



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

Report to: Remington Development Partners, LLC
Property: Remington Medical Commons
Address: 329 Remington Blvd
City: Bolingbrook
State: IL **Zip:** 60440

Date: 03/02/2022
Job Number: 24013902
Technician: Chris Temes

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Wescom Monitoring	POS/Acct	02-2113	Out	PTA	IN
-----------------	-------------------	----------	---------	-----	-----	----

GENERAL	YES	NO	N/A	Note #
Is the building currently occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the occupancy classification and hazard of contents remained the same since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the system remained in service without modifications or actuations of devices/alarms since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump onsite?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SPRINKLERS (visible)	YES	NO	N/A	Note #
Free of damage or leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of corrosion, foreign material, or paint, loading?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed in proper orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid in glass bulbs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spare head box contains proper number and type of heads, including wrench(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escutcheon plates are present and installed correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum clearance between sprinklers and storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinklers tested or replaced per appropriate testing schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Sprinkler heads in use and earliest date on heads:

Standard: 2008 Quick Response: 2007 ESRF: _____ Dry Pendant: _____

PIPING	YES	NO	N/A	Note #
In good condition with no external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No leaks or mechanical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct alignment/No external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet Sprinkler piping not exposed to freezing temperatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hangers/bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FIRE DEPARTMENT CONNECTIONS	YES	NO	N/A	Note #
Visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Couplings swivel and operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs or caps in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identification signs are in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ball drip valve is functional/not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ANTI-FREEZE SYSTEMS	YES	NO	N/A	Note #
Have all anti-freeze systems been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper signage and placard info in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

LOCATION / AREA PROTECTED	TEMP	Note #	LOCATION / AREA PROTECTED	TEMP	Note #
1		3			
2		4			

(*Any additional anti-freeze system results will be listed in Note # Section)



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

Report to: Remington Development Partners, LLC
Property: Remington Medical Commons
Address: 329 Remington Blvd
City: Bolingbrook
State: IL **Zip:** 60440

Date: 03/02/2022
Job Number: 24013902
Technician: Chris Temes

Annual FIRE SPRINKLER INSPECTION REPORT

FIVE YEAR REQUIREMENTS				YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Was due in 2021
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Was due in 2021
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				2020

CONTROL VALVES				YES	NO	N/A	Note #
All Control Valves in the correct (open or closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Locked or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Easily accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Free from damage or leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper signage in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tamper Switches operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
All Control Valves operated through full range and return to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OS&Y Valves properly lubricated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Description	Type	Size	Location	Note #
City (Before backflow)	OS&Y	4"	Sprinkler Room	
City (After backflow)	OS&Y	4"	Sprinkler Room	
1st Floor	Butterfly	4"	Sprinkler Room	
2nd Floor	Butterfly	4"	Sprinkler Room	
Stand Pipe	Butterfly	4"	Sprinkler Room	
Top of Shaft	Butterfly	2"	Top of Shaft	
Elev Pit	Butterfly	2"	Elev Pit	
City Feed	OS&Y	10"	Sprinkler Room	

(*Any additional control valves will be listed on a separate sheet.)

MAIN DRAIN AND WATERFLOW TEST RESULTS				YES	NO	N/A	Note #
Do main drain test results differ more than 10% from previous test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note #
1st Floor	4"	2"	60	45	60	Within 60	
2nd Floor	4"	2"	60	45	60	Within 60	
Stand Pipe	4"	2"	60	45	60	Within 60	

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



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

Report to: Remington Development Partners, LLC
Property: Remington Medical Commons
Address: 329 Remington Blvd
City: Bolingbrook
State: IL **Zip:** 60440

Date: 03/02/2022
Job Number: 24013902
Technician: Chris Temes

Annual FIRE SPRINKLER INSPECTION REPORT

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

Note #

Note- 5yr internal inspection of piping and check valves is due, including hydro test of FDC, per NFPA codes. (Was due in 2021)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

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

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.

OWNER / REPRESENTATIVE SIGNATURE

No Agent On-Site

PRINT NAME

03/02/2022

DATE

INSPECTOR SIGNATURE

Chris Temes

PRINT NAME

122419

NICET #