ALLEGIANT FIRE PROTECTION
2760 Beverly Dr.
Suite 9
Aurora, IL 60502
630.506.5535
www.allegiantfire.net
**IL FSC #: FSC0392**

**Report to:** Remedy Medical Properties, Inc.
**Property:** RMP, 901 N Elm St
**Address:** 901 North Elm Street
**City:** Hinsdale
**State:** IL **Zip:** 60521

**Date:** 11/18/2025
**Job Number:** 44358878
**Technician:** Jon Rocke

# Annual Fire Sprinkler Inspection Report

| Central Station | Ducomm | POS/Acct | 8172 | Out | 322 | IN | 420 |
|---|---|---|---|---|---|---|---|

| GENERAL | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Is the building currently occupied? | ✔ | | | |
| Has the occupancy classification and hazard of contents remained the same since the last inspection? | ✔ | | | |
| Are all fire protection systems in service? | ✔ | | | |
| Has the system remained in service without modifications or actuations of devices/alarms since last inspection? | ✔ | | | |
| Fire pump onsite? | | ✔ | | |

| SPRINKLERS (visible) | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Free of damage or leaks? | ✔ | | | |
| Free of corrosion, foreign material, or paint, loading? | ✔ | | | |
| Installed in proper orientation? | ✔ | | | |
| Fluid in glass bulbs? | ✔ | | | |
| Spare head box contains proper number and type of heads, including wrench(s)? | ✔ | | | |
| Escutcheon plates are present and installed correctly? | ✔ | | | |
| Minimum clearance between sprinklers and storage? | ✔ | | | |
| Sprinklers tested or replaced per appropriate testing schedule? | ✔ | | | |

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ _____ Quick Response: ✔ 2016 ESFR: _____ Dry Pendant: _____

| PIPING | YES | NO | N/A | Note # |
|---|---|---|---|---|
| In good condition with no external corrosion? | ✔ | | | |
| No leaks or mechanical damage? | ✔ | | | |
| Correct alignment/No external loads? | ✔ | | | |
| Wet Sprinkler piping not exposed to freezing temperatures? | ✔ | | | |
| Hangers/bracing not damaged or loose? | ✔ | | | |

| FIRE DEPARTMENT CONNECTIONS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Visible and accessible? | ✔ | | | |
| Couplings swivel and operate properly? | ✔ | | | |
| Plugs or caps in place? | ✔ | | | |
| Identification signs are in place? | ✔ | | | |
| Ball drip valve is functional/not leaking? | ✔ | | | |

| ANTI-FREEZE SYSTEMS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Have all anti-freeze systems been tested? | | | ✔ | |
| Proper signage and placard info in place? | | | ✔ | |

| | 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?* | ☑ | ☐ | ☐ | Due 06/28 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☑ | ☐ | ☐ | Due 06/28 |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | |

| *CONTROL VALVES* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *All Control Valves in the correct (open or closed) position?* | ☑ | ☐ | ☐ | |
| *Locked or supervised?* | ☑ | ☐ | ☐ | |
| *Easily accessible?* | ☑ | ☐ | ☐ | |
| *Free from damage or leaks?* | ☑ | ☐ | ☐ | |
| *Proper signage in place?* | ☑ | ☐ | ☐ | |
| *Tamper Switches operate properly?* | ☑ | ☐ | ☐ | |
| *All Control Valves operated through full range and return to normal position?* | ☑ | ☐ | ☐ | |
| *OS&Y Valves properly lubricated?* | ☑ | ☐ | ☐ | |

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City before backflow | OS&Y | 6” | Sprinkler room | |
| City after backflow | OS&Y | 6” | Sprinkler room | |
| Basement | Butterfly | 8” | Sprinkler room | |
| 1st and 2nd floor | Butterfly | 6” | Sprinkler room | |
| 1st Floor | Butterfly | 3” | 1st floor stairs | |
| 2nd Floor | Butterfly | 3” | 2nd floor stairs | |
| Elevator pit | Butterfly | 1.5” | Basement hall | |
| | | | | |
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*(*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?* | ☐ | ☑ | ☐ | |

| *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 | 65 | Within 60 | |
| #2 Building | 6” | 2” | 70 | 60 | 65 | Within 60 | |
| 1st floor | 3” | N/A | > | > | > | Within 60 | |
| 2nd floor | 3” | N/A | > | > | > | Within 60 | |
| | | | | | | | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

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## Annual Fire Sprinkler Inspection Report

| *Note #* | *THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:* *(these suggestions are not the result of an engineering survey)* |
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*MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:*

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

Verbal W/ Steve
PRINT NAME

11/18/2025
DATE

Jon Rocke
INSPECTOR SIGNATURE

Jon Rocke
PRINT NAME

FSI0238
IL License #

151246
NICET #