



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

Report to: Remedy Medical Properties, Inc.
Property:
Address: 907 North Elm Street
City: Hinsdale
State: IL **Zip:** 60521

Date: 11/29/2023
Job Number: 31724198
Technician: Said Sanchez

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	630-690-8245	POS/Acct	8166	Out	305	IN	286
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 2014 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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FIVE YEAR REQUIREMENTS				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"/>	3/7/23
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"/>	3/7/23
System Gauges tested or replaced within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20231

CONTROL VALVES				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"/>	

Description	Type	Size	Location	Note #
City before backflow	OS&Y	4"	Sprinkler room	
City after backflow	OS&Y	4"	Sprinkler room	
1st floor	Butterfly	4"	Sprinkler room	
2nd floor	Butterfly	2.5"	2nd floor stairs	
3rd floor	Butterfly	2.5"	3rd floor stairs	

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

MAIN DRAIN AND WATERFLOW TEST RESULTS	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"/>	

System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note #
Main riser	4"	2"	60	55	60	Within 60	
1st floor	4"	2"	>	>	>	Within 60	
2nd floor stairs	2.5"	1.5"	>	>	>	Within 60	
3rd floor stairs	2.5"	1.5"	>	>	>	Within 60	

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

