



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: 12/01/2021
Job Number: 23069289
Technician: Barry Trenholm

QUARTERLY FIRE SPRINKLER INSPECTION REPORT

Central Station	Wescom Monitoring POS/Acct	02-2113	Out	Op. 491	IN	Shelia
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GENERAL	YES	NO	N/A	Note #
Is this property currently occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Pump onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Pumps, Gravity, Surface or Pressure Tanks in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gravity, Surface and Pressure Tanks at proper pressure/levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FIRE DEPARTMENT CONNECTIONS	YES	NO	N/A	Note #
Visible and accessible?	<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"/>	

CONTROL VALVES	QUANTITY	8	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"/>	

WET SYSTEMS	QUANTITY	3	YES	NO	N/A	Note #
Gauges read normal water pressure?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible and Free from damage and Leaks?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic placards secured to system and legible?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does main drain test results differ more than 10% from previous test?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Flow/Alarm Devices activate within required 90 seconds?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRY SYSTEMS	QUANTITY	0	YES	NO	N/A	Note #
Gauges reading normal water and/or air pressure?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm devices activate and are in good working condition?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quick opening devices operate correctly and are in service?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Priming water adequate?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Low Air pressure alarm free from damage and operational?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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MAIN DRAIN AND WATERFLOW TEST RESULTS

Table with 8 columns: System #, Riser Size, Size of Test Pipe, PSI Static Pressure Before, PSI Residual Pressure, PSI Pressure After, Waterflow Time (sec), Note #. Rows include 1st Floor, 2nd Floor, Stand Pipe.

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

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

Table with 2 columns: Note #, Description. Includes note: copy of report left on site.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

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.

No Agent On Site

OWNER / REPRESENTATIVE SIGNATURE

Kyle Arnold

PRINT NAME

12/01/2021

DATE

[Handwritten Signature]

INSPECTOR SIGNATURE

Barry Trenholm

PRINT NAME

124206

NICET #