120						and the second	
	Protection: Type	Fuse						AMPS	20
	mary Supply Panelbo		- Comment	cuit Break		-		AMPS	20
. Secondary (S	- Promotory	e Battery Other:			ns Location (I	Fuse or	Breaker#)	39	
	pacity to operate sys		AMP HR	Rating	7.0				
NA Engine	-Driven generator de	stem, in hours X 24 60 dicated to fire alarm system. Location of fu	Other:			-			
		dicated to fire alarm system. Location of fi	uel storage:						
YPE BATTER	Transport of the same of the s								
Dry Cell	Nickel Cadmi		ead-Acid	Other	r:				
. Emergency or	standby system use	d as a backup to primary power supply, in	stead of usir	g a secon	dary power si	upplv.			
Lineigen	by system described	in NFPA 70, Article 700				F F ' J '			
		ribed in NFPA 70, Article 701							
A Optional s	tandby system desc	ribed in NFPA 70, Article 702, which also	meets the pe	erformance	e requirement	s of Ar	ticle 700 or 7	701	
	Commence of the second					JIAI	100 01 /	UI	

Fire Alarm Test and Inspection Page 2 of 3

DATE 10/15/2020

PRIOR TO ANY TE	STING							SECONDARY POV	NED		DAI	10/15/	2020
Notifications Are Ma	de Yes	NA No		W	ho		Time	Type		F	NIA		
Building Management	X		Mat			7	:15	Battery Condition	Visual	Functional	NA		nments
Monitoring Entity	X			tral St	ation		:30	Load Voltage				PASS	
Other:							.50			X		PASS	
INITIATING & SUDE	DVICO	DV DEVIC		070.0				Discharge Test		X		PASS	
INITIATING & SUPE	KVIOU	KY DEVIC	EIE	515 &	INSPE	CTION	S	Amp Hour Reading		X		PASS	
(ON SEPARATE FO	KIVI) - #	OF PAGE	S A	TACH	ED EM	ERGEN	ICY	Specific Gravity	OF THE	X		PASS	
COMMUNICATIONS			_1_	-				Batteries Meet NFPA	72 Tes	st Requireme	ents:	● Yes	No N
SYSTEM TESTS &													
Туре	Visua	Functiona	I NA		Comr	nents		Туре	Visua	I Functional	NA	Com	ments
Control Panel		X		PASS	3			Transient Suppressors	3		X	NA	
Interface Equipment		X		PASS	3	Sing a Will Dogs		Remote Annunciators		X	/\	PASS	
Lamps/LEDS		X		PASS	3			Audible	X			PASS	
Fuses	X			PASS	3			Visual	X				-
Primary Power Supply	X			PASS	3			Speakers	/		V	PASS	
Trouble Signals	X			PASS	3			Voice Clarity			\Rightarrow	NA	
Disconnect Switches			X	NA				Door Holders	-		\\ \\ \\ \	NA	
Ground Fault Monitor			$ \diamondsuit $	NA			- Variable				X	NA	
Туре	Vieuel	Functiona		INA				Door Unlock			X	NA	
Phone Set	Visual	runctiona	NA		Comme	ents		Interface Equipment	Visual	Functional	NA	Com	ments
Phone Jack			X					Elevator Recall	X			PASS	
			X					HVAC Shut Down	X			PASS	W
Off-Hook Indicator			X					Specify:					
Amplifier(s)			X					Special Hazards	Visual	Functional	NA	Com	ments
Tone Generators			X					Specify:					nents
Call in Signal Silence			X					Specify:					
System Performance			X					Specify:					
SUPERVISING STATIC	NOM NO	ITORING		Yes	NA	No		Time			Con	nments	
Alarm Signal		707			X					-	COI	iments	
Alarm Restoral					X								
Trouble Signal					X								
Trouble Restoral					X								
Supervisory Signal					X								
Supervisory Restoral					\Diamond								
NOTIFIED TESTING CO	OMDI E	-											
Building Management	JWPLE	IE		Yes	NA	No		Who			Т	ime	
				X			MAT	T	9	:00			
Monitoring Entity				X			CEN	TRAL STATION	9	:15			
Other:	-												
IAS SENSITIVITY BE	EN CC	MPLETE	AS	PER N	IFPA 72	ORLO	DCAL	STATE CODES: YES	$s(\bullet)$	NO()NA			
ear Sensitivity Testing	g Com	oleted: 20°	9										
VHILE PERFORMING									HOW V	/as Sensitiv	ity Tes		
) NO) NA
tached to this form.	answe	ers, system	defic	iencies	, and/or	inspect	or reco	ommendations are liste	d on S	ERVICE FOL	LOW	JP#	
N₀ SERVICE FOLLO												97.6	
state that the information	on this	form is corre	-+ -+ +1										
state that the information '2 test and inspection sect OLLOW UP REPORT as s	ions. Al	I equipment	ested	at this t	ind place ime was I	of this ir	erationa	on. All test and inspection al condition upon complet	s were ion of th	performed in a nis inspection	ccordar except a	nce with appli	cable NFPA ny SERVICE
		n Messmei				Signa		Me					
acknowledge that the insp nformation contained here aving jurisdiction.	ection	deficiencies	and a	uggester	d improve		-					n # 54-25-	
lame of Owner						o per	Jon pro	me information an	u that, i	r requested, w	III be for	warded to the	authority
r Representative	no sig	nature/cov	rid-19	conc	erns			Signature		/\//	\triangle		

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
ELEC RM ABOVE FACP	PSD	1D001	VISUAL	.5-3.71	SETTING	
1ST FL RETURN DUCT P	PDD	1D003	VISUAL	.5-3.71		PASS
ELEV EQ RM	RRD	1D006	VISUAL			PASS
ELEV EQ RM	PSD	1D007	VISUAL	F 0.74		PASS
1ST FL ELEV LOBBY	PSD	1D009		.5-3.71		PASS
2ND FL ELEV SHAFT	RRD	1D009	VISUAL	.5-3.71		PASS
2ND FL ELEV SHAFT	PSD		VISUAL			PASS
2ND FL ELEV LOBBY	PSD	1D021	VISUAL	.5-3.71		PASS
1ST FL RETURN DUCT P		1D022	VISUAL	.5-3.71		PASS
2ND FL RETURN DUCT P	PDD	1D026	VISUAL			PASS
2ND FL RETURN DUCT P	PDD	1D027	VISUAL			PASS
RTU-1 RETURN	PDD	1D028	VISUAL			PASS
FRONT ENTRANCE	PDD	1D029	VISUAL			PASS
BY NORTH STAIRS	MPS	1M012	VISUAL			PASS
RISER RM	MPS	1M013	VISUAL			PASS
	TS	1M014	VISUAL			
RISER RM	TS	1M015	VISUAL	 		PASS
RISER RM	WFS	1M016	VISUAL			PASS
2ND FL BY SOUTH STAIRS	MPS		VISUAL			PASS
2ND FL BY NORTH STAIRS	MPS		VISUAL			PASS
		111024	VISUAL			PASS
services required on Fire Alarm Compone						

Are services required on Fire Alarm Components: YES NO How many devices this page require Service: N

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME NA FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR,

MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

● B	RANCH PHONE NUMBER: 614-29	1-7001			O N	ATION	NAL ACCOUN	IT NUMB			
SITE											
ADDR	SOUTHERN POINT, LLC.				CONT	ACT	AIME				
CITY	ORIENT 9085 SOUTHERN STREET			When page 1	PHONI	E .	(414) 367-554	10			
OIII	ORIENT				STATE		ОН		ZIP 431	146	
This ins	spection is: Annual Semi-Anr	ual _	Quarterly	Monthly	Weekly	П	Other				
1 – OW		-					s Representati		VEO		
	s building occupied?					1.11			YES	N/A	NO
B. Has t	the occupancy classification and haza	ard conte	ents remained	the same s	since the las	t insp	ection (# so sus		+		
O. Ale a	in the protection systems in service?								+		
D. Are a	all Wet Sprinkler System piping and W	et porti	ons of Dry Sy	stems prote	cted from te	mpera	atures below 4	0°2	10		
E. Owne	er has been instructed on maintaining	the Dry	System Auxi	liary Drains'	?						
Inspect	ion of Sprinklers, Hangers, Pipe and	Fittings	will be condi	ucted from I	Floor Level.	Conc	ealed Spaces	are not re	quired to	o he In	spected
manie o	owner of Representative: 10 sign	nature/c	ovid-19 cond	cern Signat	ture:		1		quireat	o be iii	specieu
2 - GEN	IERAL (Questions A, B, C, D, E, F, H,	J&Ka	re inspection i	items) (Ques	tions G. L &	M are	tested items)		VEC	NIZA	No.
A. Have	the sprinkler systems been extended	to all vi	sible areas of	the building	12 (IF NO on En			1120	YES	N/A	NO
b. Does	there appear to be proper clearance	betweer	n the top of all	l storage an	d the sprink	er det	floctor?		\Diamond	7/1	
C. Ale II	ie nydraulic nameplate(s) securely at	tached t	o the riser an	d legible?	Answer N/A if such	om is Di-	0-1-11-0		\bigcirc		
D. IS the	re a spare nead box with the proper r	number :	and type of sr	oare sprinkle	ers and wron	nches'	?		1		
E. Fire L	ept. Connection in good condition, vi-	sible, ac	essible and n	narked with	ID signs?				X		
F. Has tr	ne Fire Dept. Connection piping been	hydrost	atically tested	I in the last 5	years?		Year Due: 2	017			
G. Have	all gauges 5 or more years old been	replaced	d or calibrated	1? Y	ear Replaced: 2	017	V P 0	000	X		
H. Intern	al inspection of the Pipe, Valves and	Backflo	w has been pe	erformed wit	thin the last	5 year	rs? Year Due: 2	022	X		
J. Ale al	Thoses and hose valves in good cond	dition, fr	ee from physi	cal damage	and no leak	(\$?				X	
L Fire bo	(>5 yrs) connected to the system has	been se	erviced per NI	FPA 1962?	Year of Hose:	A	Year Due: N	A		X	
M Forwar	ackflow prevention device tested per t	he auth	ority having ju	risdiction?	Month Due: J	JL	Year Due: 20	021	X		
	ard flow test has been conducted on fi	re back	llow device - I	NA for syste	ms w/ fire p	umps'	? Year Due: 20	021	X		
3 - CONT	ROL VALVES (Questions A, B & E are	inspect	ion items) (Que	stion D is a to	est item) (Que	estion	C is a maintena	nce item)	YES	N/A	NO
A. Are all	sprinkler system main control valves	and all	other control	valves in the	annropriate	o opor	or class d	sition?	X	IV/A	NO
b. Ale all	control valves supervised in the appr	opriate	open or close	d position?	(Supervision Tur	- Tar	nnor Cuital		X		
C. Wele	all control valves operated through ful	Irange	of motion, lub	ricated and	returned to	norma	al position?		X		
D. Did all	electrical supervisory switches actua	te super	visory alarms	?			- O		X		
A - WATE	control valves easily accessible and	marked	with ID signs:	? (Valve Locatio	n) Mechani	cal R	oom		X		
A Did flo	R SUPPLY (Question A is a inspecti	on item)	(Questions B	& C for info	rmation) (Ma	in Dra	in is a test iten	7)	YES	N/A	NO
R. System	w results have the same or greater PS			Maring		n of 10%	should be noted as	No)	XI		
	water supplied from: City Water		vated Tank	Pressure	Secretaria	ction			er		
Riser	rain is piped outside XYes No	NA, i	f no how man	y 25' hoses	required to	get ou	ıtside for a Fo	rward Flo	w Test ?		NA
Number	Location (Riser)	Size	Static Pressure	Residual	PSI	Alarn	n l	lydraulic In	formation		
1	EAST MECH ROOM	2"	106	Pressure 55	Return 75	Time		Design Area	PSI @ Base		SPM emand
			100	33	75	30se	c .10	1014	52		224
		411				-					
-111											
										-	
			-								
							1				

SITE SOUTHERN POINT, L								г	ATE	10/15/	/2020	
5 - FLOW ALARMS (Question	is A & B	are inspection & t	est items	s, based o	on type of ins	pection p	erformed	<i>)</i>	AIL	YES	N/A	NC
7 Did waternow through the in	spector	's test actuate all r	nechani	cal alarm	s?					,	X	
B. Did waterflow through the in	spector	s test actuate all e	lectrical	alarms?						X	-	-
6 - WET SYSTEMS (Questions	A & B a	re inspection items)	(Questio	ns C, D &	E are tested i	tems) (Que	estion F is	for information	on)	YES	N/A	NO
Number of systems 1	es 4"	NA NA	NA	Madela	STRAIGH	TGUT	ST GUT					
A. Alarm valves, riser check va	lves, ga	uges and associa	ted trim	are free	from physica	l damage	?			X	T	1
B. Trim valves, alarm and supe	rvisory	lines are in the ap	propriate	e open o	closed posi	tion? (Are	Appropriate	Signs provided)			X	
C. Is the antifreeze system protein. D. The antifreeze system protein.	ction is	normal and is not	the liste	d cold zo	ne?	Cold Zor	ne Designat	or: NA			X	
D. The antifreeze system protein Was the antifreeze system to	ested at	the point of conne	overcna	the syste	rotection above	the cold zor	ne is consi	dered overcharg	ed)		X	
F. Area Protected? NA		pant of conne	otion to	une syste	em and at the	Access to the second se					X	
7 - DRY / PREACTION / DELU	GE SYS	STEMS It is the	ownor's	roonen	The state of the s	Type N.	The same of the sa			n NA°		te NA
Number of Dry Systems	0	Make and Model		responsi		itain auxil	1	s between in	-	14	Owner otified	NA
Number of Pre-Action Systems					NA		Trip test	report attache	d 🔀	Trip tes	st not re	quired
Number of Deluge Systems	0	Make and Model			NA		Trip test	report attache	d 🔀	Trip tes	st not re	quired
		Make and Model	NA D. E. O. I		NA		Trip test	report attache	d X	Trip tes	st not re	quired
(Questions A, B, C, G & H are ins A. Valves, gauges and associat	ed trim	are froe from phys	D, E & I	are teste	d items) (Que	stion F is	a mainte	nance item)		YES	N/A	NO
B. Trim valves, alarm and super	viconeli	noc are in the	icai dan	nage?							X	
B. Trim valves, alarm and superC. Is the air pressure and primin	a water	level name 10	ropriate	open or	closed posit	ion?					X	
D. Did the air compressor opera											X	
											X	
E. Did the low air pressure alarn											X	
F. Auxiliary drains that were ider	ntified by	y the owner were	drained	during th	is inspection	?					X	
G. Valves and trim appear to be	protect	ed from temperatu	res belo	w 40°F?							X	
H. Pipe that passes through free	zers is t	free of ice blockag	e?								X	
I. Has the Air Leakage Test beer	condu	cted on the Dry Sy	stem wi	ithin the I	ast 3 years?	Year Perfo	rmed: NA				X	
8 - SPRINKLERS, PIPE, AND H	ANGE	RS (Questions A,	B & C ar	e inspect	ion items) (Q	uestions L	D, E & F a	are tested iter	ns)	YES	N/A	NO
A. Is all visible pipe in good cond	lition wi	th no external corr	osion, p	hysical d	amage and	no leaks?				X		
B. Are visible pipe hangers and s	seismic	braces free of phy	sical da	mage?						X		
C. Are all sprinklers free from da	mage, c	obstructions to spr	ay patte	rns, forei	gn materials	& correct	orientat	ion?		X		
D. Have standard sprinklers 50 c	r more	years old been rep	olaced o	rsucces	sfully tested?)				/	V	
 Have fast response sprinklers 	20 or m	ore years old bee	n replac	ed or suc	ccessfully tes	sted? Dat	e of Sprir	klers 2007				A AMERICA
Have dry type sprinklers 10 or	more y	ears old been repl	aced or	successi	ully tested?	Date		klers NA		-	\Leftrightarrow	
9 - FIRE PUMPS AND STORAG	E TAN	(S (General Inform	nation c	oncernin	g the propert	v)					<u> </u>	
System has Fire Pump: Y N		Pump Test Perfo				N N/A	V	Report Attach	- d. V	. Г П., Г	7	
Water Storage Tank Supplies Wa	iter: Y				erformed: Y		NVA			Providence of	N/A	
Explanation of "NO" answers, which is attached to this form	system						IV/Z	Report Atta	cnea:	. Y	<u>и</u> п	I/A[X]
The second section					interidations	are listed	on SERV	ICE FOLLOW	UP#			
No SERVICE FOLLOW UP REP	ORT was	s required during this	inspect	tion.								
l state that the information on this with applicable NFPA 25 test and i inspection except as noted on any	form is nspection SERVIC	correct at the time on sections. All eq CE FOLLOW UP RE	and plac uipment PORT as	e of this tested at s stated a	inspection. A this time was bove.	All test and s left in op	d inspect erationa	ions were pe I condition up	rform	ed in ac ompleti	cordar on of th	nce nis
1202		/lessmer	Signat		MI			Certificat	ion #	‡ 5 ₁	4-25-52	260
acknowledge that the inspection, understood that all information co requested, will be forwarded to the	deficier ntained authori	ncies, and suggeste herein is provided ty having jurisdicti	ed impro to the be	vements est of the	were discuss knowledge o	ed with m	e upon o	_				;
Name of Owner		ture/covid-19 c	····		Signatur		\land	1/4	_			
					 s		Water B	ased Test and	Inspe	ection P	age 2 o	f 2
									- mariantal and			



Columbus Customer PO # Scheduled Date 06/30/2020 ANN BACKFLOW AND QTLY SPRINKLER INSPECTION Completed Date 06/19/2020 Inspected By Hatcher Additional Inspector or Fitter:)Yes JOB SOUTHERN POINT, LLC. (No QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET 1 QUARTERLY WET INSPECTION **ORIENT, OH 43146** 4 ANNUAL DOMESTIC BACKFLOW TEST CONTACT AIME 2 ANNUAL FIRE BACKFLOW TEST PHONE (414) 367-5540 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: **1WS 1FF 6BF 15FE 1AD** INSPECTION TOTAL 495 **INSPECTION MATERIALS** OTY PRICE **AMOUNT** Comments / Corrections: 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** CITY BACKFLOW INSPECTION FEE YES • NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Steve R. Hatcher Inspection Count Thank You - Invoice to Follow Name 2.5 495 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 Lloyd Kinser Name Signature **Total Cost** A. Contunale Co., Inc. Inspection Work Ticket Rev 1.5 16 July 2019

INSPECTION WORK TICKET

Customer # 113204

Ticket # 912118



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

Water Based Test and Inspection Page 1 of 1

● BRA	NCH PHONE N	UMBI	ER:	614	-291-7	001		ONATI	ONAL A	CCOUNT	NUMBER:	1_800_7	76-715	11
DATE	06/19/2020			-	passio, se						TOMBER.	1-000-7	10-710	810
SITE	SOUTHERN P	OINT	, LLC.					CONTAC	T AIMI	E				
ADDRESS	9085 SOUTHE	RN S	TREE	Т				PHONE	-) 367-5540				7122
CITY	ORIENT						****	STATE	ОН	, 50, 5040	ZIP	431	16	
This inspection		Annua	al 🔀	Quart	erly	Other		_				431	+0	
1 - OWNERS					-ci.						***************************************	YES	N/A	NO
	protection system											X		
	L (Questions A,											YES	N/A	NO
A. Are the hy	draulic nameplate	e(s) s	ecurel	y attacl	ned to	the riser an	nd legible? (A	nswer N/A if syste	m is Pipe Scl	neduled)	-my-sie	X		
B. Fire Dept.	Connection coup	lings	/ swive	els und	amage	ed and rotat	te smoothly, o	aps / plugs	in place	& undamag	jed?	X		
C. Fire Dept.	Connection visib	le, ac	cessib	le and	marke	d with sign,	gaskets pres	ent and in g	good con	dition?		X		
D. Fire Dept.	Connection chec	k val	ve not	leaking	, auto	drain valve	and clapper	(s) in place	and oper	ating corre	ctly?	X		
E. Are hoses	, hose valves & s	storag	je devi	ces ac	cessib	le, in good	condition, fre	e from physi	cal dama	age and no	leaks?		X	
	L VALVES (Que								-			YES	N/A	NO
4 - WATER S	ctrical supervisory							***************************************					X	
				tested		(Main Dra	in Test one rise	er per quarter	w/ backflo	ow preventer	on system)	YES	N/A	NO
Riser	re results at full f			1	- Section 1.0							X		
Number	Location	(Ris	er)		Size	Static Pressure	Residual Pressure		Alarm Time	Design Density	Hydraulic Inf Design Area	PSI @		PM .
1 EA	AST MECH ROO	M		2	"	100	73	95	NA	.10	1014	Base 52		mand
					-						1014	JZ		.24
5 - FLOW AL	ARMS (Questic	n B is	s a insi	pected	item) ((Questions A	& C are teste	d itama)						
	ow through the in	spect	tor's te	st or al	arm te	st line actus	ate mechanic	al alarme?	-	-		YES	N/A	NO
B. Pressure s	witches & vane ty	pe w	aterflo	w switc	hes ar	e in good o	ondition sec	ırely attach	nd w/ no	looko2		V		-
C. Did waterflo	ow through the in	spect	tors tes	st or ala	arm lin	e actuate n	ressure or va	ne type water	orflow ou	itah?		X		-
6 - SYSTEM	INFORMATION	(Ger	naral q	uestion	conce	rning system	m component	s)	erilow sw	ALCH?				L
Number of we	t systems?	1	Sizes				Make / Mode		HT GUT	ST GUT		20 mm		
Number of dry	systems?	0	Sizes	NA			Make / Mode	Is NA		NA				
Number of pre	action systems?	0	Sizes	NA			Make / Mode			NA				
Number of del	uge systems?	0	Sizes	NA	-		Make / Mode	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		NA				
7 – DRY, PRE	ACTION AND D	ELUC	1		is A, B							YES	NI/A	NO
	essure and primi											IES	N/A	NO
B. Quick open	ing device operate	ed co	orrectly	?		The second second second		***	***				\rightarrow	
	air pressure alar				he test	2	-						$\frac{X}{X}$	
													X	
	ion of "NO" answe attached to this fo	1111.						ndations are	listed on	SERVICE F	OLLOW UP	#		_
No SERV	ICE FOLLOW UP F	REPO	RT was	require	d durin	g this inspec	tion.							
	information on the NFPA 25 test and ept as noted on a								st and ins in operat	spections w ional condi	ere perform tion upon c	ed in acc ompletio	ordan n of th	ce is
Name of Insp	pector	Steve	e R. H	atche	r	Signatu	ire Staps	len R Hos.	20.	Cer	tification a	‡ <u>5</u> 4	-25-41	15
requested, will	that the inspection at all information of the forwarded to the						vements were st of the know	discussed w ledge of the	ith me up person p	oon comple roviding the	tion of the i	nspectio n and th	n. It is at, if	
Name of Owr or Represent				Lloyd	Kinse	er	s	ignature	A.		A==		<i>=</i> 2	

Annual Test & Maintenance Report for Backflow Prevention Assemblies (All applicable fields must be filled out completely in order for test results to be accepted)

Facility Na			RN POINT, LL	.C.		Address: 9	085 SOUTHERN STI	REET	
Contact Pe	erson:	AIME				Phone No.	(414) 367-5540		
A	Assembl	y Informa	tion		Ti	nstallation	Information		
Make: WI	LKINS				Containme		Isolation		£ 74 E
Model: <u>97</u>				Meter Pit		Basement	Floor Num	ber CAT	SCAN
Size: 1/2			487	Penthouse		Boiler Roo		the state of the s	OOM
Serial Numl	ber: W33	31060		Mechanica	Room		Provided: DOMEST		
		le Check A	ssembly	Reduced P	ressure Ass	embly	Pressure V	Vacuum Bre	aker
Initial	Outlet		Pass	1 st		Pass			Pass
Test	Valve		Fail	Check Valve		Fail	Air Inlet Valve	psig	
	1 st			Relief Valve		Tall			Fail
	Check	psid	Pass	Opening Point		Pass	Charle W. I		Pass
	Valve		Fail	Opening I om	psid	Fail	Check Valve	psig	Fail
Date	2 nd		Pass 🗍	2 nd					- 411
06/19/2020	Check	psid		Check Valve		Pass			
-	Valve		Fail			Fail			
				Outlet Valve	Pass	Fail			
	T -	100000							
Repairs &									
Materials									
Jsed									
2 10 10 10 10 10 10 10 10 10 10 10 10 10									
	Doub	le Check A	ssembly	Dadward	Dugges				
	Outlet			1 st	Pressure As	sembly	Pressure '	Vacuum Bro	eaker
Re-Test	Valve		Pass	Check Valve	mai d	Pass	Air Inlet Valve		Pass
After			Fail	Shock varve	psid	Fail	Air iniet valve	psig	Fail [
Repairs	1 st		Pass	Relief Valve		, <u> </u>			
	Check	psid	Fail	Opening Point	psid	Pass	Check Valve	psig	Pass L
ate	Valve 2 nd		rall [_]	- nd		Fail		psig	Fail
ate	Check	naid	Pass	2 nd		Pass 🗌			
	Valve	psid	Fail	Check Valve		Fail			
	v ui v C			Outlet Valve	D [
mments:				Outlet valve	Pass	Fail	WILL 1995		
ESTER CE	RTIFIC	ATION:	I certify that t	he above data is co	orrect and th	at the backfi	low prevention device	e is in prope	r workin
			condition.						
ster Name	(Printed	Steve R.		Sig	nature -S	topher R	Halle DL	N.	
mpany Na	me S. A	. COMUNA	LE COMPANY	OH	Cert. No.	5952 Cor	ntractor No.	one No Date06/	19/2020
27 268 1									
ereby certify to	hat the abo	ve backflow pr	evention device h	as been in constant us	e at this location	on during the en	ntire prescribed interval	between test p	eriods an
ing mai perid 1 responsibilii			ypassed, made in	operative or removed	d without prop	per authorizati	nure prescribed interval ion. I further certify th	at I have the	authori
uner/Office	r (Drings 1	Ň			~.4(A D ()	1000 March		
wher/Office:	i (Frinted) Lloyd Ki	nser	Sig	nature	FV-1	Ph	one No. (414	367-5

Date: 06/19/2020

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Na Contact Pe		SOUTHE	RN POINT, L	LC.			85 SOUTHERN STF 414) 367-5540	REET	
		alkala asaa				1 none 140. <u>1</u>	414) 307-3340))
		Informa	<u>tion</u>				Information		
Make: WII					Containme	ent	Isolation		
Model: 975				Meter Pit		Basement	Floor Numi	ber: MF	SI
Size: 1/2'				Penthouse		Boiler Room		ACCOUNT OF THE PARTY OF THE PAR	
Serial Numb	er: <u>W33</u>	1057		Mechanica	Room	Protection Pr	rovided: DOMESTI		
	Doubl	e Check As	sembly	Reduced P	ressure Ass	embly	Proceuro V	acuum Brea	.l.a
Initial	Outlet		Pass	1 st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 ressure v	acuum Brea	
Test	Valve			Check Valve	8.2 psid	Pass	Air Inlet Valve	l	Pass
			Fail	Secretary and the second secon	Porc	Fail	7 m met varve	psig	Fail
	1 st		Pass	Relief Valve		Pass Pass			
	Check	psid		Opening Point	2.6 psid		Check Valve	naia	Pass _
	Valve		Fail			Fail	oncon varvo	psig	Fail
Date	2 nd		Pass 🗍	2 nd		Daga			
06/19/2020	Check	psid		Check Valve		Pass			
	Valve		Fail	2000		Fail			
				Outlet Valve	Pass Pass	Fail			
Repairs & Materials Used									
T		e Check As	ssembly		Pressure As	ssembly	Pressure \	acuum Bre	aker
Re-Test	Outlet		Pass	1 st		Pass 🗍		I	Pass
After	Valve		Fail	Check Valve	psid		Air Inlet Valve	nsia	
Repairs	1 st			D II OVY		Fail			Fail
ксранз	Check	naid	Pass	Relief Valve		Pass			Pass
	Valve	psid	Fail	Opening Point	psid		Check Valve	neig	The same of the sa
ate	2 nd			2nd		Fail			Fail
ate	Check	noid	Pass	2		Pass			part of the second
	Valve	psid	Fail	Check Valve					
	Valve			0 1 777		Fail			
mments:				Outlet Valve	Pass	Fail			
ESTER CE	RTIFICA	TION:	I certify that	the above data is co	orrect and th	at the backflo	ow prevention device	is in proper	working
,	122		condition.						
ester Name	(Printed)	Steve R.	Hatcher	Sig	nature	tophen R H	Pho	one No	
impany Nai	ne S. A.	COMUNAL	E COMPAN	Y ОН	Cert. No.	5952 Con	tractor No.	Date 06/1	9/2020
ereby certify th	at the above d this device to ensure to	e backflow pre se was not by he above.	evention device i passed, made i	has been in constant use noperative or removed	e at this locatio I without prop	n during the ent per authorization	ire prescribed interval in I further certify the	between test per at I have the	riods and authority

Phone No. (414) 367-55

Date: 06/19/2020

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

Facility Na	me:	SOUTHER	N POINT, L	LC.	A	Address: 90	85 SOUTHERN STR	EET
Contact Per		AIME	***************************************				414) 367-5540	
	ccamble	/ Informat	ion		In	stallation	Information	
Make: WII		/ Illioi mat	1011		Containme		Isolation	
Model: 375	DA			Meter Pit		Basement	Floor Numb	per: EAST
Size: <u>4"</u>				Penthouse		Boiler Rooi	m 🔲 Room Num	
Serial Numb	per: <u>0467</u>	7		Mechanical	Room	Protection P	rovided: FIRE SPR	K MAIN
	Doubl	e Check As	sembly	Reduced P	ressure Asse	mbly	Pressure V	acuum Breaker
Initial	Outlet		Pass	1 st		Pass Pass		Pass
Test	Valve		Fail 🔲	Check Valve	8.2 psid	Fail	Air Inlet Valve	psig Fail
	1 st		Pass	Relief Valve		Pass		Pass
	Check	psid	Fail	Opening Point	psid	Fail	Check Valve	psig Fail
Date	Valve 2 nd			2 nd				Tall
06/19/2020	Check	psid	Pass	Check Valve		Pass		
	Valve		Fail		2007	Fail		
				Outlet Valve	Pass	Fail		
Repairs &								
Materials								
Used								
		Water Water						
P		le Check A	ssembly		Pressure As	ssembly	Pressure '	Vacuum Breaker
Re-Test	Outlet Valve		Pass 🗌	1 st Check Valve		Pass 🔲	A: 7 1 . 77 1	Pass 🗌
The same of the sa	Valve		Fail	Check valve	psid	Fail	Air Inlet Valve	psig Fail
After		The state of the s		- 11 OFF 1				
Repairs	1 st	70.55	Pass	Relief Valve		Pass		Pass
	Check	psid	Pass Fail	Opening Point	psid	Pass	Check Valve	psig Pass Fail
		psid	Fail	CONTRACTOR	psid	Fail	Check Valve	
Repairs	Check Valve 2 nd Check	psid	Fail Pass	Opening Point	psid	Fail Pass	Check Valve	nsig
Repairs	Check Valve		Fail	Opening Point 2 nd Check Valve		Fail Pass Fail	Check Valve	nsig
Repairs	Check Valve 2 nd Check		Fail Pass	Opening Point 2 nd	psid	Fail Pass	Check Valve	nsig
Repairs Date	Check Valve 2 nd Check		Fail Pass	Opening Point 2 nd Check Valve		Fail Pass Fail	Check Valve	nsig
Repairs Date	Check Valve 2 nd Check		Fail Pass	Opening Point 2 nd Check Valve		Fail Pass Fail	Check Valve	nsig
Repairs Date	Check Valve 2 nd Check		Fail Pass	Opening Point 2 nd Check Valve		Fail Pass Fail	Check Valve	nsig
Repairs Date Comments:	Check Valve 2 nd Check Valve	psid	Fail Pass Fail	Opening Point 2 nd Check Valve Outlet Valve	Pass	Fail Pass Fail Fail Fail		psig Fail
Repairs Date	Check Valve 2 nd Check Valve	psid	Fail Pass Fail	Opening Point 2 nd Check Valve Outlet Valve	Pass	Fail Pass Fail Fail Fail		nsig
Repairs Date Comments:	Check Valve 2 nd Check Valve	psid	Fail Pass Fail I rertify that condition.	Opening Point 2nd Check Valve Outlet Valve	Pass Pass	Fail Pass Fail Fail hat the back	flow prevention devic	psig Fail Fail eis in proper working
Repairs Date Comments: TESTER CI	Check Valve 2nd Check Valve ERTIFIC	psid CATION:	Fail Pass Fail I Pass I Certify that condition.	Opening Point 2nd Check Valve Outlet Valve	Pass Pass	Fail Pass Fail Fail hat the back	flow prevention devic	psig Fail
Repairs Date Comments:	Check Valve 2nd Check Valve ERTIFIC	psid CATION:	Fail Pass Fail I Pass I Certify that condition.	Opening Point 2nd Check Valve Outlet Valve	Pass Pass	Fail Pass Fail Fail hat the back		psig Fail
Repairs Date Comments: TESTER CI Tester Name Company N I hereby certify	Check Valve 2nd Check Valve ERTIFIC e (Printer ame S. I	psid Partion: Steve R. A. COMUNA Dove backflow p	Fail Pass Fail Condition. Hatcher LE COMPA	Opening Point 2nd Check Valve Outlet Valve Si NY Ol	Pass Pass Pass Pass Pass Pass Pass Pass	Fail Pass Fail Fail Standard the backy	flow prevention device Manage Plontractor No. entire prescribed interval	psig Fail re is in proper working none No. Date 06/19/2020
Repairs Date Comments: TESTER Cl Tester Name Company N I hereby certify during that per	Check Valve 2nd Check Valve ERTIFIC e (Printer ame S. A that the abiod this de	psid Psid Steve R. COMUNA Ove backflow p vice was not b	Fail Pass Fail Condition. Hatcher LE COMPA	Opening Point 2nd Check Valve Outlet Valve Si NY Ol	Pass Pass Pass Pass Pass Pass Pass Pass	Fail Pass Fail Fail Standard the backy	flow prevention device Manage Plontractor No. entire prescribed interval	psig Fail
Repairs Date Comments: TESTER CI Tester Name Company N I hereby certify	Check Valve 2nd Check Valve ERTIFIC e (Printer ame S. A that the abiod this de	psid Psid Steve R. COMUNA Ove backflow p vice was not b	Fail Pass Fail Condition. Hatcher LE COMPA	Opening Point 2nd Check Valve Outlet Valve Si NY Ol	Pass Pass Pass Pass Pass Pass Pass Pass	Fail Pass Fail Fail Standard the backy	flow prevention device Manage Plontractor No. entire prescribed interval	psig Fail re is in proper working none No. Date 06/19/2020
Repairs Date Comments: TESTER Cl Tester Name Company N I hereby certify during that per	Check Valve 2nd Check Valve ERTIFIC e (Printed ame S. A that the ab ide this de lity to ensure	psid Psid Steve R. COMUNA Ove backflow poice was not be the above.	Fail Pass Fail Pass Fail Fail Pass Fail Pass Fail Pass Fail Fail Pass Fail Pass Fail Fail Fail Fail Fail Fail Fail Fail	Opening Point 2nd Check Valve Outlet Valve Siny Other has been in constant to the inoperative or remove	Pass Pass Pass Pass Pass Pass Pass Pass	Pass Pass Pail Pass Pass Pass Pass Pass Pass Pass Pas	flow prevention device Plontractor No. entire prescribed interval tion. I further certify to	psig Fail re is in proper working none No. Date 06/19/2020

Date: 06/19/2020

Annual Test & Maintenance Report for Backflow Prevention Assemblies (All applicable fields must be filled out completely in order for test results to be accepted)

Facility Na	mo:	SOUTHER	RN POINT, L	I C			85 SOUTHERN STR	FFT
Contact Pe		AIME	tiv i Olivi, E				414) 367-5540	EEI
		N						
		Informat	tion			sta <u>llation</u>	Information	
Make: WI					Containme		Isolation	
Model: 975 Size: 3/4				Meter Pit		Basement	Floor Numb	100 ALCOHOL 100 AL
Serial Numl		623		Penthouse Mechanica		Boiler Room		
20 20 20 20 20 20 20 20 20 20 20 20 20 2		020		Mechanica	1 Koom	Protection P	rovided: FIRE SPR	K BYPASS
		e Check As	sembly	Reduced P	ressure Asse	embly	Pressure V	acuum Breaker
Initial	Outlet		Pass 🗌	1 st		Pass Pass	74 70 200 100	Pass
Test	Valve		Fail	Check Valve	7.8 psid	Fail	Air Inlet Valve	psig Fail
The state of the s	1 st		Pass	Relief Valve				
	Check	psid		Opening Point	2.6 psid	Pass	Check Valve	psig Pass Pass
<u> </u>	Valve 2 nd		Fail	and		Fail		Fail
Date	Check	psid	Pass	2 nd Check Valve		Pass Pass		
06/19/2020	Valve	psiu	Fail	Check valve		Fail		
				Outlet Valve	Pass	Fail		
Repairs & Materials Used			,					
		le Check A	ssembly		Pressure As	ssembly	Pressure V	Vacuum Breaker
Re-Test After	Outlet Valve		Pass Fail	1 st Check Valve	psid	Pass Tail	Air Inlet Valve	psig Pass Fail
Repairs	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail	Check Valve	Pass Pass Fail
Date	2 nd Check Valve	psid	Pass Tail	2 nd Check Valve		Pass 🔲		
	valve			Outlet Valve	Pass 🗍	Fail Fail		
Comments:					1 435			
TECTED OF	DEVELO						B-W	
TESTER CI	KIIFIC	AHON:	I certify tha	t the above data is c	correct and th	nat the backf	low prevention device	e is in proper working
22 12 198-92			condition.					
Tester Name				Si	gnature	Stophen R.	ntractor NoPh	one No
Company Na	ame <u>5. A</u>	. COMUNA	LE COMPAI	Ol Ol	d Cert. No.	5952 Co	ntractor No.	Date 06/19/2020
I hereby certify during that per and responsibil	od this dev	rice was not b	revention device ypassed, made	e has been in constant u inoperative or remove	se at this locati ed without pro	on during the e per authorizat	ntire prescribed interval ion. I further certify th	between test periods and at I have the authority
Owner/Office	er (Printec	i) Lloyd Ki	nser	Si	gnature	(-) JA	Ph	one No. (414) 367-55

Date: 06/19/2020

Title:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

			-					
Facility Na	me:	SOUTHER	N POINT, LI	LC.		Address on	85 SOUTHERN STR	EET .
Contact Pe		AIME	art Onti, E			STAN STREET, STAN STAN STAN STAN STAN STAN STAN STAN	114) 367-5540	EEI
						<u> </u>		
		Informat	<u>ion</u>				Information	
Make: WII					Containme	nt 🚾	Isolation	
Model: <u>975</u> Size: <u>2"</u>	XL			Meter Pit		Basement	Floor Numb	
Size: 2" Serial Numb	er: 2755	120		Penthouse		Boiler Roon		*
Scriai Ivaino	Z133	120		Mechanical	Room	Protection Pr	rovided: DOMESTIC	3
11000		e Check As	sembly		ressure Asse	mbly	Pressure V	acuum Breaker
Initial	Outlet		Pass	1 st		Pass		Pass
Test	Valve		Fail	Check Valve	8.0 psid	Fail	Air Inlet Valve	psig Fail
	1 st		Pass	Relief Valve				
	Check	psid		Opening Point	2.4 psid	Pass	Check Valve	Pass Pass Pass
D 4	Valve 2 nd		Fail	2 nd		Fail		Fail L
Date 06/19/2020	Check	psid	Pass	Check Valve		Pass Pass		
00/19/2020	Valve	psid	Fail	Check valve		Fail		
				Outlet Valve	Pass	Fail		
	-							
Repairs & Materials Used								
		le Check A	ssembly		Pressure As	sembly	Pressure V	acuum Breaker
Re-Test	Outlet Valve		Pass	1 st		Pass 🗍		Pass
After	vaive		Fail	Check Valve	psid	Fail	Air Inlet Valve	psig Fail
Repairs	1 st		Pass	Relief Valve		Page		Pass 🗆
	Check	psid	Fail	Opening Point	psid	Pass	Check Valve	nsig =
Date	Valve 2 nd			2 nd		Fail		—— PSIS Fail
Date	Check	psid	Pass	Check Valve		Pass		
	Valve		Fail			Fail		
Comments:				Outlet Valve	Pass 🗌	Fail		
TESTER CI	ERTIFIC	ATION:	I certify that	t the above data is o	correct and th	at the backfl	ow prevention device	e is in proper working
			condition.					
Tester Name			Hatcher	Si	gnature	Staplan R. A	Matter. Ph	one No.
Company Na	ame S. A	. COMUNA	LE COMPAN	OI OI	I Cert. No.	5952 Cor	Photractor No.	Date 06/19/2020
I hereby certify during that per and responsibil	od this dev	rice was not b	revention device ypassed, made	e has been in constant u inoperative or remove	se at this locations of without pro	on during the er per authorizati	ntire prescribed interval on. I further certify th	between test periods and at I have the authority
Owner/Office	er (Printed	^{d)} Lloyd Ki	nser	Si	gnature	ELDA	Ph	one No. (414) 367-55

Date: 06/19/2020

Title:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

(All applicable fields must be filled out completely in order for test results to be accepted)

				4000				
Facility Na			RN POINT, LI	LC.		Address: 9	085 SOUTHERN STREE	ΞΤ
Contact Pe	rson:	AIME					(414) 367-5540	
A	Assembl	y Informat	tion		In	stallation	Information	
Make: WI	LKINS				Containme		Isolation S	
Model: 975				Meter Pit		Basement	Floor Number	EAST
Size: 1-1 Serial Number		.074		Penthouse		Boiler Roo		
Serial Nulli	Jei. <u>260:</u>	03/4	-	Mechanica	l Room	Protection I	Provided: DOMESTIC	
		e Check As	sembly	Reduced P	ressure Asse	embly	Pressure Vac	uum Breaker
Initial	Outlet Valve		Pass 🔲	1 st		Pass		Pass
Test	valve		Fail	Check Valve		Fail	Air Inlet Valve	psig Fail
	1 st		Pass	Relief Valve		Pass		
	Check	psid	Fail	Opening Point	2.2 psid		Check Valve	psig Pass
Date	Valve 2 nd	-		2 nd		Fail		— Parg Fail [
06/19/2020	Check	psid	Pass	Check Valve		Pass		
	Valve		Fail			Fail		
				Outlet Valve	Pass	Fail		
	T							
Repairs & Materials Used								
		le Check A	ssembly		Pressure As	sembly	Pressure Vac	cuum Breaker
Re-Test After	Outlet Valve		Pass Fail	1 st Check Valve	psid	Pass Fail	Air Inlet Valve	psig Pass Fail
Repairs	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass T	Check Valve	Pass Fail
Date	2 nd Check	psid	Pass	2 nd Check Valve		Pass 🔲		
	Valve		Fail	0-4-4-1/4-1		Fail		
Comments:				Outlet Valve	Pass	Fail		
TESTER CE	KTIFIC	ATION:	I certify that	the above data is c	correct and th	at the backf	flow prevention device is	in proper working
			condition.					
Fester Name Company Na	(Printed	Steve R.	Hatcher I E COMPAN	Si	gnature	topher R.	ontractor No	e No
hereby certify i	that the abo	ve backflow pr ice was not b	evention device	has been in constant u	se at this location	on during the	entractor Nol entire prescribed interval bet tion. I further certify that	waan taat maria Ir
Owner/Office	r (Printed	l) Llovd Ki	nser	Si	gnature	ACLA	Phone	e No. (414) 367-55 .

Date: 06/19/2020

Title:



Customer PO # Columbus Scheduled Date 03/31/2020 ANN SPKR ALARM SENS FWD FLOW AND FIRE EXT Completed Date 03/27/2020 INSPECTION Inspected By Hatcher Additional Inspector or Fitter: ()Yes (No SOUTHERN POINT, LLC. JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET 1 ANNUAL ALARM INSPECTION **ORIENT, OH 43146** 1 ANNUAL WET INSPECTION CONTACT AIME 1 FORWARD FLOW TEST BACKFLOW PHONE (414) 367-5540 ANNUAL FIRE EXTINGUISHER INSP 15 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: **1WS 1FF 6BF 15FE 1AD** INSPECTION TOTAL 590 QTY **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: SFU889624 STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Steve R. Hatcher Inspection Count Thank You - Invoice to Follow 2 590 **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 Lloyd Kinser Name Signature **Total Cost** S. A. Comunale Co., Inc. Inspection Work Ticket Rev 1.5 16 July 2019

INSPECTION WORK TICKET

Customer # 113204

Ticket # 889624



FIRE ALARM INSPECTION & TEST REPORT

(B) RRANC	H PHONE NUMBE	P. 614 204 7004			EFORI
DATE				NAL ACCOUNT	NUMBER: 1-800-776-7181
	03/27/2020	ADDITIONAL BUILDIN	G DATA		
SITE	SOUTHERN POIN		CONTAC	CT AIME	
ADDRESS	9085 SOUTHERN	STREET	PHONE	(414) 36	7-5540
CITY	ORIENT		STATE	ОН	ZIP 43146
MONITORIN	G ENTITY BUCK	EYE PROTECTION	PHONE	330-456-	-2671
This inspection	on is: X Annual	Semi-Annual Quarterly	Monthly	Weekly Oth	er
Type Transn	nission X Digita	Multiplex McCullo	h Revers	se Polarity	RF Other
Panel Manuf			NFW2-100		Addressable Hard Wire
AL ARM INIT	IATING DEVICES	AND CIRCUIT INFORMATION		1,10	Tiara ville
Qty of device		Type of device	Qty of devices	Circuit Class	Toma of the fac
4	CLASS B	Manual Stations	2	CLASS B	Type of device Heat Detectors
0	NA	ION Detectors	1	CLASS B	Waterflow Switches
5	CLASS B	Photo Detectors	2	CLASS B	Supervisory Switches
5	CLASS B	Duct Detectors			Caparvicory Cwitches
ALARM NOT	TEICATION APPLIA	ANCES AND CIRCUIT INFORMATION	u	H-0.	
Qty of device		Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Bells	7	CLASS B	Type of device Strobes
0	NA	Horns	40	CLASS B	Horn/Strobes
0	NA	Speakers		OLAGO B	Tionivotiobes
0	NA	Chimes			
SUPERVISO	DA GICNAL INILIA.	TING DEVICES AND CIRCUIT INFOR	MATION	1 200	
			Qty of devices	Circuit Class	
Utv of device					
Qty of device 0		Type of device Building Temp			Type of device
Qty of device 0 0	NA	Building Temp	0	NA	Generator or Controller Trouble
0			0	NA NA	Generator or Controller Trouble Generator Engine Running
0	NA NA	Building Temp Site Water Temp	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position
0 0 0	NA NA NA	Building Temp Site Water Temp Site Water Level	0	NA NA	Generator or Controller Trouble Generator Engine Running
0 0 0 0	NA NA NA	Building Temp Site Water Temp Site Water Level Fire Pump Running	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position
0 0 0 0	NA NA NA NA	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position
0 0 0 0 0 0	NA NA NA NA NA	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position
0 0 0 0 0 0 0 SIGNALING	NA NA NA NA NA NA NA NA LINE CIRCUITS	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power	0 0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position
0 0 0 0 0 0 0 SIGNALING I	NA NA NA NA NA NA NA NA LINE CIRCUITS See NFPA 72, Table 6	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer
0 0 0 0 0 0 0 SIGNALING	NA NA NA NA NA NA NA NA LINE CIRCUITS	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position	0 0 0	NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y
0 0 0 0 0 0 0 SIGNALING I Qty and Style (s	NA NA NA NA NA NA NA NA LINE CIRCUITS SEE NFPA 72, Table 6	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to	0 0 0	NA NA NA NA	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (: SYSTEM PON A. Primary (M Over Curre	NA N	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to	0 0 0 0 system Qty	NA NA NA NA 3	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (: SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary	NA NA NA NA NA NA NA NA NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES lain): Nominal Voltage Int Protection: Type rimary Supply Panelbo (Standby): Storage	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to 120 Fuse Pard) ELEC RM PNL PPI 129 Battery Other:	0 0 0 0	NA NA NA NA 3	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (s SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated	NA NA NA NA NA NA NA NA NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES dain): Nominal Voltage int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate systems	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 120 120 Fuse Puse Pard) Fuse Deard) Fuse Deard) Fuse Deard) Cother: Stem, in hours Site Water Level Fire Pump Running Fuse Deard Dearge Dearge Dearge Site Water Level Fuse Dearge Dearge Dearge Site Water Level Fuse Dearge Dearge Dearge Site Water Level Fuse Dearge Dear	0 0 0 0 system Qty Circuit Break Disconnecting Mea AMP HR Rating Other:	NA NA NA NA Seer Ins Location (Fuse of	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (s SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated	NA NA NA NA NA NA NA NA NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES dain): Nominal Voltage int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate systems	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 120 120 Fuse Puse Pard) Fuse Deard) Fuse Deard) Cother:	0 0 0 0 system Qty Circuit Break Disconnecting Mea AMP HR Rating Other:	NA NA NA NA Seer Ins Location (Fuse of	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (s SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated	NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES dain): Nominal Voltage int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate syn	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 120 120 Fuse Puse Pard) Fuse Deard) Fuse Deard) Fuse Deard) Cother: Stem, in hours Site Water Level Fire Pump Running Fuse Deard Dearge Dearge Dearge Site Water Level Fuse Dearge Dearge Dearge Site Water Level Fuse Dearge Dearge Dearge Site Water Level Fuse Dearge Dear	0 0 0 0 system Qty Circuit Break Disconnecting Mea AMP HR Rating Other:	NA NA NA NA Seer Ins Location (Fuse of	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 SIGNALING I Qty and Style (s SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated NA Engir	NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES dain): Nominal Voltage int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate syn	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to 120 Fuse Puse Bard) ELEC RM PNL PPI Ge Battery Other: Stem, in hours Addicated to fire alarm system. Location of fullers	0 0 0 0 system Qty Circuit Break Disconnecting Mea AMP HR Rating Other: el storage:	NA NA NA NA Ser Ins Location (Fuse of 7.0)	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20
0 0 0 0 0 0 0 0 SIGNALING Qty and Style (s SYSTEM POV A. Primary (M Over Curre Location (P B. Secondary Calculated NA Engir TYPE BATTE Dry Cell	NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES Idain): Nominal Voltage Int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate system-Driven generator design.	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to 120 Fuse Puse Bard) ELEC RM PNL PPI Je Battery Other: Stem, in hours dicated to fire alarm system. Location of fulling and position of fulling and position.	O O O O System Oty System Oty Circuit Break Disconnecting Mea AMP HR Rating Other: lel storage:	NA NA NA NA The state of the st	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20 or Breaker #) 39
0 0 0 0 0 0 0 0 SIGNALING Qty and Style (: SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated NA Engir TYPE BATTE Dry Cell C. Emergency	NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES lain): Nominal Voltage Int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate system-Driven generator decorated by the system or standby system used	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 6.1) of Signaling line circuits connected to 120 Fuse Pard) ELEC RM PNL PPI Je Battery Other: Stem, in hours dicated to fire alarm system. Location of full	O O O O System Oty System Oty Circuit Break Disconnecting Mea AMP HR Rating Other: lel storage:	NA NA NA NA The state of the st	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20 or Breaker #) 39
O O O O O O O SIGNALING O O SYSTEM PON A. Primary (M Over Curre Location (P B. Secondary Calculated NA Engir TYPE BATTE Dry Cell C. Emergency NA Emerge	NA LINE CIRCUITS See NFPA 72, Table 6 WER SUPPLIES Idain): Nominal Voltage Int Protection: Type rimary Supply Panelbo (Standby): Storag capacity to operate syne-Driven generator de	Building Temp Site Water Temp Site Water Level Fire Pump Running Fire Pump or Pump Controller Trouble Fire Pump Power Fire Pump Auto Position 120 Fuse Pard) ELEC RM PNL PPI ge Battery Other: Stem, in hours dicated to fire alarm system. Location of full to as a backup to primary power supply, institution.	O O O O System Oty System Oty Circuit Break Disconnecting Mea AMP HR Rating Other: lel storage:	NA NA NA NA The state of the st	Generator or Controller Trouble Generator Engine Running Generator in Auto Position Switch Transfer Style(s) Y AMPS 20 AMPS 20 or Breaker #) 39

Fire Alarm Test and Inspection Page 2 of 3

DATE 03/27/2020

PRIOR TO ANY TES	STING								SECONDARY POV	VER			-		
Notifications Are Mad	e Yes	NA N	10		Wł	10	1	ime	Туре	Visua	Functional	NA		Comm	ents
Building Management	X		LI	LO,	YD KIN	ISER	8:0	00	Battery Condition	X	Control of the		ок		
Monitoring Entity	X		В	UC	KEYE	PROTECT	8:0	00	Load Voltage		X	***************************************	ок		
Other:									Discharge Test		X	- mye	ОК		- Chine
INITIATING & SUPER	RVISOF	RY DEV	ICE .	TES	STS &	INSPECTI	ONS	1	Amp Hour Reading		X		ОК		
(ON SEPARATE FOR	RM) -#	OF PA	GES	ΑT	TACH	ED EMER	GEN	CY	Specific Gravity			X		Alexander of	
COMMUNICATIONS	EQUIP	MENT		1	_				Batteries Meet NFPA	72 Te	st Requireme	ents:	● Y	es	No NA
SYSTEM TESTS & I	NEDEC	TIONS									of a man of the same of the sa				Maria 1
Type		Function		NΔ	T	Commen	te		Tuna	View	al Functional	NIA	1		
Control Panel	· iouui	×	- Indi		ок	Commen			Type Transient Suppressors		runctional	NA	Comments		
Interface Equipment		\rightarrow	-		ок					Remote Annunciators			014		
Lamps/LEDS		\Rightarrow			OK				Audible	X OI					
Fuses	Y				ОК				Visual			OK			
Primary Power Supply	X		-		ОК				Speakers			_	ОК		
Trouble Signals		X	-		ОК				Voice Clarity			\(\rightarrow \)			
Disconnect Switches		X	-		ок				Door Holders			\Rightarrow	-		
Ground Fault Monitor			-	X	OIL				Door Unlock			\Rightarrow			
			- 1	_								^			
Туре	Visual	Functio	onal I	NA		Comments	3		Interface Equipment	Visua	I Functional	NA		Comme	∍nts
Phone Set			- (X,					Elevator Recall		X		OK		
Phone Jack				X					HVAC Shut Down		X		ОК		
Off-Hook Indicator				X					Specify:						
Amplifier(s)			- (X					Special Hazards	Visua	Functional	NA	(Comme	ents
Tone Generators	1000000			$\dot{\Sigma}$					Specify:						
Call in Signal Silence			- 4	X			2000		Specify:						
System Performance				X	- 20	T T			Specify:						
SUPERVISING STATIC	ON MON	ITORIN	G		Yes	NA	No		Time						
Alarm Signal Alarm Restoral					\Diamond			8:0			ОК				
			- Iley		\Diamond			8:10			ок				
Trouble Signal Trouble Restoral					\Rightarrow	-		8:10			ОК				
Supervisory Signal					\Diamond			9:30			OK				
Supervisory Restoral					\Diamond			8:2			OK	- Carlein			
Cupervisory (Vestoral								8:30	<u> </u>		ОК				
NOTIFIED TESTING CO	OMPLE.	TE			Yes	NA	No		Who			7	Time		
Building Management					X			LLC	OYD KINSER		10:00				
Monitoring Entity					X			BUG	CKEYE PROTECTION	4	10:00				
Other:															
HAS SENSITIVITY DE	EN CO	MDI E	TED	40	DED	JEDA 70.6		2041	07.77	-6	1				
HAS SENSITIVITY BE															
Year Sensitivity Testin	g Com	pietea:	2019	,	Υ	ear Sensiti	vity	lestin	g Due: 2021	How	Was Sensiti	vity Te	sted: P	ANEL	
WHILE PERFORMING	THE	NSPEC	OIT	N A	DDITIO	ONAL ITE	VIS V	VERE	NOTED THAT NEED	COF	RECTED:	YES () NO		NA
attached to this form.	" answ	ers, sys	tem d	efic	ciencies	s, and/or in	spect	tor red	commendations are list	ed on	SERVICE FO	LLOW	UP # S	FU889	<u>1624</u> ,
No SERVICE FOLLO	W HD I	DEDOD	F		raine et etc		••	0.07460							
2-07-501															
I state that the information 72 test and inspection sec FOLLOW UP REPORT as	LIONS. A	ai edulbii	ent te	ste	ne time d at this	and place of time was left	this i	nspect eratio	tion. All test and inspection nal condition upon comple	ns wei	e performed in this inspection	accord n excep	ance with t as noted	application any	able NFPA / SERVICE
Name of Inspector	e of Inspector Steve R. Hatcher Signature Stephen R. Market Certification # 54-25-4115					1115									
I acknowledge that the ins information contained her having jurisdiction.	pection, ein is pro	deficient ovided to	cies, a	nd s	suggest of the kr	ed improvem nowledge of t	ents v	were di rson p	iscussed with me upon co providing the information a	mpletion	on of the inches	otion I	io under	-44	
Name of Owner	Lloyd	Kinser							Signature			1 -	•		
or Representative	yu								J. 1						Street Control

					AIE 03/27/2	2020
LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
ELEC RM ABOVE FACP	PSD	1D001	FUNCTIONAL	.5-3.71		PASS
1ST FL RETURN DUCT P	PDD	1D003	FUNCTIONAL			PASS
ELEV EQ RM	RRD	1D006	FUNCTIONAL			PASS
ELEV EQ RM	PSD	1D007	FUNCTIONAL	.5-3.71	18.	PASS
1ST FL ELEV LOBBY	PSD	1D009	FUNCTIONAL	.5-3.71		PASS
2ND FL ELEV SHAFT	RRD	1D020	FUNCTIONAL		-	PASS
2ND FL ELEV SHAFT	PSD	1D021	FUNCTIONAL	.5-3.71		PASS
2ND FL ELEV LOBBY	PSD	1D022	FUNCTIONAL	.5-3.71	The second secon	PASS
1ST FL RETURN DUCT P	PDD	1D026	FUNCTIONAL			PASS
2ND FL RETURN DUCT P	PDD	1D027	FUNCTIONAL			PASS
2ND FL RETURN DUCT P	PDD	1D028	FUNCTIONAL			PASS
RTU-1 RETURN	PDD	1D029	FUNCTIONAL			PASS
FRONT ENTRANCE	MPS	1M012	FUNCTIONAL			PASS
BY NORTH STAIRS	MPS	1M013	FUNCTIONAL	2 2.TE - 1 1MW		PASS
RISER RM	TS	1M014	FUNCTIONAL			PASS
RISER RM	TS	1M015	FUNCTIONAL			PASS
RISER RM	WFS	1M016	FUNCTIONAL			PASS
2ND FL BY SOUTH STAIRS	MPS	1M023	FUNCTIONAL			PASS
2ND FL BY NORTH STAIRS	MPS	1M024	FUNCTIONAL			PASS

		7/10				
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	-					
	_					
					- Control of the Cont	
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				n and		
			(40.00)			
		$\overline{}$				

Are services required on Fire Alarm Components: YES NO How many devices this page require Service: 0

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

● BF	RANCH PHONE NUMBER: 614-291	-7001			O N	ATION	AL ACCOUN	T NUMBE	ER: 1-80	0-776-	7181
SITE	SOUTHERN POINT, LLC.				CONT	ACT /	VINAT'				
ADDRE	SS 9085 SOUTHERN STREET				CONT	(02)	AIME				
CITY	ORIENT			To continuous as an	PHON		414) 367-554				-
	OMENT				STATE	_	OH	Z	ZIP 431	146	- Olyman Disable
	pection is: Annual Semi-Annual	-	Quarterly [Monthly [Weekly		ther				
	NERS SECTION This section is	to be a	nswered and s	signed by the	Owner or	Owners	Representati	ve	YES	N/A	NO
	building occupied?								X		
C. Ara al	ne occupancy classification and haza	rd conte	nts remained	the same si	ince the las	st inspe	ction (If no, surve	ey required)	X		
	I fire protection systems in service?								X		
D. Are al	Wet Sprinkler System piping and W	et portio	ns of Dry Sys	tems protec	ted from te	mpera	tures below 4	0°?	X		
E. Owne	r has been instructed on maintaining	the Dry	System Auxili	iary Drains?						X	
Inspecti	on of Sprinklers, Hangers, Pipe and I	ittings	will be condu	cted from F	loor Level,	Conce	aled Spaces	are not re	quired t	o be Ins	pected
Name of	Owner or Representative:	Lloyd	Kinser	Signati	ure:	(^ -	<u> </u>			
2 – GEN	ERAL (Questions A, B, C, D, E, F, H,	J & K ar	e inspection it	tems) (Quest	ions G, L &	M are t	ested items)		YES	N/A	NO
A. Have t	the sprinkler systems been extended	to all vis	sible areas of	the building	? (If NO, an El	ngineering	Survey is required)	-	X	1,774	140
B. Does t	there appear to be proper clearance t	etween	the top of all	storage and	the sprink	der defl	ector?		X		
C. Are the	e hydraulic nameplate(s) securely att	ached to	the riser and	legible? (A	nswer N/A if sys	tem is Pipe	e Scheduled)		X		
D. Is ther	e a spare head box with the proper n	umber a	and type of sp	are sprinkle	rs and wre	nches?			X		
E. Siame	se Connection in good condition, cou	plings fr	ree, caps / plu	igs and ball	drip in plac	e and	check valve ti	aht?	1		
F. Siame	se Connection visible, accessible and	marked	d with ID signs	s?			on valvo a	giic.			
	all gauges 5 or more years old been r				ar Replaced: 2	2017	Year Due: 2	022			
	al inspection of the Pipe, Valves and						S? Van Dun 2	022	\Diamond		
J. Are all	hoses and hose valves in good cond	lition, fre	e from physic	cal damage	and no lea	ks?	3: Year Due: 2	UZZ	^		
K. Hose (>5 yrs) connected to the system has	been se	erviced per NF	PA 1962?	Year of Hose:	NA	Year Due: N	Δ.		\rightarrow	
Fire ba	ckflow prevention device tested per the	ne autho	ority having ju	risdiction?	Month Due: J		Year Due: 2		V		
M. Forwa	rd flow test has been conducted on fi	re backf	low device - N	NA for system	ms w/ fire r		Year Due: 2		\Diamond		
	ROL VALVES (Questions A, B & E are								YES	NI/A	NO
A. Are all	sprinkler system main control valves	and all	other control v	valves in the	appropria	te oper	or closed no	sition?	153	N/A	NO
3. Are all	control valves supervised in the appr	opriate o	open or close	d position?	Supervision Tv	ne) Tan	nner Switch	Sidon:	\Diamond		
C. Were a	all control valves operated through ful	range o	of motion, lubi	ricated and	returned to	norma	I position?		\Diamond		
D. Did all	electrical supervisory switches actua	te super	visory alarms	?	· otarriou to	Homia	position:		\Diamond		
. Are all	control valves easily accessible and	marked	with ID signs?	(Valve Locatio	n) Mechan	ical De	Nom.		\Diamond		
- WATE	R SUPPLY (Question A is a inspecti	on item)	(Questions B	& C for infor	mation) (M.	ain Drai	in is a tost itor	m)	\/		
A. Did flov	w results have the same or greater PS	SI readir	nas than previ	ious toste?			should be noted as	70.0	YES	N/A	NO
3. System	water supplied from: X City Water		ated Tank	Pressure			-		7		
	rain is piped outside XYes No	www.	- Louis			uction -					
Riser	Samuel Land		f no how man	Residual				rward Flo Hydraulic Ir	w Test	?	NA
Number	Location (Riser)	Size	Pressure	Pressure	PSI Return	Alarn Time	Docian	Design Area	PSI (2 (GPM .
<u> </u>	EAST MECH ROOM	2"	90	71	85	60	.10	1014	Bas 52		emand 224
								1014	- 02		
										_	

SITE SOUTHERN POINT, LI					03/27/	2020	
5 - FLOW ALARMS (Question				on performed)	YES	N/A	NO
A. Did waterflow through the in						X	
B. Did waterflow through the in	spectors test actuate all	electrical alarm	s?		X		
6 - WET SYSTEMS (Questions	A & B are inspection items) (Questions C, L	& E are tested items)	(Question F is for information)	YES	N/A	NO
	es 4" NA NA		STRAIGHT GU				
A. Alarm valves, riser check val	lves, gauges and associa	ated trim are fre	e from physical dam	nage?	X		
B. Trim valves, alarm and supe	rvisory lines are in the ap	propriate open	or closed position?	(Are Appropriate Signs provided)	/\	X	
C. Is the antifreeze system prot	tected correctly based on	the listed cold	zone? co	d Zone Designator: NA		X	
D. The antifreeze system protect	ction is normal and is not	overcharged?	(protection above the co	d zone is considered overcharged)		X	
E. Was the antifreeze system to	ested at the point of conn	ection to the sy	stem and at the rem	ote point of the system?		X	
F. Area Protected? NA	and the second s		Тур	e NA Connection	on NA°	Remo	te NA
7 - DRY / PREACTION / DELU	GE SYSTEMS It is th	e owner's respo	nsibility to maintain a	nuxiliary drains between inspec	ctions	Owner lotified	NA
Number of Dry Systems	0 Make and Mode	I NA	NA	Trip test report attached	-3		
Number of Pre-Action Systems			NA	Trip test report attached			
Number of Deluge Systems	0 Make and Mode		NA	F			
(Questions A, B, C, G & H are ins				Trip test report attached			
A. Valves, gauges and associat	ted trim are free from phy	sical damage?	otou nomo, (question	1 13 a manitenance item)	YES	N/A	NO
B. Trim valves, alarm and super						-	
C. Is the air pressure and primir		propriate open	or closed position:				
D. Did the air compressor opera			The state of the s			X	
						X	
E. Did the low air pressure alarr						X	
F. Auxiliary drains that were ide						X	
G. Valves and trim appear to be			°F?			X	
H. Pipe that passes through free		The state of the s				X	
I. Has the Air Leakage Test bee						X	
8 - SPRINKLERS, PIPE, AND I	HANGERS (Questions A	, B & C are insp	ection items) (Questi	ons D, E & F are tested items)	YES	N/A	NO
A. Is all visible pipe in good con	dition with no external co	rrosion, physic	al damage and no le	aks?	X		
B. Are visible pipe hangers and	seismic braces free of pl	nysical damage	?		X		
C. Are all sprinklers free from da	amage, obstructions to s	oray patterns, f	oreign materials & co	orrect orientation?	X		
D. Have standard sprinklers 50					/\	Y	
E. Have fast response sprinklers				P Date of Sprinklers 2007			
F. Have dry type sprinklers 10 o				Date of Sprinklers NA		\bigcirc	
9 - FIRE PUMPS AND STORAG				Date of opinicies NA			
System has Fire Pump: Y			COMMUNICATION CONTRACTOR CONTRACT				5 4
Water Storage Tank Supplies W				N/A Report Attached:		N/	AX
		Tank Inspectio		N/AX Report Attache			N/A X
 Explanation of "NO" answers which is attached to this form 	, system deficiencies, and	l/or inspector re	commendations are I	isted on SERVICE FOLLOW UF	°# SFU	88962	4
No SERVICE FOLLOW UP RE		this inspection					
I state that the information on thi with applicable NFPA 25 test and inspection except as noted on an	s form is correct at the tin	ne and place of	d at this time was left	est and inspections were perfor t in operational condition upon	med in	accorda	ance this
	Steve R. Hatcher		Stephen R. A.			54-25-4	
I acknowledge that the inspection understood that all information c requested, will be forwarded to the	ontained nerein is provide	d to the best of	ents were discussed v the knowledge of the	vith me upon completion of the person providing the informat	inspection and	tion. It that, if	is
Name of Owner or Representative	Lloyd Kinse		Signature	M			
\				Water Based Test and Ins	spection	Page 2	of 2



BACKFLOW PREVENTER FORWARD FLOW TEST

(BRAN	СН РНО	NE NUN	MBER: 61	4-291-700	1	•		\bigcirc	NATION	AL ACCC	HINT	NIIMBE	D. 1	900 7	76 7404
DATE	03/27/20									AL AGGC	ON	NOWIDE	-IX. 1-	000-7	70-7101
SITE	SOUTH	ERN PO	INT, LLC.					co	NTACT	AIME					
ADDRESS	9085 SC	OUTHER	N STREET						ONE	(414) 36	7-554	0			
CITY	ORIENT							ST	ATE	ОН			ZIP	43146	3
NFPA 25	– Require	ements (2	2002, 2008 &	2011):			15 2 11			A-14					
A forward downstream of the contract of t	flow test sl	hall be co	onducted at the	ne system o	lemand, i	including	hose stre	eam demand,	where hyd	drants or in	side h	ose static	ons are	locate	ed
For backflo the system de	w prevente			r, the forwa	rd flow te	st shall l	oe accepta	able to condu	ct without	measuring	flow, v	vhere the	test o	utlet is	of size to flo
3. Where con	nections d	lo not per	mit a full flow	test, tests	shall be o	complete	ed at the m	naximum flow	rate poss	ible.					
4. A forward f	low test sh	nall not be	e required wh	ere annual	fire pump	p testing	causes th	e system der	mand to flo	w through	the ba	ckflow p	revente	er devi	ce.
NFPA 13															
1. The backflo	w prevent	ion assen	nbly shall be	forward flow	w tested t	to ensur	e proper o	peration							
2. The minimu									hose strea	am demand	when	e annlica	hla		
AND TO SEE THE PARTY OF THE PARTY.	20 10 10		# OF TEST	TEST	T		STATIC	7							
BACKFLOW MANUFACTU		KFLOW SIZE	OUTLETS	NOZZLE SIZE	or PSI	GPM	PSI (System side of BF)	PSI (System side of BF)	SYSTE DEMAN (Hydraulic Sti	States and states and	SI	MAIN DRAIN SIZE	YES	NO	REQUIRED TOTAL FT REQUIRED
WILKINS	4"		1	1-3/4"	6	270	90	71	224	52		2"		X	0
Location / Syst	em Numbe	er	EAST	MECH RO	DOM		Test Outl	ets for Forwar	d Flow Tes	t? YES	N/A	A X NO	Amour	nt? 0	Size? NA
BACKFLOW	I BAC	KFLOW	# OF TEST	TEST	РІТОТ		STATIC	RESIDUAL	SYSTE	M SYST	EM	MAIN	FIDE	HOSE	REQUIRED
MANUFACTU	The second of the second of	SIZE	OUTLETS FLOWING	NOZZLE SIZE	or PSI	GPM	PSI (System	PSI (System	DEMAN			DRAIN			TOTAL FT
			FLOWING	SIZE			side of BF)	side of BF)	(Hydraulic Sti	cker) (Hydraulic	Sticker)	SIZE	YES	NO	REQUIRED
Location / Syst	em Numbe	er	1000				Test Outle	ets for Forwar	d Flow Tes	t? YES	N/A	A NO	Amour	nt2	Size?
			# OF TEST	TEST			STATIC	RESIDUAL							
BACKFLOW	The second secon	KFLOW	OUTLETS	NOZZLE	or PSI	GPM	PSI	PSI	SYSTE		500000	MAIN DRAIN		HOSE	TOTAL FT
			FLOWING	SIZE	01101		(System side of BF)	(System side of BF)	(Hydraulic Sti	cker) (Hydraulic	Sticker)	SIZE	YES	NO	REQUIRED
Location / Syste	em Numbe	er					Test Outle	ets for Forward	d Flow Too	NEO NEO		NO.	•	10	
							Trest Outle	ets for Forward	u Flow Tes	? YES	N/A	A NO	Amour	nt?	Size?
BACKFLOW	A CONTRACTOR OF THE PARTY OF TH	KFLOW	# OF TEST OUTLETS	TEST NOZZLE	PITOT	GPM	STATIC	RESIDUAL PSI	SYSTEM	A STATE OF THE PARTY OF THE PAR	-	MAIN	FIRE	HOSE	REQUIRED
MANUFACTU	RE S	SIZE	FLOWING	SIZE	or PSI	GPIM	(System side of BF)	(System	DEMAN (Hydraulic Stic	D PS		DRAIN	YES	NO	TOTAL FT REQUIRED
								Side of Di							REQUIRED
Location / Syste	em Numbe	er					Test Outle	ets for Forward	d Flow Test	? YES	N/A	NO NO	Amoun	it?	Size?
The Backflov	v Device	(s) Pas	sed the Fo	rward Flo	w Test) YES	O NO						1000	
The abo	ve backflo	w preven	ter forward fl	ow test did	not meet	the den	nand as sh	nown on the h	nydraulic p	lacard. Th	e syste	em is not	equip	ped wit	h enough
test outlets to Per the above	reference	ed NFPA	25 standard	the owner is	s not requ	uired to	or to the d add additid	escribed test onal test outle	and does ets and this	not require test meets	additi	onal test	outlets	s be ins	stalled.
								nown on the h							
outloto to doll	CVC LIIC UC	Soiled HOV	viale. Fulli	el lilvesilua	mon need	ds to be	done in or	der to determ	nine the ro	ot cause of	this te	em is equ est failure	ipped . Addi	with er itional i	nough test nformation
our bo round	on the Sei	vice i oiic	ow ob report	# SFU88	9624										
I state that the with applicab inspection ex	IC INI I A Z	J LEST al	iu ilispectio	n secuons.	. All eau	libment	tested at	this time wa	All test an s left in o	d inspecti perational	ons w condi	ere perf	ormed n com	in acc	ordance n of this
Name of Ins	pector	Steve	R. Hatche	er	Signa	iture	Stape	R Ho	A.O.		Certif	ication	# 54	-25-4	115
I acknowledg understood the requested, wi	iat an init	ווטוומנוטוו	contained i	ierein is pr	ovidea t	o the be	vements est of the	were discus knowledge d	sed with r	no upon o	omnlo	diam af d	<u> </u>		
Name of Ow or Represen	ner		Kinser	, naving ji	สาเอนเบเเต	zil.		Signatu	re	(^	ports	1_			
or irebieseu	rative									1./	Witness of the last of the las			-	



FIRE EXTINGUISHER INSPECTION REPORT

Fire Extinguisher Page 1 of 1

_			AII EIVIGU	к сотр	any										
			MBER: 614-291-7	001	(NA	TION	AL ACCO	UNT NUM	/BEF	₹: 1-	800-	776-	7181	
	7/2020														
			NT, LLC.	***		CON	TACT	AIME							
		HERN	N STREET		The state of the s	PHO	NE	(414)	367-5540					***************************************	1
CITY ORII	ENT					STA	TE	ОН			ZI	P 4	3146	3	
This inspection is:	: XA	nnual	Semi-Annual	Qua	arterly Monthly	Г	Week	.lv				(a)	100-100-100		
A. Are all extinguis	shers fr	ee fror	m obstruction to acc	ess or vis							_	YES		V/A	NO
			s on nameplates leg				-				+	\Diamond	+		
C. Are all safety se	eals and	d tamp	er indicators in plac	e and fre	e from physical dama	age?					+	\Diamond	-	_	-
D. Do all extinguish	hers se	em to	be full by weighing	or hefting	?	.90.					_	\Diamond	-		
E. Are all extinguis	hers fre	ee fron	n physical damage,	leaks, co	rrosion, and clogged	nozzl	es?				+	\Diamond	+		
F. Are all pressure	gauge	s are i	n the operable rang	e or posit	ion?	HOZZI					+	\Diamond	-	_	
G. Are all HMIS (H	azardo	us Ma	terials Information S	System) la	bels in place?						+	\Diamond	_		
H. Are fire extingui	shers b	eing ir	nspected at a minim	um of 30-	-day intervals by occ	ınant	or conf	ractor			_	\Diamond	_		
					7	T	or com					$\underline{\underline{X}}$	\perp		
			F" X 7 7 7 2	R R	S #		_		CTIONS P	ERF	ORN	IED	(X)		
LOCATION C EXTINGUISHE		SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WE CHEMICAL HALON 1211	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTION	SERVICE	6YR – 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE
1ST FL LOBBY		10	ABC	2008	BUCKEYE	Ι-	X	2026	2020						_
1ST FL ELEV EQ	RM	10	ABC	2010	AMEREX			2028	2022						
1ST FL RM 100		5	ABC	2006	BADGER	X		2025	2031	X	X	X	X	~	
1ST FL BY RM 2		10	ABC	2001	BADGER		X	2020	2026	1	^	^		X	
1ST FL CTR HALL		10	ABC	2001	BADGER		X	2020	2026						
1ST FL MRI		5	ABC	2018	KIDDE	X	/\	2024	2030	V	V	V	V	V	
1ST FL E EXIT		10	ABC	2007	BADGER	X		2025	2031	\Diamond	\Diamond	\Diamond	\Diamond	\Rightarrow	
1ST FL BY BRK R	AND THE REAL PROPERTY OF THE PARTY OF THE PA	10	ABC	2007	BADGER	X		2025	2031	\Diamond	\Diamond	\Diamond	\Diamond	\Diamond	
1ST FL SUITE 150	BY 3	10	ABC	2001	BADGER		X	2020	2026		\wedge	$\overline{}$	<u> </u>		
2ND FL LOBBY		10	ABC	2001	BADGER		X	2020	2026						
2ND FL A-200		10	ABC	2007	BADGER	X		2025	2031		\vee			V	-
2ND FL B-200		10	ABC	2007	BADGER	X		2025	2031	$\hat{\mathbf{x}}$	\Diamond	\Diamond	\Diamond	\Rightarrow	
2ND FL C-200		10	ABC	2007	BADGER	X		2025	2031	\Diamond	\Diamond	\Diamond	\Diamond	\Rightarrow	
2ND FL D-200		10	ABC	2001	BADGER	X		2031	2025	$\hat{\mathbf{x}}$	\Diamond	\Diamond	\Diamond	\Diamond	
2ND FL BY E STAI	R	10	ABC	2002	BADGER		X	2020	2026		$\stackrel{\wedge}{\rightarrow}$	$^{\wedge}$	$\overline{}$		
\frown	NO" ans	wers,	system deficiencies,		spector recommendat				e require		7.5	00000	6 U88	9624	•
I state that the inform	mation o	on this	ORT was required du	a tima ana	d wlass - \$ 11.1.1										
with applicable NFP inspection except as	A 10 tes s noted	st and i	inspection sections. SERVICE FOLLOW	All equip	d place of this inspect ment tested at this tin RT as stated above.	ion. A ie was	il test a left in	ind inspec operation	ctions were al conditio	e perf n upo	orme on co	d in mple	acco tion	rdance of this	
Name of Inspector	0.0		. Hatcher		gnature Stople	- R A	Sale C	2	Certific			54	-25-4	1115	
I acknowledge that the understood that all in requested, will be for	he insp nformat rwarded	ection, tion co d to the	, deficiencies, and su entained herein is pro e authority having ju	iggested in ovided to the risdiction.	mprovements were di he best of the knowle	scuss dge of	ed with the pe	me upon son prov	completio	n of t	ne in atior	spec and	tion. that,	It is	
Name of Owner or Representative		yd Ki				natur	9					*****	-		



SERVICE FOLLOW UP REPORT SFU889624

BRANC	CH PHONE NUMBER:	614-291-7001	ONATION	NAL ACCOUNT NU	MBER: 1-800-776-7181
DATE	03/27/2020	_			
SITE	SOUTHERN POINT,	LLC.	CONTACT	AIME	
ADDRESS	9085 SOUTHERN ST	REET	PHONE	(414) 367-5540	
CITY	ORIENT		STATE	ОН	ZIP 43146
THIS SERVICE F	FOLLOW UP REPORT CONTAIN: REPAIRED BECAUSE THEY CO	S A DESCRIPTION OF ITEMS THAT COULD CAUSE THE ULD POSE SERIOUS LIFE SAFETY ISSUES TO THE BU	SYSTEM TO NOT FUNCT	TION PROPERLY IN THE EV	ENT OF A FIRE. IT IS RECOMMENDED
Name of In	spector	Steve R. Hatcher	Signature -	Stophen K	2 Hatel
System Co	omments:				

- 6. SAC FIRE EXTINGUISHER INSPECTION REPORT PAGE ONE
- QUESTION: SERVICE REQUIRED
- 7.2.2 PROCEDURES. PERIODIC INSPECTION OR ELECTRONIC MONITORING OF FIRE EXTINGUISHERS SHALL INCLUDE A CHECK OF AT LEAST THE FOLLOWING ITEMS:
- (1) LOCATION IN DESIGNATED PLACE
- (2) NO OBSTRUCTION TO ACCESS OR VISIBILITY
- (3) PRESSURE GAUGE READING OR NDICATOR IN THE OPERABLE RANGE OR POSITION
- (4) FULLNESS DETERMINED BY WEIGHING OR HEFTING FOR SELFEXPELLING-TYPE EXTINGUISHERS, CARTRIDGE-OPERATED EXTINGUISHERS, AND PUMP TANKS
- (5) CONDITION OF TIRES, WHEELS, CARRIAGE, HOSE, AND NOZZLE FOR WHEELED EXTINGUISHERS
- (6) INDICATOR FOR NONRECHARGEABLE EXTINGUISHERS USING PUSHTO-TEST PRESSURE INDICATORS
- 7 .2.2.1 IN ADDITION TO 7.2.2, FIRE EXTINGUISHERS SHALL BE VISUALLY INSPECTED IN ACCORDANCE WITH 7 .2.2.2 IF THEY ARE LOCATED WHERE ANY OF THE FOLLOWING CONDITIONS EXISTS:
- (1) HIGH FREQUENCY OF FIRES IN THE PAST
- (2) SEVERE HAZARDS
- (3) LOCATIONS THAT MAKE FIRE EXTINGUISHERS SUSCEPTIBLE TO MECHANICAL INJURY OR PHYSICAL DAMAGE
- (4) EXPOSURE TO ABNORMAL TEMPERATURES OR CORROSIVE ATMOSPHERES
- 7.2.2.2 WHERE REQUIRED BY 7.2.2.1, THE FOLLOWING INSPECTION PROCEDURES SHALL BE IN ADDITION TO THOSE ADDRESSED IN 7.2.2:
- (1) VERIFYING THAT OPERATING INSTRUCTIONS ON NAMEPLATES ARE LEGIBLE AND FACE OUTWARD
- (2) CHECKING FOR BROKEN OR MISSING SAFETY SEALS AND TAMPER INDICATORS
- (3) EXAMINATION FOR OBVIOUS PHYSICAL DAMAGE, CORROSION, LEAKAGE, OR CLOGGED NOZZLE
- 7 .2.3.1 RECHARGEABLE FIRE EXTINGUISHERS. WHEN AN INSPECTION OF ANY RECHARGEABLE FIRE EXTINGUISHER REVEALS A DEFICIENCY IN ANY OF THE CONDITIONS LISTED IN 7.2.2(3) OR 7.2.2(4), THE EXTINGUISHER SHALL BE SUBJECTED TO APPLICABLE MAINTENANCE PROCEDURES.
- 7 .3.1.2.1 SIX-YEAR INTERNAL EXAMINATION. EVERY 6 YEARS, STORED.PRESSURE FIRE EXTINGUISHERS THAT REQUIRE A 12-YEAR HYDROSTATIC TEST SHALL BE EMPTIED AND SUBJECTED TO THE APPLICABLE INTERNAL EXAMINATION PROCEDURES AS DETAILED IN THE MANUFACTURER'S SERVICE MANUAL AND THIS STANDARD.

NOTES: 5-10#ABC 6YR MAINT DUE. 1-10#ABC 12YR HYDRO DUE.



SERVICE FOLLOW UP REPORT SFU889624

SITE

SOUTHERN POINT, LLC.

System Comments - Continued:

*** END OF REPORT ***

I acknowledge that this SERVICE FOLLOW UP REPORT was discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of

PLEASE SCHEDULE A SERVICE TECHNICIAN TO REPAIR THESE ITEMS AT YOUR EARLIEST CONVENIENCE.

PLEASE PROVIDE A QUOTE TO REPAIR THESE ITEMS.

Name of Owner or Representative

Lloyd Kinser

Signature



INSPECTION WORK TICKET

Ticket # 866917

Customer # 113204 **Customer PO#** Columbus Scheduled Date 12/31/2019 QUARTERLY SPRINKLER INSPECTION Completed Date 12/20/2019 Inspected By Hatcher Additional Inspector or Fitter:)Yes SOUTHERN POINT, LLC. (No JOB QTY **INSPECTION ITEMS** PRICE **AMOUNT** SITE 9085 SOUTHERN STREET 1 QUARTERLY WET INSPECTION **ORIENT, OH 43146** CONTACT AIME PHONE (414) 367-5540 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: **1WS 1FF 6BF 15FE 1AD INSPECTION TOTAL** 105 QTY **INSPECTION MATERIALS** PRICE **AMOUNT** Comments / Corrections: 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** CITY BACKFLOW INSPECTION FEE YES O NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER 1. NA 2. NA OTHER TOTAL Technician Steve R. Hatcher Count Inspection Name Thank You - Invoice to Follow 105 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 NA Name Signature **Total Cost** A. Comunale Co., Inc. Inspection Work Ticket Rev 1.5 16 July 2019



WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001								ONA	TIONAL	ACCOUNT			. •		
DATE	12/20/2019	· · · · · · · · · · · · · · · · · · ·							HONAL /	ACCOUNT	NUMBER	: 1-800-	776-71	81	
SITE	SOUTHERN POINT, LLC. CONTACT AIME														
ADDRESS									HONE (414) 367-5540						
CITY ORIENT					-	1000		STATE	1	+) 307-3540		D 40			
This inspection is: Semi-Annual Quarterly Other											43	146			
1 – OWNERS SECTION															
A. Are all fire protection systems in service?									YES	N/A	NO				
2 – GENERAL (Questions A, B, C, D & E are inspection items)										X					
A. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)											YES	N/A	NO		
B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?															
C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?															
D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?												1 ×			
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?															
Guestion A is a tested item)												VEC	LX.		
A. Did all electrical supervisory switches actuate supervisory alarms?									YES	N/A	NO				
4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per questor w/ bookflows and bookflows a) YES	N/A	NO	
in the prossure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable)												X	IVA	INO	
Riser Number Location (Riser)			Size	Static	Residual	PSI	Alarm		Hydraulic In			<u> </u>			
	AST MECH ROO	CH ROOM			2"	Pressure 90	N-AS		Time	Design Density	Design Area	PSI @ Base	e De	SPM emand	
, ACS00						90	72	88	NA	.10	1014	52	:	224	
5 - ELOW AL	ADMO (Out of														
5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items) A Did waterflow through the inspected item)												YES	N/A	NO	
A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?												X			
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks? C. Did waterflow through the increase that the discrete section is a secure of the secure o												X			
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch? 6 – SYSTEM INFORMATION (Genaral question concerning system components)												X			
Number of wet systems? 1 Sizes 4"			00.100	ining system			ENT CUT	CT OUT							
Number of dry systems? 0 Sizes NA					Make / Models STRAIGHT GUT ST GUT Make / Models NA NA							-			
Number of preaction systems? 0 Sizes NA			-		Make / Mode	Section of the sectio									
Number of deluge systems? 0 Sizes NA															
7 – DRY, PREACTION AND DELUGE (Questions A, B & C are tested items) NA NA VES N/A NA															
A. Is the air pressure and priming water level normal?										YES	N/A	NO			
B. Quick opening device operated correctly?													X		
C. Did the low air pressure alarm operate during the test?													X		
Explanation of "NO" answers system deficiencies and/or insurate													\times		
which is	attached to this fo	rm.		a children	illicies, ai	nd/or mspec	ctor recommer	dations are	listed on	SERVICE F	OLLOW UF	P#		-	
No SERV	ICE FOLLOW UP F	REPO	RT was	requir	ed durin	g this inspec	tion.								
with applicable inspection exc	information on the NFPA 25 test and sept as noted on a	is for d insp ny SE	m is co ection RVICE	rrect a section FOLL	at the tin ons. All OW UP I	ne and place equipment t REPORT as	e of this inspe- tested at this t stated above.	ction. All te me was lef	est and ins t in operat	spections we ional condit	ere perforn tion upon c	ned in ac completion	cordan	ce s	
Name of Inspector Steve R. Hatcher Signature Staph R Hall Certification of the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the industrial information contained herein is provided to the best of the knowledge of the second completion of the inspection.												-25-41°	15		
requested, will	be forwarded to the	n, def ontai he au	icienci ned he thority	es, and rein is having	d sugge provide g jurisdi	sted improved to the bes	vements were st of the know	discussed v edge of the	vith me up person p	oon complet	ion of the i	inspection on and th	n. It is at, if		
Name of Owr or Represent	ier		100		NA			gnature		NA					