

2760 Beverly Dr. Suite 9 Aurora, IL 60502 630.506.5535 www.allegiantfire.net **Report to:** Sandwich Development Partners, LLC **Date:**

Property: Sandwich Development Partners, LLC, Valley West Medical Office Building Job Number:

Address: 1310 Main St

City: State: |L Sandwich **Zip:** 60548

ate: 05/19/2023

Number: 28862876

Technician: Mike Lemke

Annual Fire Sprinkler Inspection Report

	Central Station	EM24	POS/Acct		L3	3-0570	Out	27	11	N	28
			GENERAL					YES	NO	N/A	Note#
Has Are Has	he building currently occ s the occupancy classific e all fire protection systel s the system remained ir e pump onsite?	ation and hazard of o	contents remained								
		S	PRINKLERS (visible	'e)				YES	NO	N/A	Note#
Fre Inst Flui Spa Esc Mir	e of damage or leaks? e of corrosion, foreign matalled in proper orientation in glass bulbs? The head box contains profutcheon plates are presentation or replace in the formula tested or replace	on? oper number and typ ent and installed corr en sprinklers and stor	ne of heads, include ectly? rage?	ding wrenc	h(s)?						
Sprinkler heads in use and earliest date on heads: Standard: Quick Response: ✓ 2007 ESFR: Dry Pendant:											
			PIPING					YES	NO	N/A	Note #
1											
No Cor We	good condition with no e leaks or mechanical dan rrect alignment/No exter ot Sprinkler piping not ex ngers/bracing not dama	nage? nal loads? posed to freezing ten	nperatures?								
No Cor We	leaks or mechanical dan rect alignment/No exter et Sprinkler piping not ex	nage? rnal loads? posed to freezing ten ged or loose?		IFCTIONS							Note#
No Cor We Har Visi Cou Pluy Ide	leaks or mechanical dan rect alignment/No exter et Sprinkler piping not ex	nage? rnal loads? posed to freezing ten ged or loose? FIRE DEI te properly?	nperatures? PARTMENT CONN	IECTIONS				YES V			Note#
No Cor We Har Visi Cou Pluy Ide	leaks or mechanical dan rect alignment/No exter of Sprinkler piping not ex ngers/bracing not dama ible and accessible? uplings swivel and opera gs or caps in place? ntification signs are in p	nage? rnal loads? posed to freezing ten ged or loose? FIRE DEN te properly? lace? /not leaking?						YES V			Note #
No Corr We Han Visi Cou Plug Idea Bal	leaks or mechanical dan rect alignment/No exter of Sprinkler piping not ex ngers/bracing not dama ible and accessible? uplings swivel and opera gs or caps in place? ntification signs are in p	nage? rnal loads? posed to freezing ten ged or loose? FIRE DEN te properly? lace? (not leaking? AN s been tested?	PARTMENT CONN					YES V			
No Corr We Han Visi Cou Plug Idea Bal	leaks or mechanical dan rect alignment/No exter et Sprinkler piping not ex ngers/bracing not dama ible and accessible? uplings swivel and opera gs or caps in place? ntification signs are in pa Il drip valve is functional/	nage? rnal loads? posed to freezing ten ged or loose? FIRE DEN te properly? lace? /not leaking? AN s been tested? I info in place?	PARTMENT CONN			LOCATION / ARE	A PROTECTEL	YES YES YES		N/A	
No Corr Wee Han Vissi Cou Idea Bal	leaks or mechanical dan rect alignment/No exter et Sprinkler piping not ex ngers/bracing not dama ible and accessible? uplings swivel and opera gs or caps in place? ntification signs are in pa derip valve is functional/ eve all anti-freeze systems	nage? rnal loads? posed to freezing ten ged or loose? FIRE DEN te properly? lace? /not leaking? AN s been tested? I info in place?	PARTMENT CONN	:MS	3 4	LOCATION / ARE	Α ΡΚΟΤΕСΤΕΙ	YES YES YES			Note #



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Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?

City:

FIVE YEAR REQUIREMENTS

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State: Zip: IL 60548 05/19/2023 28862876

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Technician:

YES

NO

N/A

Note #

1

Annual Fire Sprinkler Inspection Report

Has the piping in all systems bed System Gauges tested or replace	-		within the last 5 j	years?	V		1
All Control Valves in the correct Locked or supervised? Easily accessible? Free from damage or leaks? Proper signage in place? Tamper Switches operate prope All Control Valves operated thro OS&Y Valves properly lubricated	(open or closed) p erly? ough full range and		position?		YE V V V V	NO N/A	Note #
Description		Туре	Size		Location		Note#
City 1		Butterfly	4"		Sprinkler Room	ı	
System 1		Butterfly	4"		Sprinkler Room	ı	
Floor 1		Butterfly	3"		Sprinkler Room		
Floor 2		Butterfly	3"		Sprinkler Room		
Elevator Pit		Butterfly	1.25"	Suite 100	Suite 100 physical therapy bathroom		
Top Of Shaft		Butterfly	1.25"	Hallw	Hallway in suite behind elev		
	(*Any	additional control valv	res will be listed on a	separate sheet.)			
MAIN DRAIN	AND WATERFLOW			YES	NO	N/A	Note#
Do main drain test results differ					V		Wole #
System#	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note#
Floor 1	3"	1.25"	45	30	40	Within 60 Seconds	
Floor 2	3"	1.25"	45	30	40	Within 60 Seconds	
	/**		1				
	(*Any additio	onal main drain/waterf	iow results will be list	tea on a separate shee	?ፒ. /		



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28862876

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	THE	INSPECTOR SUGGESTS THE FOLI	LOWING NECESSARY IMPROVEMENTS:					
Note#		result of an engineering survey)						
1	Systems due for 5 year internal insp	ections and hydrostatic testing a	s required by NFPA25					
	MODIE	SICATIONS OR CORRECTIONS M/	DE DURING THIS INSPECTION:					
	MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:							
			JNDERSIGNED OWNER OR OWNERS REPRESE					
	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.							
0011011110111		notes in comments accre.	~~ //					
	NO ACENT ON CITE		11/7/					
NO AGENT ON SITE			1 4					
OWNER	/ REPRESENTATIVE SIGNATURE		INSPECTOR SIGNATURE					
P	.O.C. NOT ON SITE	05/19/2023	Mike Lemke					
PRINT N	AME	DATE	PRINT NAME	NICET #				