

2760 Beverly Dr. Suite 9 Aurora, IL 60502 630.506.5535 www.allegiantfire.net Report to: Remedy Medical Properties, Inc.

Property: Address:

901 North Elm Street

City: State: IL Hinsdale **Zip:** 60521

**Date:** 11/29/2023

Job Number: 31724201

Technician:

Said Sanchez

## **Annual Fire Sprinkler Inspection Report**

	Central Station	630-690-8245	POS/Acct			8172	Out	Larry	IN	j F	Paul
			GENERAL					YES	NO	N/A	Note#
Has Are Has	he building currently oc s the occupancy classific e all fire protection syste s the system remained i e pump onsite?	cation and hazard of co ems in service?	ntents remainea								wote "
		SPI	RINKLERS (visible	e)				YES	NO	N/A	Note#
Fre Inst Flui Spo Esc Min Spr	te of damage or leaks?  The of corrosion, foreign restalled in proper oriental id in glass bulbs?  The head box contains provide are head box contains provide are presentation plates are presentation or replaced in the contains the contains of the contai	material, or paint, loadi ion? roper number and type rent and installed correct ren sprinklers and stora red per appropriate testi	ng? of heads, includ ctly? ge? ing schedule?	ing wrenc	h(s)?		ant: <b>√</b> 2008				#1
3	tandard: <u>v 1967</u> (	quick Response: V 20		-rk:		- Dry Penda	ant: <u>V 2008</u>			-	
No Cor We	good condition with no o leaks or mechanical da rrect alignment/No exte et Sprinkler piping not ex ngers/bracing not damo	mage? rnal loads? xposed to freezing temp	<b>PIPING</b> peratures?					VES  V  V  V	NO	<b>N/A</b>	Note#
		FIRE DEPA	ARTMENT CONN	FCTIONS				YES	NO	N/A	Note #
Cou Plu	ible and accessible? uplings swivel and opera										
	gs or caps in place? ntification signs are in p Il drip valve is functiona.										
	ntification signs are in p	l/not leaking?	TI-FREEZE SYSTEI	MS				<b>~</b>	NO NO		Note#
Bal	ntification signs are in p	l/not leaking?  ANT  as been tested?	TI-FREEZE SYSTEI	MS				<b>V</b>		N/A V	Note#
Bal	ntification signs are in p Il drip valve is functiona. ve all anti-freeze system	/not leaking?  ANins been tested? d info in place?	TI-FREEZE SYSTEI TEMP	MS Note#		LOCATION / A	REA PROTECTE	YES		<b>~</b>	Note #



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

Has the piping in all systems been checked for obstructive materials within the last 5 years?

**FIVE YEAR REQUIREMENTS** 

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NO

N/A

Note #

3/6/23

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YES

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System Gauges tested or replace	ea within the last .	o years?					2023	
	C	CONTROL VALVES			YES	NO N/A	Note #	
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 rly? ugh full range and	osition?	position?					
Description		Type	Size		Location			
City before backflo	OS&Y	6"		Sprinkler room				
City after backflow	OS&Y	6"		Sprinkler room				
Basement	Butterfly	8"		Sprinkler room				
1st and 2nd floor	Butterfly	6" 3"		Sprinkler room				
2nd Floor	Butterfly Butterfly	3"		1st floor stairs 2nd floor stairs				
Elevator pit	Butterfly	1.5"		Basement hall				
	(*Any	additional control valv	ves will be listed on a	separate sheet.)				
MAIN DRAIN	AND WATERFLOV	V TEST RESULTS		YES	NO	N/A	Note#	
Do main drain test results differ	more than 10% fr	om previous test?						
System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note#	
#1 Basement	8"	2"	70	60	70	Within 60		
#2 Building	6"	2"	>	>	>	Within 60		
1st floor			>	Within 60				
2nd floor	3″	N/A	>	>	>	Within 60		
	/*Any addition	onal main drain/waterj	flow results will be lies	ted on a senarate char	 			
	, Any dudition	man mann aranny waterj	iow results will be list	ica on a separate shee	,			

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	THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:						
Note #	, , , , , , , , , , , , , , , , , , , ,						
#1	50 year batch testing is due (1967) for basement/old garage/storage area. 120+/-, 165° 1/2" standard upright/pendents.						
#2 Missing hydraulic placards for basements system. Metropolitan may be able to provide placard information.							
NOTE	Common area walk through only, for a	annual walk through in suites m	ust be scheduled for 6am start.				
MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:							
			JNDERSIGNED OWNER OR OWNERS REPRESE				
	nature, I certify: I state that the information on upon completion of this inspection except as no		place of my inspection, and that all equipment tested no	w was iejt in operational			
		_					
				\			
	NOUC			<i>'</i>			
OWNER	/ REPRESENTATIVE SIGNATURE		INSPECTOR SIGNATURE				
	Steve Swat	11/29/2023	Said Sanchez	153337			
PRINT N	AME	DATE	PRINT NAME	NICET #			