



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: 07/03/2024
Job Number: 34715361
Technician: Jon Rocke, Ari Wells

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	DuComm	POS/Acct	8225	Out	Larry	IN	Larry
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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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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"/>	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

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	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.)

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 #
1st Floor	2 1/2"	1 1/4"	60	50	60	Within 60	
2nd & 3rd Floor	3"	1 1/4"	60	50	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.)

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

Note #

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

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.

INSPECTOR SIGNATURE

151246

NICET #