



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

Report to: Remedy Medical Properties, Inc.
Property: RMP, 8 Salt Creek Ln
Address: 8 Salt Creek Lane
City: Hinsdale
State: IL **Zip:** 60521

Date: 07/03/2023
Job Number: 29683797
Technician: Jon Rocke, Zachary Ross

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	DuComm	POS/Acct	8225	Out	285	IN	285
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sprinkler heads in use and earliest date on heads:

Standard: _____ Quick Response: _____ ESFR: _____ 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)



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Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Due 2027
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Due 2027
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Due 2027

<i>CONTROL VALVES</i>	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"/>	

<i>Description</i>	<i>Type</i>	<i>Size</i>	<i>Location</i>	Note #
City, Before Backflow	OS&Y	3"	Sprinkler Room	
After Backflow	OS&Y	3"	Sprinkler Room	
1st Floor Riser	Butterfly	2 1/2"	Sprinkler Room	
2nd And 3rd Floor Riser	Butterfly	3"	Sprinkler Room	
3rd Floor(Sectional)	Butterfly	2 1/2"	3rd Floor West Stair	
2nd Floor(Sectional)	Butterfly	2 1/2"	2nd Floor West Stair	
Elevator Top of Shaft (Sectional)	Butterfly	1"	3rd Floor By Elevator	
Elevator Pit(Sectional)	Butterfly	1"	1st Floor Waiting Room	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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"/>	

<i>System #</i>	<i>Riser Size</i>	<i>Size of Test Pipe</i>	<i>PSI Static Pressure Before</i>	<i>PSI Residual Pressure</i>	<i>PSI Pressure After</i>	<i>Waterflow Time (sec)</i>	Note #
1st Floor	2 1/2"	1 1/4"	70	55	60	Within 60	
2nd & 3rd Floor	3"	1 1/4"	70	55	60	Within 60	
3rd Floor West Stair(Sectional)	2 1/2"	>	>	>	>	Within 60	
2nd Floor West Stair(Sectional)	2 1/2"	>	>	>	>	Within 60	
Elevator Top of Shaft (Sectional)	1"	>	>	>	>	Within 60	
Elevator Pit(Sectional)	1"	>	>	>	>	Within 60	

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

