

S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 987845 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 03/31/2021 |
| Completed Date | 04/10/2021 |
| Inspected By | Hopkins |

| |
|---|
| Columbus |
| ANN SPKR ALARM SENS AND FWD FLOW INSPECTION |

| | |
|-----------------|--|
| JOB SITE | SOUTHERN POINT, LLC. |
| | 9085 SOUTHERN STREET ORIENT, OH 43146 |
| CONTACT | AIME |
| PHONE | (414) 367-5540 |
| FAX | |

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

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: _____

ADDITIONAL INSPECTOR OR FITTER

- MESSMER JORDAN
- NA

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|-----------------------------------|---------------------------------|-------|--------|
| 1 | ANNUAL ALARM INSPECTION | | |
| 1 | ANNUAL WET INSPECTION | | |
| 1 | FORWARD FLOW TEST BACKFLOW | | |
| 1 | BIENNIAL SENSITIVITY INSPECTION | | |
| INSPECTION TOTAL | | | 585 |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| INSPECTION MATERIALS TOTAL | | | |

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | | | | | |
|--|-------------------|--------------------|---|-------------------------------|------------------|-----|
| Technician Name | Jarret Hopkins | Count | 2 | Thank You - Invoice to Follow | Inspection Total | 585 |
| I confirm that the above work has been satisfactorily completed. | | | | | Material Total | |
| SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS | | | | | Other Total | |
| Customer Name | NO SIGNER (COVID) | Customer Signature | | | Tax | |
| | | | | | Total Cost | 585 |



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/15/2021
SITE SOUTHERN POINT, LLC.
ADDRESS 9085 SOUTHERN STREET
CITY ORIENT

CONTACT AIME
PHONE (414) 367-5540
STATE OH ZIP 43146

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

1 - OWNERS SECTION *This section is to be answered and signed by the Owner or Owners Representative*

| | YES | N/A | NO |
|--|-------------------------------------|-------------------------------------|--------------------------|
| A. Is the building occupied? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all fire protection systems in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Owner has been instructed on maintaining the Dry System Auxiliary Drains? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: NO SIGNER (COVID) Signature:

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

| | YES | N/A | NO |
|--|-------------------------------------|-------------------------------------|--------------------------|
| A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2022 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are all hoses and hose valves in good condition, free from physical damage and no leaks? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JUL Year Due: 2021 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were all control valves operated through full range of motion, lubricated and returned to normal position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did all electrical supervisory switches actuate supervisory alarms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

| | YES | N/A | NO |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. System water supplied from: City Water Elevated Tank Pressure Tank Suction Tank Pond Other

C. Main drain is piped outside Yes No NA, if no how many 25' hoses required to get outside for a Forward Flow Test? NA

| Riser Number | Location (Riser) | Size | Static Pressure | Residual Pressure | PSI Return | Alarm Time | Hydraulic Information | | | |
|--------------|------------------|------|-----------------|-------------------|------------|------------|-----------------------|-------------|------------|------------|
| | | | | | | | Design Density | Design Area | PSI @ Base | GPM Demand |
| 1 | EAST MECH ROOM | 2" | 85 | 65 | 80 | 32 | .10 | 1014 | 52 | 224 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

| | YES | N/A | NO |
|---|-----|-----|----|
| A. Did waterflow through the inspectors test actuate all mechanical alarms? | | X | |
| B. Did waterflow through the inspectors test actuate all electrical alarms? | X | | |

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

| | YES | N/A | NO |
|--|-----|-----|----|
| Number of systems | 1 | | |
| Sizes | 4" | NA | NA |
| Make & Models | NA | NA | NA |
| STRAIGHT GUT | | | |
| ST GUT | | | |
| A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? | X | | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided) | | X | |
| C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA | | X | |
| D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged) | | X | |
| E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? | | X | |
| F. Area Protected? NA | | | |
| Type NA | | | |
| Connection NA° | | | |
| Remote NA° | | | |

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

| | Owner Notified | NA |
|------------------------------|--------------------------|--|
| Number of Dry Systems | 0 | |
| Make and Model | NA | NA |
| Trip test report attached | <input type="checkbox"/> | <input checked="" type="checkbox"/> Trip test not required |
| Number of Pre-Action Systems | 0 | |
| Make and Model | NA | NA |
| Trip test report attached | <input type="checkbox"/> | <input checked="" type="checkbox"/> Trip test not required |
| Number of Deluge Systems | 0 | |
| Make and Model | NA | NA |
| Trip test report attached | <input type="checkbox"/> | <input checked="" type="checkbox"/> Trip test not required |

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

| | YES | N/A | NO |
|--|-----|-----|----|
| A. Valves, gauges and associated trim are free from physical damage? | | X | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? | | X | |
| C. Is the air pressure and priming water level normal? | | X | |
| D. Did the air compressor and/or nitrogen generators operate satisfactorily? | | X | |
| E. Did the low air pressure alarm operate during the test? | | X | |
| F. Auxiliary drains that were identified by the owner were drained during this inspection? | | X | |
| G. Valves and trim appear to be protected from temperatures below 40°F? | | X | |
| H. Pipe that passes through freezers is free of ice blockage? | | X | |
| I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA | | X | |

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

| | YES | N/A | NO |
|---|-----|-----|----|
| A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? | X | | |
| B. Are visible pipe hangers and seismic braces free of physical damage? | X | | |
| C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? | X | | |
| D. Have standard sprinklers 50 or more years old been replaced or successfully tested? | | X | |
| E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers NA | | X | |
| F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA | | X | |

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

| | | |
|---|---|--|
| System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins Signature  Certification # 54-25-5152

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

Name of Owner or Representative NO SIGNER (COVID) Signature 



S.A. Comunale

An EMCOR Company

BACKFLOW PREVENTER FORWARD FLOW TEST

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/15/2021
SITE SOUTHERN POINT, LLC.
ADDRESS 9085 SOUTHERN STREET
CITY ORIENT

CONTACT AIME
PHONE (414) 367-5540
STATE OH ZIP 43146

NFPA 25 – Requirements (2002, 2008 & 2011):

1. A forward flow test shall be conducted at the system demand, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer.
2. For backflow preventers sized 2" and under, the forward flow test shall be acceptable to conduct without measuring flow, where the test outlet is of size to flow the system demand.
3. Where connections do not permit a full flow test, tests shall be completed at the maximum flow rate possible.
4. A forward flow test shall not be required where annual fire pump testing causes the system demand to flow through the backflow preventer device.

NFPA 13 – Requirements (2007):

1. The backflow prevention assembly shall be forward flow tested to ensure proper operation.
2. The minimum flow rate required by the above reference shall be the system demand, including hose stream demand where applicable.

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|----|-------------------|-----------|----------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED | | |
| WILKINS | 4" | 1 | 1-3/4" | 9 | 330 | 85 | 65 | 224 | 52 | 2" | | X | 0 | | |
| Location / System Number | | EAST MECH ROOM | | | | Test Outlets for Forward Flow Test? | | | | YES | N/A | X | NO | Amount? 0 | Size? NA |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|----|-------------------|-------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED | |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | | | YES | N/A | NO | Amount? | Size? |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|----|-------------------|-------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED | |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | | | YES | N/A | NO | Amount? | Size? |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|----|-------------------|-------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED | |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | | | YES | N/A | NO | Amount? | Size? |

The Backflow Device (s) Passed the Forward Flow Test: YES NO

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is not equipped with enough test outlets to achieve the desired flow rate. This system was installed prior to the described test and does not require additional test outlets to be installed. Per the above referenced NFPA 25 standard the owner is not required to add additional test outlets and this test meets the intent of NFPA 25.

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is equipped with enough test outlets to achieve the desired flow rate. Further investigation needs to be done in order to determine the root cause of this test failure. Additional information can be found on the Service Follow Up report # _____

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins Signature [Signature] Certification # 54-25-5152

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

Name of Owner or Representative NO SIGNER (COVID) Signature [Signature]



S.A. Comunale

An EMCOR Company

FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/15/2021 ADDITIONAL BUILDING DATA

SITE SOUTHERN POINT, LLC.

CONTACT AIME

ADDRESS 9085 SOUTHERN STREET

PHONE (414) 367-5540

CITY ORIENT

STATE OH ZIP 43146

MONITORING ENTITY BUCKEYE PROTECTION

PHONE 330-456-2671

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

| | | | | | | |
|--------------------|---|------------------------------------|-----------------------------------|---|---|-------------------------------------|
| Type Transmission | <input checked="" type="checkbox"/> Digital | <input type="checkbox"/> Multiplex | <input type="checkbox"/> McCulloh | <input type="checkbox"/> Reverse Polarity | <input type="checkbox"/> RF | <input type="checkbox"/> Other |
| Panel Manufacturer | NOTIFIER | Model Number | NFW2-100 | Type | <input checked="" type="checkbox"/> Addressable | <input type="checkbox"/> Hard Wired |

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|-----------------|----------------|---------------|----------------------|
| 4 | CLASS B | Manual Stations | 2 | CLASS B | 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 | | | |

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|----------------|----------------|---------------|----------------|
| 0 | NA | Bells | 7 | CLASS B | Strobes |
| 0 | NA | Horns | 40 | CLASS B | Horn/Strobes |
| 0 | NA | Speakers | | | |
| 0 | NA | Chimes | | | |

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| 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 | | | |

SIGNALING LINE CIRCUITS

| | | | | |
|---|-----|---|----------|---|
| Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system | Qty | 3 | Style(s) | Y |
|---|-----|---|----------|---|

SYSTEM POWER SUPPLIES

| | | | |
|---|--|--|----|
| A. Primary (Main): Nominal Voltage | 120 | AMPS | 20 |
| Over Current Protection: Type | <input type="checkbox"/> Fuse <input checked="" type="checkbox"/> Circuit Breaker | AMPS | 20 |
| Location (Primary Supply Panelboard) | ELEC RM PNL PPI | Disconnecting Means Location (Fuse or Breaker #) | 39 |
| B. Secondary (Standby): <input checked="" type="checkbox"/> Storage Battery <input type="checkbox"/> Other: | AMP HR Rating | 7.0 | |
| Calculated capacity to operate system, in hours | <input checked="" type="checkbox"/> 24 <input type="checkbox"/> 60 <input type="checkbox"/> Other: | | |
| <input checked="" type="checkbox"/> Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: | | | |

TYPE BATTERY

| |
|---|
| <input type="checkbox"/> Dry Cell <input type="checkbox"/> Nickel Cadmium <input checked="" type="checkbox"/> Sealed Lead-Acid <input type="checkbox"/> Lead-Acid <input type="checkbox"/> Other: |
| C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply. |
| NA Emergency system described in NFPA 70, Article 700 |
| NA Legally required standby described in NFPA 70, Article 701 |
| NA Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701 |

PRIOR TO ANY TESTING

| Notifications Are Made | Yes | NA | No | Who | Time |
|------------------------|-----|----|----|------------------|-------|
| Building Management | X | | | LOYD K. | 7:00A |
| Monitoring Entity | X | | | BUCKEYE PROTECT. | 7:00A |
| Other: | | | | | |

SECONDARY POWER

| Type | Visual | Functional | NA | Comments |
|---|--------|------------|----|--|
| Battery Condition | X | | | OK |
| Load Voltage | | X | | OK |
| Discharge Test | | X | | OK |
| Amp Hour Reading | | X | | OK |
| Specific Gravity | | X | | OK |
| Batteries Meet NFPA 72 Test Requirements: | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

SYSTEM TESTS & INSPECTIONS

| Type | Visual | Functional | NA | Comments | Type | Visual | Functional | NA | Comments |
|----------------------|--------|------------|----|----------|-----------------------|--------|------------|----|----------|
| Control Panel | | X | | OK | Transient Suppressors | | | X | |
| Interface Equipment | | X | | OK | Remote Annunciators | | X | | OK |
| Lamps/LEDS | | X | | OK | Audible | | X | | OK |
| Fuses | | X | | OK | Visual | | X | | OK |
| Primary Power Supply | | X | | OK | Speakers | | | X | |
| Trouble Signals | | X | | OK | Voice Clarity | | | X | |
| Disconnect Switches | | | X | | Door Holders | | | X | |
| Ground Fault Monitor | | | X | | Door Unlock | | | X | |

| Type | Visual | Functional | NA | Comments | Interface Equipment | Visual | Functional | NA | Comments |
|------------------------|--------|------------|----|----------|---------------------|--------|------------|----|----------|
| Phone Set | | | X | | Elevator Recall | | X | | OK |
| Phone Jack | | | X | | HVAC Shut Down | | X | | OK |
| Off-Hook Indicator | | | X | | Specify: | | | | |
| Amplifier(s) | | | X | | Special Hazards | Visual | Functional | NA | Comments |
| Tone Generators | | | X | | Specify: | | | | |
| Call in Signal Silence | | | X | | Specify: | | | | |
| System Performance | | | X | | Specify: | | | | |

SUPERVISING STATION MONITORING

| | Yes | NA | No | Time | Comments |
|----------------------|-----|----|----|-------|----------|
| Alarm Signal | X | | | 7:05A | OK |
| Alarm Restoral | X | | | 8:45A | OK |
| Trouble Signal | X | | | 7:00A | OK |
| Trouble Restoral | X | | | 9:00A | OK |
| Supervisory Signal | X | | | 8:00A | OK |
| Supervisory Restoral | X | | | 8:00A | OK |

NOTIFIED TESTING COMPLETE

| | Yes | NA | No | Who | Time |
|---------------------|-----|----|----|--------------------|-------|
| Building Management | X | | | LOYD K. | 9:00A |
| Monitoring Entity | X | | | BUCKEYE PROTECTION | 9:00A |
| Other: | | | | | |

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA

Year Sensitivity Testing Completed: 2021

Year Sensitivity Testing Due: 2023

How Was Sensitivity Tested: PANEL

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins

Signature *Jarret Hopkins*

Certification # 54-25-5152

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

Name of Owner or Representative NO SIGNER (COVID)

Signature *[Signature]*



S.A. Comunale

An EMCOR Company

ADDITIONAL BATTERY INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001
SITE SOUTHERN POINT, LLC.

NATIONAL ACCOUNT NUMBER: 1-800-776-7181
DATE 03/15/2021

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

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins Signature *Jarret Hopkins* Certification # 54-25-5152

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

Name of Owner or Representative NO SIGNER (COVID) Signature *[Signature]*



S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 989880 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 03/31/2021 |
| Completed Date | 03/15/2021 |
| Inspected By | Hopkins |

Columbus

ANNUAL FIRE EXTINGUISHER INSPECTION

JOB SITE

SOUTHERN POINT, LLC.

9085 SOUTHERN STREET

ORIENT, OH 43146

CONTACT

AIME

PHONE

(414) 367-5540

FAX

BILL TO

PHYSICIANS REALTY TRUST

309 N. WATER STREET, SUITE 500

MILWAUKEE, WI 53202

CONTACT

A/P

PHONE

(414) 367-5540

FAX

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: SFU989880

ADDITIONAL INSPECTOR OR FITTER

1. NA

2. NA

| Technician Name | Jarret Hopkins | Count | 1 |
|-----------------|----------------|-------|---|
|-----------------|----------------|-------|---|

I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

Customer Name

NO SIGNER (COVID)

Customer Signature

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|-----------------------------------|-------------------------------|-------|--------|
| 18 | ANNUAL FIRE EXTINGUISHER INSP | 5.00 | 90.00 |
| INSPECTION TOTAL | | | |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| | FRANKLIN CO TAX 7.5% | | |
| INSPECTION MATERIALS TOTAL | | | |

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE
GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | |
|-------------------------------|-------------------|--------------|
| Thank You - Invoice to Follow | Inspection Total | 90.00 |
| | Material Total | |
| | Other Total | |
| | Tax | 6.75 |
| | Total Cost | 96.75 |



S.A. Comunale

An EMCOR Company

FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/15/2021

SITE SOUTHERN POINT, LLC.

ADDRESS 9085 SOUTHERN STREET

CITY ORIENT

CONTACT AIME

PHONE (414) 367-5540

STATE OH ZIP 43146

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly

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

| LOCATION OF EXTINGUISHER | SIZE | AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AFFF / FFFP | MANUFACTURE DATE | MANUFACTURE OF FIRE EXTINGUISHER | INSPECTIONS PERFORMED (X) | | | | | | | | | |
|--------------------------|------|--|---------------------|--|---------------------------|-------------------|-------------------------|-------------------|---------|--------|-------|----------|------------------|---------|
| | | | | | INSPECTION | SERVICE NEEDED | 6YR - 12 YR DUE DATE | HYDRO DUE DATE | BRACKET | COLLAR | GAUGE | PULL PIN | PULL PIN SEAL | SIGNAGE |
| 1ST FL LOBBY | 10 | ABC | 2005 | BADGER | X | | 2032 | 2026 | X | X | X | X | X | X |
| 1ST FL ELEV EQ. RM | 10 | ABC | 2010 | AMEREX | X | | 2028 | 2022 | X | X | X | X | X | X |
| 1ST FL ELEV EQ. RM | 10 | ABC | 2001 | BADGER | | X | 2021 | 2027 | | X | X | X | X | X |
| 1ST FL RM 100 | 5 | ABC | 2009 | BUCKEYE | X | | 2025 | 2031 | X | X | X | X | X | X |
| 1ST FL CTR HALL | 10 | ABC | 2002 | BADGER | X | | 2032 | 2026 | X | X | X | X | X | X |
| 1ST FL HALL EXAM 3 | 10 | ABC | 2014 | AMEREX | X | | 2032 | 2026 | X | X | X | X | X | X |
| 1ST FL E EXIT | 10 | ABC | 2007 | ANSUL | X | | 2024 | 2030 | X | X | X | X | X | X |
| 1ST FL BY BRK RM | 10 | ABC | 2007 | AMEREX | X | | 2025 | 2031 | X | X | X | X | X | X |
| 1ST FL MRI | 5 | ABC | 2018 | KIDDE | X | | 2024 | 2030 | X | X | X | X | X | X |
| 1ST FL HALL BY LAB | 10 | ABC | 2013 | AMEREX | X | | 2032 | 2026 | X | X | X | X | X | X |
| 2ND FL LOBBY | 10 | ABC | 2001 | BADGER | X | | 2032 | 2026 | X | X | X | X | X | X |
| 2ND FL A-200 | 10 | ABC | 2007 | BUCKEYE | X | | 2025 | 2031 | X | X | X | X | X | X |
| 2ND FL B-200 | 10 | ABC | 2011 | PYRO-CHEM | X | | 2025 | 2031 | X | X | X | X | X | X |
| 2ND FL C-200 | 10 | ABC | 2013 | PYRO-CHEM | X | | 2031 | 2025 | X | X | X | X | X | X |
| 2ND FL D-200 | 10 | ABC | 2011 | PYRO-CHEM | X | | 2025 | 2031 | X | X | X | X | X | X |
| 2ND FL STAIR E. EXIT | 10 | ABC | 2002 | BADGER | X | | 2032 | 2026 | X | X | X | X | X | X |

Are services required on the Fire Extinguishers: YES NO How many units this page require Service: 1

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU989880 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

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

Name of Inspector Jarret Hopkins Signature *Jarret Hopkins* Certification # 54-25-5152

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

Name of Owner or Representative NO SIGNER (COVID) Signature *J Hopkins*



S.A. Comunale

An EMCOR Company

FIRE EXTINGUISHER INSPECTION REPORT

(Additional Pages)

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

SITE SOUTHERN POINT, LLC.

DATE 03/15/2021

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly

| LOCATION OF EXTINGUISHER | SIZE | AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AARF / FFP | MANUFACTURE DATE | MANUFACTURE OF FIRE EXTINGUISHER | INSPECTIONS PERFORMED (X) | | | | | | | | | | |
|--------------------------|------|---|---------------------|--|---------------------------|-------------------|-------------------------|-------------------|---------|--------|-------|----------|------------------|---------|---|
| | | | | | INSPECTION | SERVICE NEEDED | 6YR - 12 YR DUE DATE | HYDRO DUE DATE | BRACKET | COLLAR | GAUGE | PULL PIN | PULL PIN SEAL | SIGNAGE | |
| 2ND FL 220 LOBBY | 10 | ABC | 2021 | AMEREX | X | | 2027 | 2033 | X | | X | X | X | X | X |
| 2ND FL 220 BY RM 11 | 10 | ABC | 2021 | AMEREX | X | | 2027 | 2033 | X | | X | X | X | X | X |
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Are services required on the Fire Extinguishers: YES NO How many units this page require Service: 0



S.A. Comunale

An EMCOR Company

SERVICE FOLLOW UP REPORT

SFU989880

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 04/10/2021

SITE SOUTHERN POINT, LLC.

CONTACT AIME

ADDRESS 9085 SOUTHERN STREET

PHONE (414) 367-5540

CITY ORIENT

STATE OH

ZIP 43146

THIS SERVICE FOLLOW UP REPORT CONTAINS A DESCRIPTION OF ITEMS THAT COULD CAUSE THE SYSTEM TO NOT FUNCTION PROPERLY IN THE EVENT OF A FIRE. IT IS RECOMMENDED THAT THEY BE REPAIRED BECAUSE THEY COULD POSE SERIOUS LIFE SAFETY ISSUES TO THE BUILDING OCCUPANTS.

Name of Inspector Jarret Hopkins

Signature

System Comments:

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 INDICATOR IN THE OPERABLE RANGE OR POSITION
- (4) FULLNESS DETERMINED BY WEIGHING OR HEFTING FOR SELF-EPELLING-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 PUSH-TO-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: 1 - 10LB ABC DUE FOR 6 YR MAINT.



S.A. Comunale

An EMCOR Company

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)

Signature 



S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 967641 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 12/31/2020 |
| Completed Date | 02/05/2021 |
| Inspected By | Hopkins |

| |
|--------------------------------|
| Columbus |
| QUARTERLY SPRINKLER INSPECTION |

| | |
|-----------------|----------------------|
| JOB SITE | SOUTHERN POINT, LLC. |
| | 9085 SOUTHERN STREET |
| | ORIENT, OH 43146 |
| CONTACT | AIME |
| PHONE | (414) 367-5540 |
| FAX | |

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

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|-----------------------------------|--------------------------|-------|--------|
| 1 | QUARTERLY WET INSPECTION | | |
| INSPECTION TOTAL | | | 105 |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| INSPECTION MATERIALS TOTAL | | | |

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: _____

ADDITIONAL INSPECTOR OR FITTER

1. NA 2. NA

| | | | |
|-----------------|----------------|-------|---|
| Technician Name | Jarret Hopkins | Count | 1 |
|-----------------|----------------|-------|---|

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | | |
|--|-------------------|------------------|-----|
| Thank You - Invoice to Follow | | Inspection Total | 105 |
| I confirm that the above work has been satisfactorily completed. | | Material Total | |
| SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS | | Other Total | |
| Customer Name | NO SIGNER (COVID) | Tax | |
| Customer Signature | | Total Cost | |



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE: 02/05/2021

SITE: SOUTHERN POINT, LLC.

ADDRESS: 9085 SOUTHERN STREET

CITY: ORIENT

CONTACT: AIME

PHONE: (414) 367-5540

STATE: OH ZIP: 43146

This inspection is: Semi-Annual Quarterly Other

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)

A. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)
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?
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?

3 - CONTROL VALVES (Question A is a tested item)

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 quarter w/ backflow preventer on system)

A. Are pressure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable) YES N/A NO

Table with columns: Riser Number, Location (Riser), Size, Static Pressure, Residual Pressure, PSI Return, Alarm Time, Design Density, Design Area, PSI @ Base, GPM Demand. Row 1: 1, EAST MECH ROOM, 2", 85, 70, 74, NA, .10, 977, 60.265, 301.386

5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)

A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms? YES N/A NO
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?

6 - SYSTEM INFORMATION (General question concerning system components)

Table with columns: Number of wet/dry/preaction/deluge systems, Sizes, Make / Models, STRAIGHT GUT, ST GUT. Row 1: 1, Sizes 4", Make / Models, STRAIGHT GUT, ST GUT

7 - DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)

A. Is the air pressure and priming water level normal? YES N/A NO
B. Quick opening device operated correctly?
C. Did the low air pressure alarm operate during the test?

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

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector: Jarret Hopkins Signature: [Signature] Certification #: 54-25-5152

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

Name of Owner or Representative: NO SIGNER (COVID) Signature: [Signature]



S.A. Comunale

An EMCOR Company

FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 10/15/2020 ADDITIONAL BUILDING DATA

SITE SOUTHERN POINT, LLC.

ADDRESS 9085 SOUTHERN STREET

CITY ORIENT

MONITORING ENTITY BUCKEYE PROTECTION

CONTACT AIME

PHONE (414) 367-5540

STATE OH ZIP 43146

PHONE 330-456-2671

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

| | | | | | | |
|--------------------|---|------------------------------------|-----------------------------------|---|---|-------------------------------------|
| Type Transmission | <input checked="" type="checkbox"/> Digital | <input type="checkbox"/> Multiplex | <input type="checkbox"/> McCulloh | <input type="checkbox"/> Reverse Polarity | <input type="checkbox"/> RF | <input type="checkbox"/> Other |
| Panel Manufacturer | NOTIFIER | Model Number | NFW2-100 | Type | <input checked="" type="checkbox"/> Addressable | <input type="checkbox"/> Hard Wired |

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|-----------------|----------------|---------------|----------------------|
| 4 | CLASS B | Manual Stations | 2 | CLASS B | 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 | | | |

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|----------------|----------------|---------------|----------------|
| 0 | NA | Bells | 7 | CLASS B | Strobes |
| 0 | NA | Horns | 40 | CLASS B | Horn/Strobes |
| 0 | NA | Speakers | | | |
| 0 | NA | Chimes | | | |

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| 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 | | | |

SIGNALING LINE CIRCUITS

| | | | | |
|---|-----|---|----------|---|
| Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system | Qty | 3 | Style(s) | Y |
|---|-----|---|----------|---|

SYSTEM POWER SUPPLIES

| | | | |
|---|--|--|----|
| A. Primary (Main): Nominal Voltage | 120 | AMPS | 20 |
| Over Current Protection: Type | <input type="checkbox"/> Fuse <input checked="" type="checkbox"/> Circuit Breaker | AMPS | 20 |
| Location (Primary Supply Panelboard) | ELEC RM PNL PPI | Disconnecting Means Location (Fuse or Breaker #) | 39 |
| B. Secondary (Standby): <input checked="" type="checkbox"/> Storage Battery <input type="checkbox"/> Other: | AMP HR Rating | 7.0 | |
| Calculated capacity to operate system, in hours | <input checked="" type="checkbox"/> 24 <input type="checkbox"/> 60 <input type="checkbox"/> Other: | | |
| NA Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: | | | |

TYPE BATTERY

| |
|---|
| <input type="checkbox"/> Dry Cell <input type="checkbox"/> Nickel Cadmium <input checked="" type="checkbox"/> Sealed Lead-Acid <input type="checkbox"/> Lead-Acid <input type="checkbox"/> Other: |
| C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply. |
| NA Emergency system described in NFPA 70, Article 700 |
| NA Legally required standby described in NFPA 70, Article 701 |
| NA Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701 |

PRIOR TO ANY TESTING

| Notifications Are Made | Yes | NA | No | Who | Time |
|------------------------|-------------------------------------|----|----|-----------------|------|
| Building Management | <input checked="" type="checkbox"/> | | | Matt | 7:15 |
| Monitoring Entity | <input checked="" type="checkbox"/> | | | Central Station | 7:30 |
| Other: | | | | | |

SECONDARY POWER

| Type | Visual | Functional | NA | Comments |
|---|-------------------------------------|-------------------------------------|----|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | PASS |
| Load Voltage | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | PASS |
| Discharge Test | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | PASS |
| Amp Hour Reading | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | PASS |
| Specific Gravity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | PASS |
| Batteries Meet NFPA 72 Test Requirements: | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

SYSTEM TESTS & INSPECTIONS

| Type | Visual | Functional | NA | Comments | Type | Visual | Functional | NA | Comments |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel | | <input checked="" type="checkbox"/> | | PASS | Transient Suppressors | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| Interface Equipment | | <input checked="" type="checkbox"/> | | PASS | Remote Annunciators | | <input checked="" type="checkbox"/> | | PASS |
| Lamps/LEDS | | <input checked="" type="checkbox"/> | | PASS | Audible | <input checked="" type="checkbox"/> | | | PASS |
| Fuses | <input checked="" type="checkbox"/> | | | PASS | Visual | <input checked="" type="checkbox"/> | | | PASS |
| Primary Power Supply | <input checked="" type="checkbox"/> | | | PASS | Speakers | | | <input checked="" type="checkbox"/> | NA |
| Trouble Signals | <input checked="" type="checkbox"/> | | | PASS | Voice Clarity | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | NA |
| Disconnect Switches | | | <input checked="" type="checkbox"/> | NA | Door Holders | | | <input checked="" type="checkbox"/> | NA |
| Ground Fault Monitor | | | <input checked="" type="checkbox"/> | NA | Door Unlock | | | <input checked="" type="checkbox"/> | NA |

| Type | Visual | Functional | NA | Comments | Interface Equipment | Visual | Functional | NA | Comments |
|------------------------|--------|------------|-------------------------------------|----------|---------------------|-------------------------------------|------------|----|----------|
| Phone Set | | | <input checked="" type="checkbox"/> | | Elevator Recall | <input checked="" type="checkbox"/> | | | PASS |
| Phone Jack | | | <input checked="" type="checkbox"/> | | HVAC Shut Down | <input checked="" type="checkbox"/> | | | PASS |
| Off-Hook Indicator | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| Amplifier(s) | | | <input checked="" type="checkbox"/> | | Special Hazards | Visual | Functional | NA | Comments |
| Tone Generators | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| Call in Signal Silence | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| System Performance | | | <input checked="" type="checkbox"/> | | Specify: | | | | |

| SUPERVISING STATION MONITORING | | | Yes | NA | No | Time | Comments |
|--------------------------------|--|--|-----|-------------------------------------|----|------|----------|
| Alarm Signal | | | | <input checked="" type="checkbox"/> | | | |
| Alarm Restoral | | | | <input checked="" type="checkbox"/> | | | |
| Trouble Signal | | | | <input checked="" type="checkbox"/> | | | |
| Trouble Restoral | | | | <input checked="" type="checkbox"/> | | | |
| Supervisory Signal | | | | <input checked="" type="checkbox"/> | | | |
| Supervisory Restoral | | | | <input checked="" type="checkbox"/> | | | |

| NOTIFIED TESTING COMPLETE | | | Yes | NA | No | Who | Time |
|---------------------------|--|--|-------------------------------------|----|----|-----------------|------|
| Building Management | | | <input checked="" type="checkbox"/> | | | MATT | 9:00 |
| Monitoring Entity | | | <input checked="" type="checkbox"/> | | | CENTRAL STATION | 9:15 |
| Other: | | | | | | | |

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA

Year Sensitivity Testing Completed: 2019

Year Sensitivity Testing Due: 2021

How Was Sensitivity Tested: PANEL

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____ attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer

Signature 

Certification # 54-25-5260

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

Name of Owner or Representative no signature/covid-19 concerns

Signature 



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE: 10/15/2020
SITE: SOUTHERN POINT, LLC.
ADDRESS: 9085 SOUTHERN STREET
CITY: ORIENT

CONTACT: AIME
PHONE: (414) 367-5540
STATE: OH ZIP: 43146

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

1 - OWNERS SECTION *This section is to be answered and signed by the Owner or Owners Representative*

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Is the building occupied? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all fire protection systems in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Owner has been instructed on maintaining the Dry System Auxiliary Drains? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: no signature/covid-19 concerns Signature:

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

| | YES | N/A | NO |
|--|-------------------------------------|-------------------------------------|--------------------------|
| A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2017 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are all hoses and hose valves in good condition, free from physical damage and no leaks? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JUL Year Due: 2021 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2021 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were all control valves operated through full range of motion, lubricated and returned to normal position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did all electrical supervisory switches actuate supervisory alarms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other | | | |
| C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test ? NA | | | |

| Riser Number | Location (Riser) | Size | Static Pressure | Residual Pressure | PSI Return | Alarm Time | Hydraulic Information | | | |
|--------------|------------------|------|-----------------|-------------------|------------|------------|-----------------------|-------------|------------|------------|
| | | | | | | | Design Density | Design Area | PSI @ Base | GPM Demand |
| 1 | EAST MECH ROOM | 2" | 106 | 55 | 75 | 30sec | .10 | 1014 | 52 | 224 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

| | YES | N/A | NO |
|---|-----|-----|----|
| A. Did waterflow through the inspectors test actuate all mechanical alarms? | | X | |
| B. Did waterflow through the inspectors test actuate all electrical alarms? | X | | |

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

| Number of systems | Sizes | YES | N/A | NO |
|--|-------------|-----|-----|----|
| 1 | 4" NA NA NA | | | |
| Make & Models STRAIGHT GUT ST GUT | | | | |
| A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? | | | | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided) | | | | |
| C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA | | | | |
| D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged) | | | | |
| E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? | | | | |
| F. Area Protected? | NA | | | |
| Type | NA | | | |
| Connection | NA° | | | |
| Remote | NA° | | | |

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

| Number of Dry Systems | Make and Model | NA | NA | Trip test report attached | Trip test not required | Owner Notified | NA |
|------------------------------|----------------|----|----|---------------------------|-------------------------------------|----------------|----|
| 0 | NA | NA | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Number of Pre-Action Systems | 0 | NA | NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Number of Deluge Systems | 0 | NA | NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

| | YES | N/A | NO |
|--|-----|-----|----|
| A. Valves, gauges and associated trim are free from physical damage? | | X | |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? | | X | |
| C. Is the air pressure and priming water level normal? | | X | |
| D. Did the air compressor operate satisfactorily? | | X | |
| E. Did the low air pressure alarm operate during the test? | | X | |
| F. Auxiliary drains that were identified by the owner were drained during this inspection? | | X | |
| G. Valves and trim appear to be protected from temperatures below 40°F? | | X | |
| H. Pipe that passes through freezers is free of ice blockage? | | X | |
| I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA | | X | |

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

| | YES | N/A | NO |
|---|-----|-----|----|
| A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? | X | | |
| B. Are visible pipe hangers and seismic braces free of physical damage? | X | | |
| C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? | X | | |
| D. Have standard sprinklers 50 or more years old been replaced or successfully tested? | | X | |
| E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2007 | | X | |
| F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA | | X | |

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

System has Fire Pump: Y N Fire Pump Test Performed This Inspection: Y N N/A Report Attached: Y N N/A

Water Storage Tank Supplies Water: Y N Tank Inspection Performed: Y N N/A Report Attached: Y N N/A

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

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

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

Name of Owner or Representative no signature/covid-19 concerns Signature [Signature]



S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 912118 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 06/30/2020 |
| Completed Date | 06/19/2020 |
| Inspected By | Hatcher |

| |
|--|
| Columbus |
| ANN BACKFLOW AND QTLY SPRINKLER INSPECTION |

| | |
|-----------------|----------------------|
| JOB SITE | SOUTHERN POINT, LLC. |
| | 9085 SOUTHERN STREET |
| | ORIENT, OH 43146 |
| CONTACT | AIME |
| PHONE | (414) 367-5540 |
| FAX | |

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

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: _____

ADDITIONAL INSPECTOR OR FITTER

1. NA 2. NA

| | | | |
|-----------------|------------------|-------|-----|
| Technician Name | Steve R. Hatcher | Count | 2.5 |
|-----------------|------------------|-------|-----|

I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

| | | | |
|---------------|--------------|--------------------|--|
| Customer Name | Lloyd Kinser | Customer Signature | |
|---------------|--------------|--------------------|--|

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|----------------------------|-------------------------------|-------|--------|
| 1 | QUARTERLY WET INSPECTION | | |
| 4 | ANNUAL DOMESTIC BACKFLOW TEST | | |
| 2 | ANNUAL FIRE BACKFLOW TEST | | |
| INSPECTION TOTAL | | | 495 |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| INSPECTION MATERIALS TOTAL | | | |

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | |
|-------------------------------|------------------|-----|
| Thank You - Invoice to Follow | Inspection Total | 495 |
| | Material Total | |
| | Other Total | |
| | Tax | |
| | Total Cost | |



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 06/19/2020
SITE SOUTHERN POINT, LLC.
ADDRESS 9085 SOUTHERN STREET
CITY ORIENT

CONTACT AIME
PHONE (414) 367-5540
STATE OH ZIP 43146

This inspection is: [] Semi-Annual [X] Quarterly [] Other

1 - OWNERS SECTION

A. Are all fire protection systems in service? YES [X] N/A [] NO []

2 - GENERAL (Questions A, B, C, D & E are inspection items)

A. Are the hydraulic nameplate(s) securely attached to the riser and legible? YES [X] N/A [] NO []
B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged? YES [X] N/A [] NO []
C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition? YES [X] N/A [] NO []
D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly? YES [X] N/A [] NO []
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks? YES [] N/A [X] NO []

3 - CONTROL VALVES (Question A is a tested item)

A. Did all electrical supervisory switches actuate supervisory alarms? YES [] N/A [X] NO []

4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)

A. Are pressure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable) YES [X] N/A [] NO []

Table with columns: Riser Number, Location (Riser), Size, Static Pressure, Residual Pressure, PSI Return, Alarm Time, and Hydraulic Information (Design Density, Design Area, PSI @ Base, GPM Demand). Row 1: 1, EAST MECH ROOM, 2", 100, 73, 95, NA, .10, 1014, 52, 224.

5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)

A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms? YES [] N/A [X] NO []
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks? YES [X] N/A [] NO []
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch? YES [] N/A [X] NO []

6 - SYSTEM INFORMATION (General question concerning system components)

Table with columns: Number of wet/dry/preaction/deluge systems, Sizes, Make / Models, STRAIGHT GUT, ST GUT. Row 1: 1, 4", Make / Models, STRAIGHT GUT, ST GUT.

7 - DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)

A. Is the air pressure and priming water level normal? YES [] N/A [X] NO []
B. Quick opening device operated correctly? YES [] N/A [X] NO []
C. Did the low air pressure alarm operate during the test? YES [] N/A [X] NO []

[] Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP #

[X] No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Steve R. Hatcher Signature [Signature] Certification # 54-25-4115

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

Name of Owner or Representative Lloyd Kinser Signature [Signature]

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC.

Address: 9085 SOUTHERN STREET

Contact Person: AIME

Phone No. (414) 367-5540

Assembly Information

Make: WILKINS

Model: 975XL

Size: 1/2"

Serial Number: W331060

Installation Information

| | |
|---|--|
| Containment <input type="checkbox"/> | Isolation <input checked="" type="checkbox"/> |
| Meter Pit <input type="checkbox"/> | Basement <input type="checkbox"/> Floor Number: <u>CAT SCAN</u> |
| Penthouse <input type="checkbox"/> | Boiler Room <input type="checkbox"/> Room Number: <u>AC ROOM</u> |
| Mechanical Room <input checked="" type="checkbox"/> | Protection Provided: <u>DOMESTIC</u> |

Double Check Assembly

| | | | | |
|-------------------|-----------------------------|------------|-------------------------------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| <u>06/19/2020</u> | | | | |

Reduced Pressure Assembly

| | | | |
|-----------------------------|-----------------|--|-------------------------------|
| 1 st Check Valve | _____ psid | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | <u>2.6</u> psid | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | | |
|-----------------|------------|-------------------------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

| | |
|-------------------------------------|--|
| Repairs & Materials Used | |
|-------------------------------------|--|

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Double Check Assembly

| | | | | |
|---------------|-----------------------------|------------|-------------------------------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | | | | |

Reduced Pressure Assembly

| | | | |
|-----------------------------|------------|-------------------------------|-------------------------------|
| 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | _____ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | | |
|-----------------|------------|-------------------------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Comments:

| |
|--|
| |
|--|

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) Steve R. Hatcher

Signature *Stephen R. Hatcher*

Phone No. _____

Company Name S. A. COMUNALE COMPANY

OH Cert. No. 5952

Contractor No. _____

Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser

Signature *Lloyd Kinser*

Phone No. (414) 367-55

Title: _____

Date: 06/19/2020

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC.
 Contact Person: AIME

Address: 9085 SOUTHERN STREET
 Phone No. (414) 367-5540

Assembly Information

Make: WILKINS
 Model: 975XL
 Size: 1/2"
 Serial Number: W331057

Installation Information

| | |
|---|--|
| Containment <input type="checkbox"/> | Isolation <input checked="" type="checkbox"/> |
| Meter Pit <input type="checkbox"/> | Basement <input type="checkbox"/> Floor Number: <u>MRI</u> |
| Penthouse <input type="checkbox"/> | Boiler Room <input type="checkbox"/> Room Number: <u>AC ROOM</u> |
| Mechanical Room <input checked="" type="checkbox"/> | Protection Provided: <u>DOMESTIC</u> |

Double Check Assembly

| | | | | |
|-------------------|-----------------------------|----------|-------------------------------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| <u>06/19/2020</u> | | | | |

Reduced Pressure Assembly

| | | | |
|-----------------------------|----------|--|-------------------------------|
| 1 st Check Valve | ___ psid | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | ___ psid | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | | |
|-----------------|----------|-------------------------------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Repairs & Materials Used

Double Check Assembly

| | | | | |
|---------------|-----------------------------|----------|-------------------------------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | | | | |

Reduced Pressure Assembly

| | | | |
|-----------------------------|----------|-------------------------------|-------------------------------|
| 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | ___ psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Outlet Valve | | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | | |
|-----------------|----------|-------------------------------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) Steve R. Hatcher Signature *Stephen R. Hatcher* Phone No. _____
 Company Name S. A. COMUNALE COMPANY OH Cert. No. 5952 Contractor No. _____ Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser Signature *Lloyd Kinser* Phone No. (414) 367-55
 Title: _____ Date: 06/19/2020

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC.

Address: 9085 SOUTHERN STREET

Contact Person: AIME

Phone No. (414) 367-5540

Assembly Information

Make: WILKINS

Model: 375DA

Size: 4"

Serial Number: 04677

Installation Information

Containment Isolation

Meter Pit Basement Floor Number: EAST

Penthouse Boiler Room Room Number: MECH RM

Mechanical Room Protection Provided: FIRE SPRK MAIN

Double Check Assembly

| | | | |
|---------------------------|-----------------------------|------------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date <u>06/19/2020</u> | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|--|--|
| 1 st Check Valve | <u>8.2</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | <u>2.4</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Repairs & Materials Used

Double Check Assembly

| | | | |
|---------------|-----------------------------|------------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|-------------------------------|-------------------------------|
| 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | _____ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) Steve R. Hatcher

Signature *Stephen R. Hatcher*

Phone No. _____

Company Name S. A. COMUNALE COMPANY

OH Cert. No. 5952 Contractor No. _____ Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser

Signature *Lloyd Kinser*

Phone No. (414) 367-55

Title: _____ Date: 06/19/2020

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC. Address: 9085 SOUTHERN STREET
 Contact Person: AIME Phone No. (414) 367-5540

Assembly Information

Make: WILKINS
 Model: 975XL
 Size: 3/4"
 Serial Number: 2456623

Installation Information

Containment Isolation
 Meter Pit Basement Floor Number: EAST
 Penthouse Boiler Room Room Number: MECH RM
 Mechanical Room Protection Provided: FIRE SPRK BYPASS

Double Check Assembly

| | | | |
|---------------------------|-----------------------------|----------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date <u>06/19/2020</u> | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|--|--|
| 1 st Check Valve | <u>7.8</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | <u>2.6</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|----------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Repairs & Materials Used

Double Check Assembly

| | | | |
|---------------|-----------------------------|----------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|-------------------------------|-------------------------------|
| 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | ___ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|----------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Comments:

TESTER CERTIFICATION: I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) Steve R. Hatcher Signature Stephen R. Hatcher Phone No. _____
 Company Name S. A. COMUNALE COMPANY OH Cert. No. 5952 Contractor No. _____ Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser Signature [Signature] Phone No. (414) 367-55
 Title: _____ Date: 06/19/2020

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC.
 Contact Person: AIME

Address: 9085 SOUTHERN STREET
 Phone No. (414) 367-5540

Assembly Information

Make: WILKINS
 Model: 975XL
 Size: 2"
 Serial Number: 2755120

Installation Information

Containment Isolation
 Meter Pit Basement Floor Number: EAST
 Penthouse Boiler Room Room Number: MECH RM
 Mechanical Room Protection Provided: DOMESTIC

Double Check Assembly

| | | | |
|-------------------|-----------------------------|------------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> |
| <u>06/19/2020</u> | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|--|--|
| 1 st Check Valve | <u>8.0</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | <u>2.4</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Repairs & Materials Used

Double Check Assembly

| | | | |
|---------------|-----------------------------|------------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | _____ psid | Pass <input type="checkbox"/> |
| _____ | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|-------------------------------|-------------------------------|
| 1 st Check Valve | _____ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | _____ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|------------|-------------------------------|
| Air Inlet Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | _____ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) Steve R. Hatcher Signature *Stephen R. Hatcher* Phone No. _____
 Company Name S. A. COMUNALE COMPANY OH Cert. No. 5952 Contractor No. _____ Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser Signature *Lloyd Kinser* Phone No. (414) 367-55
 Title: _____ Date: 06/19/2020

STATE OF OHIO

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 Name: SOUTHERN POINT, LLC. Address: 9085 SOUTHERN STREET
 Contact Person: AIME Phone No. (414) 367-5540

Assembly Information

Make: WILKINS
 Model: 975XL
 Size: 1-1/2"
 Serial Number: 2605374

Installation Information

Containment Isolation
 Meter Pit Basement Floor Number: EAST
 Penthouse Boiler Room Room Number: MECH RM
 Mechanical Room Protection Provided: DOMESTIC

Double Check Assembly

| | | | |
|---------------------------|-----------------------------|----------|-------------------------------|
| Initial Test | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date <u>06/19/2020</u> | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|--|--|
| 1 st Check Valve | <u>7.6</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | <u>2.2</u> psid | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input checked="" type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input checked="" type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|----------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Repairs & Materials Used

Double Check Assembly

| | | | |
|---------------|-----------------------------|----------|-------------------------------|
| Re-Test After | Outlet Valve | | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Repairs | 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |
| Date | 2 nd Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | | Fail <input type="checkbox"/> |

Reduced Pressure Assembly

| | | |
|-----------------------------|-------------------------------|-------------------------------|
| 1 st Check Valve | ___ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Relief Valve Opening Point | ___ psid | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| 2 nd Check Valve | | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

Pressure Vacuum Breaker

| | | |
|-----------------|----------|-------------------------------|
| Air Inlet Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |
| Check Valve | ___ psig | Pass <input type="checkbox"/> |
| | | Fail <input type="checkbox"/> |

Comments:

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) Steve R. Hatcher Signature *Stephen R. Hatcher* Phone No. _____
 Company Name S. A. COMUNALE COMPANY OH Cert. No. 5952 Contractor No. _____ Date 06/19/2020

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) Lloyd Kinser Signature *Lloyd Kinser* Phone No. (414) 367-55
 Title: _____ Date: 06/19/2020



S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 889624 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 03/31/2020 |
| Completed Date | 03/27/2020 |
| Inspected By | Hatcher |

Columbus

ANN SPKR ALARM SENS FWD FLOW AND FIRE EXT INSPECTION

JOB SITE

SOUTHERN POINT, LLC.

9085 SOUTHERN STREET
ORIENT, OH 43146

CONTACT

AIME

PHONE

(414) 367-5540

FAX

BILL TO

PHYSICIANS REALTY TRUST

309 N. WATER STREET, SUITE 500
MILWAUKEE, WI 53202

CONTACT

A/P

PHONE

(414) 367-5540

FAX

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: SFU889624

ADDITIONAL INSPECTOR OR FITTER

1. NA

2. NA

| | | | |
|-----------------|------------------|-------|---|
| Technician Name | Steve R. Hatcher | Count | 2 |
|-----------------|------------------|-------|---|

I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

| | | | |
|---------------|--------------|--------------------|--|
| Customer Name | Lloyd Kinser | Customer Signature | |
|---------------|--------------|--------------------|--|

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|-----------------------------------|-------------------------------|-------|--------|
| 1 | ANNUAL ALARM INSPECTION | | |
| 1 | ANNUAL WET INSPECTION | | |
| 1 | FORWARD FLOW TEST BACKFLOW | | |
| 15 | ANNUAL FIRE EXTINGUISHER INSP | | |
| INSPECTION TOTAL | | | 590 |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| INSPECTION MATERIALS TOTAL | | | |

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | |
|-------------------------------|------------------|-----|
| Thank You - Invoice to Follow | Inspection Total | 590 |
| | Material Total | |
| | Other Total | |
| | Tax | |
| | Total Cost | |



S.A. Comunale

An EMCOR Company

FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/27/2020 ADDITIONAL BUILDING DATA

SITE SOUTHERN POINT, LLC.

CONTACT AIME

ADDRESS 9085 SOUTHERN STREET

PHONE (414) 367-5540

CITY ORIENT

STATE OH ZIP 43146

MONITORING ENTITY BUCKEYE PROTECTION

PHONE 330-456-2671

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

| | | | | | | |
|--------------------|---|------------------------------------|-----------------------------------|---|---|-------------------------------------|
| Type Transmission | <input checked="" type="checkbox"/> Digital | <input type="checkbox"/> Multiplex | <input type="checkbox"/> McCulloh | <input type="checkbox"/> Reverse Polarity | <input type="checkbox"/> RF | <input type="checkbox"/> Other |
| Panel Manufacturer | NOTIFIER | Model Number | NFW2-100 | Type | <input checked="" type="checkbox"/> Addressable | <input type="checkbox"/> Hard Wired |

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|-----------------|----------------|---------------|----------------------|
| 4 | CLASS B | Manual Stations | 2 | CLASS B | 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 | | | |

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Qty of devices | Circuit Class | Type of device | Qty of devices | Circuit Class | Type of device |
|----------------|---------------|----------------|----------------|---------------|----------------|
| 0 | NA | Bells | 7 | CLASS B | Strobes |
| 0 | NA | Horns | 40 | CLASS B | Horn/Strobes |
| 0 | NA | Speakers | | | |
| 0 | NA | Chimes | | | |

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| 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 | | | |

SIGNALING LINE CIRCUITS

| | | | | |
|---|-----|---|----------|---|
| Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system | Qty | 3 | Style(s) | Y |
|---|-----|---|----------|---|

SYSTEM POWER SUPPLIES

| | | | |
|---|--|--|----|
| A. Primary (Main): Nominal Voltage | 120 | AMPS | 20 |
| Over Current Protection: Type | <input type="checkbox"/> Fuse <input checked="" type="checkbox"/> Circuit Breaker | AMPS | 20 |
| Location (Primary Supply Panelboard) | ELEC RM PNL PPI | Disconnecting Means Location (Fuse or Breaker #) | 39 |
| B. Secondary (Standby): <input checked="" type="checkbox"/> Storage Battery <input type="checkbox"/> Other: | AMP HR Rating | 7.0 | |
| Calculated capacity to operate system, in hours | <input checked="" type="checkbox"/> 24 <input type="checkbox"/> 60 <input type="checkbox"/> Other: | | |
| <input checked="" type="checkbox"/> Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: | | | |

TYPE BATTERY

| |
|---|
| <input type="checkbox"/> Dry Cell <input type="checkbox"/> Nickel Cadmium <input checked="" type="checkbox"/> Sealed Lead-Acid <input type="checkbox"/> Lead-Acid <input type="checkbox"/> Other: |
| C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply. |
| <input checked="" type="checkbox"/> Emergency system described in NFPA 70, Article 700 |
| <input checked="" type="checkbox"/> Legally required standby described in NFPA 70, Article 701 |
| <input checked="" type="checkbox"/> Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701 |

PRIOR TO ANY TESTING

SECONDARY POWER

| Notifications Are Made | Yes | NA | No | Who | Time | Type | Visual | Functional | NA | Comments |
|---|-------------------------------------|----|----|-----------------|------|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Building Management | <input checked="" type="checkbox"/> | | | LLOYD KINSER | 8:00 | Battery Condition | <input checked="" type="checkbox"/> | | | OK |
| Monitoring Entity | <input checked="" type="checkbox"/> | | | BUCKEYE PROTECT | 8:00 | Load Voltage | | <input checked="" type="checkbox"/> | | OK |
| Other: | | | | | | Discharge Test | | <input checked="" type="checkbox"/> | | OK |
| | | | | | | Amp Hour Reading | | <input checked="" type="checkbox"/> | | OK |
| | | | | | | Specific Gravity | | | <input checked="" type="checkbox"/> | |
| Batteries Meet NFPA 72 Test Requirements: | | | | | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

SYSTEM TESTS & INSPECTIONS

| Type | Visual | Functional | NA | Comments | Type | Visual | Functional | NA | Comments |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|-----------------------|--------|-------------------------------------|-------------------------------------|----------|
| Control Panel | | <input checked="" type="checkbox"/> | | OK | Transient Suppressors | | | <input checked="" type="checkbox"/> | |
| Interface Equipment | | <input checked="" type="checkbox"/> | | OK | Remote Annunciators | | <input checked="" type="checkbox"/> | | OK |
| Lamps/LEDS | | <input checked="" type="checkbox"/> | | OK | Audible | | <input checked="" type="checkbox"/> | | OK |
| Fuses | <input checked="" type="checkbox"/> | | | OK | Visual | | <input checked="" type="checkbox"/> | | OK |
| Primary Power Supply | <input checked="" type="checkbox"/> | | | OK | Speakers | | | <input checked="" type="checkbox"/> | |
| Trouble Signals | | <input checked="" type="checkbox"/> | | OK | Voice Clarity | | | <input checked="" type="checkbox"/> | |
| Disconnect Switches | | <input checked="" type="checkbox"/> | | OK | Door Holders | | | <input checked="" type="checkbox"/> | |
| Ground Fault Monitor | | | <input checked="" type="checkbox"/> | | Door Unlock | | | <input checked="" type="checkbox"/> | |

| Type | Visual | Functional | NA | Comments | Interface Equipment | Visual | Functional | NA | Comments |
|------------------------|--------|------------|-------------------------------------|----------|---------------------|--------|-------------------------------------|----|----------|
| Phone Set | | | <input checked="" type="checkbox"/> | | Elevator Recall | | <input checked="" type="checkbox"/> | | OK |
| Phone Jack | | | <input checked="" type="checkbox"/> | | HVAC Shut Down | | <input checked="" type="checkbox"/> | | OK |
| Off-Hook Indicator | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| Amplifier(s) | | | <input checked="" type="checkbox"/> | | Special Hazards | Visual | Functional | NA | Comments |
| Tone Generators | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| Call in Signal Silence | | | <input checked="" type="checkbox"/> | | Specify: | | | | |
| System Performance | | | <input checked="" type="checkbox"/> | | Specify: | | | | |

| SUPERVISING STATION MONITORING | Yes | NA | No | Time | Comments |
|--------------------------------|-------------------------------------|----|----|------|----------|
| Alarm Signal | <input checked="" type="checkbox"/> | | | 8:05 | OK |
| Alarm Restoral | <input checked="" type="checkbox"/> | | | 8:10 | OK |
| Trouble Signal | <input checked="" type="checkbox"/> | | | 8:10 | OK |
| Trouble Restoral | <input checked="" type="checkbox"/> | | | 9:30 | OK |
| Supervisory Signal | <input checked="" type="checkbox"/> | | | 8:25 | OK |
| Supervisory Restoral | <input checked="" type="checkbox"/> | | | 8:30 | OK |

| NOTIFIED TESTING COMPLETE | Yes | NA | No | Who | Time |
|---------------------------|-------------------------------------|----|----|--------------------|-------|
| Building Management | <input checked="" type="checkbox"/> | | | LLOYD KINSER | 10:00 |
| Monitoring Entity | <input checked="" type="checkbox"/> | | | BUCKEYE PROTECTION | 10:00 |
| Other: | | | | | |

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA

Year Sensitivity Testing Completed: **2019** Year Sensitivity Testing Due: **2021** How Was Sensitivity Tested: **PANEL**

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # **SFU889624**, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector **Steve R. Hatcher** Signature *Stephen R. Hatcher* Certification # **54-25-4115**

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

Name of Owner or Representative **Lloyd Kinser** Signature *Lloyd Kinser*



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/27/2020

SITE SOUTHERN POINT, LLC.

ADDRESS 9085 SOUTHERN STREET

CITY ORIENT

CONTACT AIME

PHONE (414) 367-5540

STATE OH

ZIP 43146

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other

1 - OWNERS SECTION *This section is to be answered and signed by the Owner or Owners Representative*

| | YES | N/A | NO |
|---|-------------------------------------|-------------------------------------|--------------------------|
| A. Is the building occupied? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the occupancy classification and hazard contents remained the same since the last inspection <i>(If no, survey required)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all fire protection systems in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Owner has been instructed on maintaining the Dry System Auxiliary Drains? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: Lloyd Kinser Signature:

2 - GENERAL *(Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)*

| | YES | N/A | NO |
|---|-------------------------------------|-------------------------------------|--------------------------|
| A. Have the sprinkler systems been extended to all visible areas of the building? <i>(If NO, an Engineering Survey is required)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are the hydraulic nameplate(s) securely attached to the riser and legible? <i>(Answer N/A if system is Pipe Scheduled)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Siamese Connection in good condition, couplings free, caps / plugs and ball drip in place and check valve tight? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Siamese Connection visible, accessible and marked with ID signs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Internal inspection of the Pipe, Valves and Strainers has been performed within the last 5 years? Year Due: 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are all hoses and hose valves in good condition, free from physical damage and no leaks? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JUL Year Due: 2020 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2021 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 - CONTROL VALVES *(Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)*

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are all control valves supervised in the appropriate open or closed position? <i>(Supervision Type) Tamper Switch</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were all control valves operated through full range of motion, lubricated and returned to normal position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did all electrical supervisory switches actuate supervisory alarms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are all control valves easily accessible and marked with ID signs? <i>(Valve Location) Mechanical Room</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 - WATER SUPPLY *(Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)*

| | YES | N/A | NO |
|--|-------------------------------------|--------------------------|--------------------------|
| A. Did flow results have the same or greater PSI readings than previous tests? <i>(A reduction of 10% should be noted as No)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other | | | |
| C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test ? | | | NA |

| Riser Number | Location (Riser) | Size | Static Pressure | Residual Pressure | PSI Return | Alarm Time | Hydraulic Information | | | |
|--------------|------------------|------|-----------------|-------------------|------------|------------|-----------------------|-------------|------------|------------|
| | | | | | | | Design Density | Design Area | PSI @ Base | GPM Demand |
| 1 | EAST MECH ROOM | 2" | 90 | 71 | 85 | 60 | .10 | 1014 | 52 | 224 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| A. Did waterflow through the inspectors test actuate all mechanical alarms? | | <input checked="" type="checkbox"/> | |
| B. Did waterflow through the inspectors test actuate all electrical alarms? | <input checked="" type="checkbox"/> | | |

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

| | | | | | | | | |
|--|----------|----------------|-----------|----------------------|----|------------------|---------------|-------------------------------------|
| Number of systems | <u>1</u> | Sizes | <u>4"</u> | NA | NA | NA | Make & Models | <u>STRAIGHT GUT ST GUT</u> |
| A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? | | | | | | | | <input checked="" type="checkbox"/> |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided) | | | | | | | | <input checked="" type="checkbox"/> |
| C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: <u>NA</u> | | | | | | | | <input checked="" type="checkbox"/> |
| D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged) | | | | | | | | <input checked="" type="checkbox"/> |
| E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? | | | | | | | | <input checked="" type="checkbox"/> |
| F. Area Protected? <u>NA</u> | | Type <u>NA</u> | | Connection <u>NA</u> | | Remote <u>NA</u> | | |

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

| | | | | | | |
|------------------------------|----------|----------------|-----------|-----------|--|--|
| Number of Dry Systems | <u>0</u> | Make and Model | <u>NA</u> | <u>NA</u> | <input type="checkbox"/> Trip test report attached | <input checked="" type="checkbox"/> Trip test not required |
| Number of Pre-Action Systems | <u>0</u> | Make and Model | <u>NA</u> | <u>NA</u> | <input type="checkbox"/> Trip test report attached | <input checked="" type="checkbox"/> Trip test not required |
| Number of Deluge Systems | <u>0</u> | Make and Model | <u>NA</u> | <u>NA</u> | <input type="checkbox"/> Trip test report attached | <input checked="" type="checkbox"/> Trip test not required |

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

| | | | |
|---|--|--|-------------------------------------|
| A. Valves, gauges and associated trim are free from physical damage? | | | <input checked="" type="checkbox"/> |
| B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? | | | <input checked="" type="checkbox"/> |
| C. Is the air pressure and priming water level normal? | | | <input checked="" type="checkbox"/> |
| D. Did the air compressor operate satisfactorily? | | | <input checked="" type="checkbox"/> |
| E. Did the low air pressure alarm operate during the test? | | | <input checked="" type="checkbox"/> |
| F. Auxiliary drains that were identified by the owner were drained during this inspection? | | | <input checked="" type="checkbox"/> |
| G. Valves and trim appear to be protected from temperatures below 40°F? | | | <input checked="" type="checkbox"/> |
| H. Pipe that passes through freezers is free of ice blockage? | | | <input checked="" type="checkbox"/> |
| I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: <u>NA</u> | | | <input checked="" type="checkbox"/> |

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

| | | | |
|--|--|-------------------------------------|-------------------------------------|
| A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? | | <input checked="" type="checkbox"/> | |
| B. Are visible pipe hangers and seismic braces free of physical damage? | | <input checked="" type="checkbox"/> | |
| C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? | | <input checked="" type="checkbox"/> | |
| D. Have standard sprinklers 50 or more years old been replaced or successfully tested? | | | <input checked="" type="checkbox"/> |
| E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers <u>2007</u> | | | <input checked="" type="checkbox"/> |
| F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers <u>NA</u> | | | <input checked="" type="checkbox"/> |

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

| | | |
|---|---|--|
| System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU889624 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Steve R. Hatcher Signature Stephen R. Hatcher Certification # 54-25-4115

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

Name of Owner or Representative Lloyd Kinser Signature [Signature]



S.A. Comunale

An EMCOR Company

BACKFLOW PREVENTER FORWARD FLOW TEST

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/27/2020
SITE SOUTHERN POINT, LLC.
ADDRESS 9085 SOUTHERN STREET
CITY ORIENT

CONTACT AIME
PHONE (414) 367-5540
STATE OH ZIP 43146

NFPA 25 – Requirements (2002, 2008 & 2011):

1. A forward flow test shall be conducted at the system demand, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer.
2. For backflow preventers sized 2" and under, the forward flow test shall be acceptable to conduct without measuring flow, where the test outlet is of size to flow the system demand.
3. Where connections do not permit a full flow test, tests shall be completed at the maximum flow rate possible.
4. A forward flow test shall not be required where annual fire pump testing causes the system demand to flow through the backflow preventer device.

NFPA 13 – Requirements (2007):

1. The backflow prevention assembly shall be forward flow tested to ensure proper operation.
2. The minimum flow rate required by the above reference shall be the system demand, including hose stream demand where applicable.

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|----|-------------------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED |
| WILKINS | 4" | 1 | 1-3/4" | 6 | 270 | 90 | 71 | 224 | 52 | 2" | | X | 0 |
| Location / System Number | | EAST MECH ROOM | | | | Test Outlets for Forward Flow Test? | | YES | N/A | X NO | Amount? | 0 | Size? NA |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|-------|-------------------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | YES | N/A | NO | Amount? | Size? | |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|-------|-------------------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | YES | N/A | NO | Amount? | Size? | |

| BACKFLOW MANUFACTURE | BACKFLOW SIZE | # OF TEST OUTLETS FLOWING | TEST NOZZLE SIZE | PITOT or PSI | GPM | STATIC PSI (System side of BF) | RESIDUAL PSI (System side of BF) | SYSTEM DEMAND (Hydraulic Sticker) | SYSTEM PSI (Hydraulic Sticker) | MAIN DRAIN SIZE | FIRE HOSE REQUIRED | | |
|--------------------------|---------------|---------------------------|------------------|--------------|-----|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------|--------------------|-------|-------------------|
| | | | | | | | | | | | YES | NO | TOTAL FT REQUIRED |
| Location / System Number | | | | | | Test Outlets for Forward Flow Test? | | YES | N/A | NO | Amount? | Size? | |

The Backflow Device (s) Passed the Forward Flow Test: YES NO

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is not equipped with enough test outlets to achieve the desired flow rate. This system was installed prior to the described test and does not require additional test outlets be installed. Per the above referenced NFPA 25 standard the owner is not required to add additional test outlets and this test meets the intent of NFPA 25.

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is equipped with enough test outlets to achieve the desired flow rate. Further investigation needs to be done in order to determine the root cause of this test failure. Additional information can be found on the Service Follow Up report # SEU889624

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Steve R. Hatcher Signature *Stephen R. Hatcher* Certification # 54-25-4115

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

Name of Owner or Representative Lloyd Kinser Signature *Lloyd Kinser*



S.A. Comunale

An EMCOR Company

FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/27/2020
SITE SOUTHERN POINT, LLC.
ADDRESS 9085 SOUTHERN STREET
CITY ORIENT

CONTACT AIME
PHONE (414) 367-5540
STATE OH ZIP 43146

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly

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

| LOCATION OF EXTINGUISHER | SIZE | AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFFP | MANUFACTURE DATE | MANUFACTURE OF FIRE EXTINGUISHER | INSPECTIONS PERFORMED (X) | | | | | | | | | |
|--------------------------|------|--|---------------------|--|---------------------------|-------------------|-------------------------|-------------------|---------|--------|-------|----------|------------------|---------|
| | | | | | INSPECTION | SERVICE NEEDED | 6YR - 12 YR DUE DATE | HYDRO DUE DATE | BRACKET | COLLAR | GAUGE | PULL PIN | PULL PIN SEAL | SIGNAGE |
| 1ST FL LOBBY | 10 | ABC | 2008 | BUCKEYE | | 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 | X | |
| 1ST FL BY RM 2 | 10 | ABC | 2001 | BADGER | | X | 2020 | 2026 | | | | | | |
| 1ST FL CTR HALL | 10 | ABC | 2001 | BADGER | | X | 2020 | 2026 | | | | | | |
| 1ST FL MRI | 5 | ABC | 2018 | KIDDE | X | | 2024 | 2030 | X | X | X | X | X | |
| 1ST FL E EXIT | 10 | ABC | 2007 | BADGER | X | | 2025 | 2031 | X | X | X | X | X | |
| 1ST FL BY BRK RM | 10 | ABC | 2007 | BADGER | X | | 2025 | 2031 | X | X | X | X | X | |
| 1ST FL SUITE 150 BY 3 | 10 | ABC | 2001 | BADGER | | X | 2020 | 2026 | | | | | | |
| 2ND FL LOBBY | 10 | ABC | 2001 | BADGER | | X | 2020 | 2026 | | | | | | |
| 2ND FL A-200 | 10 | ABC | 2007 | BADGER | X | | 2025 | 2031 | X | X | X | X | X | |
| 2ND FL B-200 | 10 | ABC | 2007 | BADGER | X | | 2025 | 2031 | X | X | X | X | X | |
| 2ND FL C-200 | 10 | ABC | 2007 | BADGER | X | | 2025 | 2031 | X | X | X | X | X | |
| 2ND FL D-200 | 10 | ABC | 2001 | BADGER | X | | 2031 | 2025 | X | X | X | X | X | |
| 2ND FL BY E STAIR | 10 | ABC | 2002 | BADGER | | X | 2020 | 2026 | | | | | | |

Are services required on the Fire Extinguishers: YES NO How many units this page require Service: 6

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU889624 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

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

Name of Inspector Steve R. Hatcher Signature *Stephen R. Hatcher* Certification # 54-25-4115

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

Name of Owner or Representative Lloyd Kinser Signature *Lloyd Kinser*



S.A. Comunale

An EMCOR Company

SERVICE FOLLOW UP REPORT

SFU889624

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 03/27/2020

SITE SOUTHERN POINT, LLC.

CONTACT AIME

ADDRESS 9085 SOUTHERN STREET

PHONE (414) 367-5540

CITY ORIENT

STATE OH

ZIP 43146

THIS SERVICE FOLLOW UP REPORT CONTAINS A DESCRIPTION OF ITEMS THAT COULD CAUSE THE SYSTEM TO NOT FUNCTION PROPERLY IN THE EVENT OF A FIRE. IT IS RECOMMENDED THAT THEY BE REPAIRED BECAUSE THEY COULD POSE SERIOUS LIFE SAFETY ISSUES TO THE BUILDING OCCUPANTS.

Name of Inspector Steve R. Hatcher

Signature *Stephen R. Hatcher*

System Comments:

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 INDICATOR IN THE OPERABLE RANGE OR POSITION
- (4) FULLNESS DETERMINED BY WEIGHING OR HEFTING FOR SELF-EPELLING-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 PUSH-TO-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.



S.A. Comunale

An EMCOR Company

SERVICE FOLLOW UP REPORT

SFU889624

SITE SOUTHERN POINT, LLC.

System Comments - Continued:

*** END OF REPORT ***

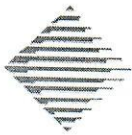
I acknowledge that this SERVICE FOLLOW UP REPORT was discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing such information.

- 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

Lloyd Kinser

Signature



S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET

| | |
|----------------|------------|
| Ticket # | 866917 |
| Customer # | 113204 |
| Customer PO # | |
| Scheduled Date | 12/31/2019 |
| Completed Date | 12/20/2019 |
| Inspected By | Hatcher |

| |
|--------------------------------|
| Columbus |
| QUARTERLY SPRINKLER INSPECTION |

| | |
|-----------------|----------------------|
| JOB SITE | SOUTHERN POINT, LLC. |
| | 9085 SOUTHERN STREET |
| | ORIENT, OH 43146 |
| CONTACT | AIME |
| PHONE | (414) 367-5540 |
| FAX | |

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

Site Notes:

1WS 1FF 6BF 15FE 1AD

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: _____

ADDITIONAL INSPECTOR OR FITTER

1. NA 2. NA

| | | | |
|-----------------|------------------|-------|---|
| Technician Name | Steve R. Hatcher | Count | 1 |
|-----------------|------------------|-------|---|

I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

| | | | |
|---------------|----|--------------------|----|
| Customer Name | NA | Customer Signature | NA |
|---------------|----|--------------------|----|

Additional Inspector or Fitter: Yes No

| QTY | INSPECTION ITEMS | PRICE | AMOUNT |
|-----------------------------------|--------------------------|-------|--------|
| 1 | QUARTERLY WET INSPECTION | | |
| INSPECTION TOTAL | | | 105 |
| QTY | INSPECTION MATERIALS | PRICE | AMOUNT |
| INSPECTION MATERIALS TOTAL | | | |

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

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

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

OTHER TOTAL

| | | |
|-------------------------------|------------------|-----|
| Thank You - Invoice to Follow | Inspection Total | 105 |
| | Material Total | |
| | Other Total | |
| | Tax | |
| | Total Cost | |



S.A. Comunale

An EMCOR Company

WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE: 12/20/2019
SITE: SOUTHERN POINT, LLC.
ADDRESS: 9085 SOUTHERN STREET
CITY: ORIENT

CONTACT: AIME
PHONE: (414) 367-5540
STATE: OH ZIP: 43146

This inspection is: [] Semi-Annual [X] Quarterly [] Other

1 - OWNERS SECTION

A. Are all fire protection systems in service? YES [X] N/A [] NO []

2 - GENERAL (Questions A, B, C, D & E are inspection items)

A. Are the hydraulic nameplate(s) securely attached to the riser and legible? YES [X] N/A [] NO []
B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged? YES [X] N/A [] NO []
C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition? YES [X] N/A [] NO []
D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly? YES [X] N/A [] NO []
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks? YES [] N/A [X] NO []

3 - CONTROL VALVES (Question A is a tested item)

A. Did all electrical supervisory switches actuate supervisory alarms? YES [] N/A [X] NO []

4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)

A. Are pressure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable) YES [X] N/A [] NO []

Table with columns: Riser Number, Location (Riser), Size, Static Pressure, Residual Pressure, PSI Return, Alarm Time, Design Density, Design Area, PSI @ Base, GPM Demand. Row 1: 1, EAST MECH ROOM, 2", 90, 72, 88, NA, .10, 1014, 52, 224.

5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)

A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms? YES [] N/A [X] NO []
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks? YES [X] N/A [] NO []
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch? YES [] N/A [X] NO []

6 - SYSTEM INFORMATION (General question concerning system components)

Table with columns: Number of wet/dry/preaction/deluge systems, Sizes, Make / Models, STRAIGHT GUT, ST GUT. Row 1: 1, 4", Make / Models, STRAIGHT GUT, ST GUT.

7 - DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)

A. Is the air pressure and priming water level normal? YES [] N/A [X] NO []
B. Quick opening device operated correctly? YES [] N/A [X] NO []
C. Did the low air pressure alarm operate during the test? YES [] N/A [X] NO []

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP #

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections.

Name of Inspector: Steve R. Hatcher Signature: [Signature] Certification #: 54-25-4115

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

Name of Owner or Representative: NA Signature: [Signature]