



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:** 12/11/2024  
**Job Number:** 37695355  
**Technician:** Chris Talbot

## QUARTERLY FIRE SPRINKLER INSPECTION REPORT

Central Station	DuComm	POS/Acct	8225	Out	235	IN	235
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GENERAL	YES	NO	N/A	Note #
Is this property currently occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Pump onsite?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fire Pumps, Gravity, Surface or Pressure Tanks in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gravity, Surface and Pressure Tanks at proper pressure/levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FIRE DEPARTMENT CONNECTIONS	YES	NO	N/A	Note #
Visible and accessible?	<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"/>	

CONTROL VALVES	QUANTITY	8	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"/>	

WET SYSTEMS	QUANTITY	2 + 4 Sectionals	YES	NO	N/A	Note #
Gauges read normal water pressure?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible and Free from damage and Leaks?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic placards secured to system and legible?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does main drain test results differ more than 10% from previous test?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Water Flow/Alarm Devices activate within required 90 seconds?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRY SYSTEMS	QUANTITY	0	YES	NO	N/A	Note #
Gauges reading normal water and/or air pressure?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm devices activate and are in good working condition?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quick opening devices operate correctly and are in service?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Priming water adequate?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Low Air pressure alarm free from damage and operational?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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#### MAIN DRAIN AND WATERFLOW TEST RESULTS

System #	Riser Size	Size of Test Pipe	PSI Static Pressure Before	PSI Residual Pressure	PSI Pressure After	Waterflow Time (sec)	Note #
1st Floor	2 1/2"	1 1/4"	60	50	60	30-60	
2nd & 3rd Floor	3"	1 1/4"	60	50	60	30-60	
3rd Floor West Stair(Sectional)	2 1/2"	>	>	>	>	30-60	
2nd Floor West Stair(Sectional)	2 1/2"	>	>	>	>	30-60	
Elevator Top of Shaft (Sectional)	1"	>	>	>	>	30-60	
Elevator Pit(Sectional)	1"	>	>	>	>	30-60	

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

#### THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: (these suggestions are not the result of an engineering survey)

Note #

N/A

#### MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

N/A

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

OWNER / REPRESENTATIVE SIGNATURE

Steve Swat

PRINT NAME

12/11/2024

DATE

INSPECTOR SIGNATURE

Chris Talbot

PRINT NAME

118229

NICET #