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**Report to:** Remedy Medical Properties, Inc. **Date:** 03/08/2023  
**Property:** RMP, 907 N Elm St **Job Number:** 28425634  
**Address:** 907 North Elm Street **Technician:**  
**City:** Hinsdale Rogelio Del Muro  
**State:** IL **Zip:** 60521

## FIRE EXTINGUISHER/EMERGENCY LIGHT INSPECTION REPORT

### Service Information

Annual Inspection:  Monthly Inspection:  Quantity of Fire Extinguishers at location: 16  
Service Call:  Survey:  Quantity of Emergency Lights at location: \_\_\_\_\_

#### Extinguisher Annual Inspection

Quantity	Size	Type
16	10lb	ABC

#### Six Year / Recharge Exchange

Quantity	Size	Type

#### Hydrostatic Test / Exchange

Quantity	Size	Type

Breaker Location: \_\_\_\_\_ Panel #: \_\_\_\_\_ Breaker #: \_\_\_\_\_  
Emergency light inspection is performed as a 90 Minute Test by use dedicated circuit breaker. If dedicated is not labeled or accessible, then push-button test will be performed.

#### Emergency Lighting

Quantity	Type	Passed	Failed
	Emergency		
	Exit		
	Combo		

#### Emergency Lighting Parts

	Quantity	Type		Quantity	Size
	Bulbs				Batteries

#### New Fire Extinguisher

Quantity	Size	Type

#### Miscellaneous

Quantity	Part	Notes

### COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 at this time was left in operational condition upon completion of this inspection except as noted in comments above.

\_\_\_\_\_  
OWNER / REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
INSPECTOR SIGNATURE

Steve S

03/08/2023

PRINT NAME

DATE

Rogelio Del Muro

2525-1

PRINT NAME

LICENSE #

