



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

**Report to:** Sandwich Development Partners, LLC  
**Property:** Sandwich Development Partners, LLC, Valley West Medical Office Building  
**Address:** 1310 Main St  
**City:** Sandwich  
**State:** IL  
**Zip:** 60548

**Date:** 05/19/2023  
**Job Number:** 28862876  
**Technician:** Mike Lemke

# Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	EM24	POS/Acct	L3-0570	Out	27	IN	28
-----------------	------	----------	---------	-----	----	----	----

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sprinkler heads in use and earliest date on heads:

Standard: \_\_\_\_\_ 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)



