

Report to:
Property: WCC, Aurora, 18 S River St
Address: 18 South River Street
City: Aurora
State: IL **Zip:** 60506

Date: 10/23/2021
Job Number:
Technician: T

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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: 2009 ESRF: _____ 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)

Report to:
Property: WCC, Aurora, 18 S River St
Address: 18 South River Street
City: Aurora
State: IL **Zip:** 60506

Date: 10/23/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT
 5-water gauges, 1 compound gauge)

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
System Gauges tested or replaced within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2

<i>CONTROL VALVES</i>	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 1	OS&Y	8	Sprinkler room	
City 2	OS&Y	8	Sprinkler room	
Fire pump suction	OS&Y	8	Sprinkler room	
Fire pump discharge	OS&Y	8	Sprinkler room	
Main riser	Butterfly	6"	Sprinkler room	
Bypass 1	Butterfly	6"	Sprinkler room	
Bypass 2	Butterfly	6"	Sprinkler room	
4th Floor	Butterfly	2"	4th Floor Center Stairwell	
2nd Floor	Butterfly	2 1/2"	2nd Floor Center Stairwell	
Fire pump test header	OS&Y	6"	Sprinkler room	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
First floor riser	4"	2"	70	65	70	W/60	
Main riser feed	6"	2"	70	65	70	W/60	
4th Floor	2"	1 1/4"	70	65	70	W/60	
3rd Floor	2"	1 1/4"	70	65	70	W/60	
2nd Floor	2 1/2"	1 1/4"	70	65	70	W/60	

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

Report to:
Property: WCC, Fox Valley, 2060 Ogden Ave
Address: 2060 Ogden Avenue
City: Aurora
State: IL **Zip:** 60504

Date:
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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: **2009** 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)

Report to:
 Property: WCC, Fox Valley, 2060 Ogden Ave
 Address: 2060 Ogden Avenue
 City: Aurora
 State: IL Zip: 60504

Date:
 Job Number:
 Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2019

<i>CONTROL VALVES</i>	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"/>	

<i>Description</i>	<i>Type</i>	<i>Size</i>	<i>Location</i>	Note #
City 1	OS&Y	8"	Sprinkler room	
City 2	OS&Y	8"	Sprinkler room	
Basement	Butterfly	2"	Sprinkler room	
1st floor	Butterfly	3"	Staff workroom off stair 2	
2nd floor	Butterfly	3"	2nd floor stairs	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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"/>	

<i>System #</i>	<i>Riser Size</i>	<i>Size of Test Pipe</i>	<i>PSI Static Pressure Before</i>	<i>PSI Residual Pressure</i>	<i>PSI Pressure After</i>	<i>Waterflow Time (sec)</i>	Note #
Main riser	4"	2"	65	45	55	W/60	
1st floor	3"	>	65	45	55	W/60	
2nd floor	3"	1"	65	45	55	W/60	
Basement	2"	1"	65	45	55	W/60	

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Auditorium, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057286
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: 2004 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Auditorium, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057286
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

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"/>		2018		
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"/>		2018		
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2018		

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 #
Before Backflow	OS&Y	3"	Sprinkler Room	
After Backflow	OS&Y	3"	Sprinkler 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 #
Riser 1	3"	2"	75	55	65	W/60	

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Auditorium, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057286
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

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

Note #

Table with 1 column for Note # and 1 column for suggestions. The table is currently empty.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Table with 1 column for modifications or corrections. The table is currently empty.

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.

Verbal checkout with Laura

OWNER / REPRESENTATIVE SIGNATURE

Verbal checkout with Laura
PRINT NAME

10/13/2021
DATE

INSPECTOR SIGNATURE

Michael Messacar, Jason Brut
PRINT NAME

149731
NICET #



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Building A, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057292
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: 2000 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Building A, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057292
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
System before backflow	Ball Valve	2"	Electric / Storage -141	
System after backflow	Ball Valve	2"	Electric / Storage -141	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
Riser	2"	1"	95	60	80	W/60	Manual only

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057294
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer	POS/Acct	Takes out	Out	Of	IN	Service
-----------------	----------	----------	-----------	-----	----	----	---------

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: 2013 _____

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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057294
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	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"/>	2018
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"/>	2018
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
System before backflow	Butterfly	4"	Sprinkler room - SW corner	
System after backflow	Butterfly	4"	Sprinkler room - SW corner	
Sectional for dry	Butterfly	3"	Sprinkler room - SW corner	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
Dry	3"	1 1/2"	70	60	70	NA	

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057294
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

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

Note #

Lined area for notes, currently blank.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Lined area for modifications or corrections, currently blank.

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.

Verbal checkout with Brian

OWNER / REPRESENTATIVE SIGNATURE

Verbal checkout with Brian
PRINT NAME

10/13/2021
DATE

INSPECTOR SIGNATURE

Michael Messacar, Jason Brut
PRINT NAME

149731
NICET #



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057294
Technician: Michael Messacar, Jason Brut

DRY VALVE TRIP TEST REPORT

Dry Pipe Valves		System #	System #	System #	System #		
		Sprinkler room - SW corner					
Manufacturer		Viking					
Valve Model		F-2					
Valve Size		3"					
Valve Serial Number		W605749					
Controlling Sprinklers	(Location)	Thru out					
	(Number)	All					
Date Last Trip Tested or Operated		2020					
Pressure Before Test	Air	25					
	Water	90					
Size and Location of Test Valve		1 1/2"					
Was Valve Below Dry Valve Open Wide at Test?		YES	NO	YES	NO	YES	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If not, how many turns?)		4					
Tripped at	Air Pressure	6 psi					
	Water Pressure	70					
	Time	15 seconds					
If System Flooded, Time Water Reached Test Opening		NA					
Performance							
Condition of	Interior of Body	Satisfactory					
	Moving Parts	Satisfactory					
	Rubber Facing	Satisfactory					
	Seats	Satisfactory					
		YES	NO	YES	NO	YES	NO
Did Valve Reset?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did Alarms Operate at Trip Test?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did Low Air Alarm Operate Properly?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, at:		15 psi					
All Auxiliary Drains Blown Out?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Control Valve Left Open?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Control Valve Left Open?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When Was Last 3-Year Full Flood Trip Test Performed?		NA					



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057294
Technician: Michael Messacar, Jason Brut

DRY VALVE TRIP TEST REPORT

<i>Quick Opening Devices</i>												
Manufacturer	NA											
Type	NA											
Model	NA											
Device Serial Number	NA											
Air Pressure in Upper Chamber	NA											
Quick Opening Device Tripped at	NA	SEC	NA	LBS	SEC	LBS	SEC	LBS	SEC	LBS		
Quick Opening Device Left in Service and Control Valve Left Opened?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

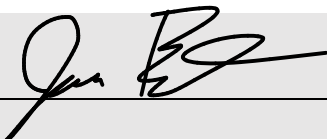
<i>LOW POINT DRAIN LIST</i>								
<i>LOCATION</i>	<i>Drained</i>		<i>Note #</i>	<i>LOCATION</i>	<i>Drained</i>		<i>Note #</i>	
	<i>YES</i>	<i>NO</i>			<i>YES</i>	<i>NO</i>		
ITV	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
DPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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

Customer Requirements

- * Building Owner is responsible for providing adequate heat (40°F or greater) in all areas where wet-pipe sprinklers are installed.
- * Building Owner is responsible for draining all low points of water condensation frequently. All low point drains must be in a fully heated area and free of debris.
- * The dry pipe valve and components must be in a fully heated area at all times. There should be power to the air compressor at all times. Circuit breakers should be checked frequently for blown fuses. Air compressor should be checked for proper oil type and quantity. Air compressor should be on its own dedicated circuit with a locked on switch in the breaker (not a toggle switch on the wall).
- * An internal pipe examination should be performed every five (5) years.
- * Accurate Zone Maps are required on all dry systems with all low points clearly marked.
- * In the event of a low air alarm, immediate action is required.

Customer Acknowledgement _____

 INSPECTOR SIGNATURE	Jason Brut PRINT NAME	149731 NICET #
--	--------------------------	-------------------

10/16/2021

Property: WCC, A&P, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL Zip: 60554

Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Table with 5 columns: Central Station, POS/Acct, Handled by customer, Out, IN

GENERAL section with 4 columns: YES, NO, N/A, Note #. Rows include occupancy status, hazard classification, fire protection systems, and fire pump onsite.

SPRINKLERS (visible) section with 4 columns: YES, NO, N/A, Note #. Rows include damage/leaks, corrosion, orientation, fluid in bulbs, spare head box, escutcheon plates, clearance, and testing schedule.

Sprinkler heads in use and earliest date on heads:
Standard: 2002 Quick Response: ESRF: Dry Pendant:

PIPING section with 4 columns: YES, NO, N/A, Note #. Rows include condition with corrosion, leaks, alignment, freezing temperatures, and hangers/bracing.

FIRE DEPARTMENT CONNECTIONS section with 4 columns: YES, NO, N/A, Note #. Rows include accessibility, couplings, plugs/caps, identification signs, and ball drip valve.

ANTI-FREEZE SYSTEMS section with 4 columns: YES, NO, N/A, Note #. Rows include testing status and signage/placard info.

Table with 6 columns: LOCATION / AREA PROTECTED, TEMP, Note #, LOCATION / AREA PROTECTED, TEMP, Note #. Rows 1 and 2.

(*Any additional anti-freeze system results will be listed in Note # Section)

Report to:
Property: WCC, A&P, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	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"/>	2019
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"/>	2019
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
Before Backflow	OS&Y	4"	Mech Room 115A	
After Backflow	OS&Y	4"	Mech Room 115A	
System 1	Butterfly	3"	Mech Room 115A	
System 2	Butterfly	3"	Mech Room 115A	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
System 1	3"	2"	70	45	55	W/60	
System 2	3"	2"	70	45	55	W/60	
Main	4"	2"	70	45	55	W/60	

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

Sprinkler Inspection

Report # SPI(C) - 188515

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Kaitlin Moore	User's Email:	kmoore@allegiantfire.net
SP Lead Technician:	Jason Brut	Date Inspection Completed:	10/13/2021
Lead Tech Nicet #:	149731		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Sugar Grove Fire Protection District	Primary AHJ ID:	ILA11126
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-466-4513	Primary AHJ Email:	wparson@sugargrovecfire.com
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	4S783 - State Route 47 - #Auditorium
Number :	4S783	Street Prefix :	--
Street Name :	State Route 47	Unit # :	Auditorium
City:	Sugar Grove	State:	Illinois
Zip:	60554	Phone:	630-466-7900
Contact Name:	Edward Plante		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsee.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report:	SPI - Sprinkler System Inspection
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.
Next Inspection Due Date:	October - 2022
Report Completed By:	--
Email Sent To:	eplante@waubonsee.edu

Notes

Entered By	Notes Type	Date	Note

Test performed in accordance with the following code or standard:

Report to:
Property: WCC, Auditorium, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: 2004 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)

Report to:
Property: WCC, Auditorium, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	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"/>	2018
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"/>	2018
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
Before Backflow	OS&Y	3"	Sprinkler Room	
After Backflow	OS&Y	3"	Sprinkler Room	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
Riser 1	3"	2"	75	55	65	W/60	

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

Report to:
Property: WCC, Aurora, 18 S River St
Address: 18 South River Street
City: Aurora
State: IL **Zip:** 60506

Date: 10/23/2021
Job Number:
Technician: T

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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: **2009** ESRF: _____ 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)

Report to:
Property: WCC, Aurora, 18 S River St
Address: 18 South River Street
City: Aurora
State: IL **Zip:** 60506

Date: 10/23/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT
 5-water gauges, 1 compound gauge)

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
System Gauges tested or replaced within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2

<i>CONTROL VALVES</i>	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 1	OS&Y	8	Sprinkler room	
City 2	OS&Y	8	Sprinkler room	
Fire pump suction	OS&Y	8	Sprinkler room	
Fire pump discharge	OS&Y	8	Sprinkler room	
Main riser	Butterfly	6"	Sprinkler room	
Bypass 1	Butterfly	6"	Sprinkler room	
Bypass 2	Butterfly	6"	Sprinkler room	
4th Floor	Butterfly	2"	4th Floor Center Stairwell	
2nd Floor	Butterfly	2 1/2"	2nd Floor Center Stairwell	
Fire pump test header	OS&Y	6"	Sprinkler room	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
First floor riser	4"	2"	70	65	70	W/60	
Main riser feed	6"	2"	70	65	70	W/60	
4th Floor	2"	1 1/4"	70	65	70	W/60	
3rd Floor	2"	1 1/4"	70	65	70	W/60	
2nd Floor	2 1/2"	1 1/4"	70	65	70	W/60	

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

Report to:
 Property: WCC, Building A, 4 IL-47
 Address: 4 Illinois 47
 City: Sugar Grove
 State: IL Zip: 60554

Date: 10/13/2021
 Job Number:
 Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: 2000 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)

Report to:
Property: WCC, Building A, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
System before backflow	Ball Valve	2"	Electric / Storage -141	
System after backflow	Ball Valve	2"	Electric / Storage -141	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
Riser	2"	1"	95	60	80	W/60	Manual only

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

Sprinkler Inspection

Report # SPI(C) - 188513

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Kaitlin Moore	User's Email:	kmoore@allegiantfire.net
SP Lead Technician:	Jason Brut	Date Inspection Completed:	10/13/2021
Lead Tech Nicet #:	149731		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Sugar Grove Fire Protection District	Primary AHJ ID:	ILA11126
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-466-4513	Primary AHJ Email:	wparson@sugargrovecfire.com
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	4S783 - State Route 47 - #BUILDING A
Number :	4S783	Street Prefix :	--
Street Name :	State Route 47	Unit # :	BUILDING A
City:	Sugar Grove	State:	Illinois
Zip:	60554	Phone:	630-466-7900
Contact Name:	Edward Plante		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsee.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report:	SPI - Sprinkler System Inspection
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.
Next Inspection Due Date:	October - 2022
Report Completed By:	--
Email Sent To:	eplante@waubonsee.edu

Notes

Entered By	Notes Type	Date	Note
Kaitlin Moore	New Deficiency	10/15/2021	System due for 5 year internal inspection and FDC hydro
Kaitlin Moore	New Deficiency	10/15/2021	could not gain access to room with ITV

Test performed in accordance with the following code or standard:

Sprinkler Inspection

Report # SPI(C) - 188511

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Kaitlin Moore	User's Email:	kmoore@allegiantfire.net
SP Lead Technician:	Jason Brut	Date Inspection Completed:	10/13/2021
Lead Tech Nicet #:	149731		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Sugar Grove Fire Protection District	Primary AHJ ID:	ILA11126
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-466-4513	Primary AHJ Email:	wparson@sugargrovecfire.com
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	4S783 - State Route 47 - #CERAMICS BUILDING
Number :	4S783	Street Prefix :	--
Street Name :	State Route 47	Unit # :	CERAMICS BUILDING
City:	Sugar Grove	State:	Illinois
Zip:	60554	Phone:	630-466-7900
Contact Name:	EDWARD PLANTE		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsee.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report:	SPI - Sprinkler System Inspection
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.
Next Inspection Due Date:	October - 2022
Report Completed By:	--
Email Sent To:	eplante@waubonsee.edu

Notes

Entered By	Notes Type	Date	Note

Test performed in accordance with the following code or standard:

Report to:
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer	POS/Acct	Takes out	Out	Of	IN	Service
-----------------	----------	----------	-----------	-----	----	----	---------

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: 2013

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)

Report to:
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

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"/>	2018
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"/>	2018
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

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 #
System before backflow	Butterfly	4"	Sprinkler room - SW corner	
System after backflow	Butterfly	4"	Sprinkler room - SW corner	
Sectional for dry	Butterfly	3"	Sprinkler room - SW corner	

(*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 #
Dry	3"	1 1/2"	70	60	70	NA	

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

Report to:
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

DRY VALVE TRIP TEST REPORT

Dry Pipe Valves		System #	System #	System #	System #		
		Sprinkler room - SW corner					
Manufacturer		Viking					
Valve Model		F-2					
Valve Size		3"					
Valve Serial Number		W605749					
Controlling Sprinklers	(Location)	Thru out					
	(Number)	All					
Date Last Trip Tested or Operated		2020					
Pressure Before Test	Air	25					
	Water	90					
Size and Location of Test Valve		1 1/2"					
Was Valve Below Dry Valve Open Wide at Test?		YES	NO	YES	NO	YES	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If not, how many turns?)		4					
Tripped at	Air Pressure	6 psi					
	Water Pressure	70					
	Time	15 seconds					
If System Flooded, Time Water Reached Test Opening		NA					
Performance							
Condition of	Interior of Body	Satisfactory					
	Moving Parts	Satisfactory					
	Rubber Facing	Satisfactory					
	Seats	Satisfactory					
		YES	NO	YES	NO	YES	NO
Did Valve Reset?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did Alarms Operate at Trip Test?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did Low Air Alarm Operate Properly?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, at:		15 psi					
All Auxiliary Drains Blown Out?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Control Valve Left Open?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Control Valve Left Open?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When Was Last 3-Year Full Flood Trip Test Performed?		NA					

Report to:
Property: WCC, Ceramics Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

DRY VALVE TRIP TEST REPORT

<i>Quick Opening Devices</i>												
Manufacturer	NA											
Type	NA											
Model	NA											
Device Serial Number	NA											
Air Pressure in Upper Chamber	NA											
Quick Opening Device Tripped at	NA	SEC	NA	LBS	SEC	LBS	SEC	LBS	SEC	LBS	SEC	LBS
Quick Opening Device Left in Service and Control Valve Left Opened?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


<i>LOW POINT DRAIN LIST</i>								
<i>LOCATION</i>	<i>Drained</i>		<i>Note #</i>	<i>LOCATION</i>	<i>Drained</i>		<i>Note #</i>	
	<i>YES</i>	<i>NO</i>			<i>YES</i>	<i>NO</i>		
ITV	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
DPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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

Customer Requirements

- * Building Owner is responsible for providing adequate heat (40°F or greater) in all areas where wet-pipe sprinklers are installed.
- * Building Owner is responsible for draining all low points of water condensation frequently. All low point drains must be in a fully heated area and free of debris.
- * The dry pipe valve and components must be in a fully heated area at all times. There should be power to the air compressor at all times. Circuit breakers should be checked frequently for blown fuses. Air compressor should be checked for proper oil type and quantity. Air compressor should be on its own dedicated circuit with a locked on switch in the breaker (not a toggle switch on the wall).
- * An internal pipe examination should be performed every five (5) years.
- * Accurate Zone Maps are required on all dry systems with all low points clearly marked.
- * In the event of a low air alarm, immediate action is required.

Customer Acknowledgement _____


 INSPECTOR SIGNATURE

Jason Brut
 PRINT NAME

149731
 NICET #

Report to:
Property: WCC, Collins Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: 2000 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			
		4			

(*Any additional anti-freeze system results will be listed in Note # Section)

Report to:
Property: WCC, Dickson Center, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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 checked="" type="checkbox"/>	<input 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: **2004** 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Dickson Center, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057300
Technician:
Michael Messacar, Jason Brut, Travis Dunlop

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	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"/>	2019
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"/>	2019
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 1	OS&Y	6"	Fire pump rm	
City 2	OS&Y	6"	Fire pump rm	
Fire pump suction	OS&Y	6"	Fire pump rm	
Fire pump bypass 1	Butterfly	6"	Fire pump rm	
Fire pump bypass 2	Butterfly	6"	Fire pump rm	
Jockey pump suction	Butterfly	1"	Fire pump rm	
Jockey pump discharge	Butterfly	1"	Fire pump rm	
Test header	Butterfly	4"	Fire pump rm	
Fire pump discharge	Butterfly	6"	Fire pump rm	
1st flr	Butterfly	4"	Fire pump rm	
Standpipe	Butterfly	4"	Fire pump rm	
Penthouse floor 3	Butterfly	3"	Penthouse Stair	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 flr	4"	2"	70	40	65	W/60	
Standpipe	4"	2"	70	40	65	W/60	
Penthouse feed	3"	1 1/4"	70	40	65	W/60	
Penthouse Floor 3	3"	1 1/4"	70	40	65	W/60	

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

Universal Inspection Report

Report # SPI(C) - 149085

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Allyse McKinley	User's Email:	amckinley@allegiantfire.net
SP Lead Technician:	Barry Trenholm	Date Inspection Completed:	11/24/2020
Lead Tech Nicet #:	--		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Aurora Fire Department	Primary AHJ ID:	ILA11140
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-256-4130	Primary AHJ Email:	FPB@AURORA-IL.ORG
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	18 - S - River St
Number :	18	Street Prefix :	S
Street Name :	River St	Unit # :	--
City:	Aurora	State:	Illinois
Zip:	60506	Phone:	630-466-7900
Contact Name:	Edward Plante		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsee.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report: SPI - Sprinkler System Inspection
 Frequency: Annual
 Attachment: There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.

Next Inspection Due Date: December - 2021
 Report Completed By: --
 Email Sent To: eplante@waubonsee.edu

Notes

Entered By	Notes Type	Date	Note
Allyse McKinley	New Deficiency	12/04/2020	5 year internal inspection and FDC hydro due
IROL Review	AHJ	12/08/2020	Deficiencies noted, email sent to PM
IROL Review	AHJ	01/01/2021	Reminder email sent to PM

Test performed in accordance with the following code or standard:

Report to:
Property: WCC, Erickson Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: **2014** 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)

Report to:
Property: WCC, Erickson Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	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"/>	2019
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"/>	2019
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
Before Backflow	Butterfly	3"	Mech room ERK-13	
After Backflow	Butterfly	3"	Mech room ERK-13	
Riser 1	Butterfly	3"	Mech room ERK-13	
Riser 2	Butterfly	3"	Mech room ERK-13	
Riser 3	Butterfly	3"	Mech room ERK-13	
Riser 4	Butterfly	3"	Mech room ERK-13	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	YES	NO	N/A	Note #
Do main drain test results differ more than 10% from previous test?	<input type="checkbox"/>	<input 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 #
Riser 1	3"	2"	110	75	80	W/60	
Riser 2	3"	2"	110	75	80	W/60	
Riser 3	3"	2"	110	75	80	W/60	
Riser 4	3"	2"	110	75	80	W/60	

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Erickson Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057301
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer takes	POS/Acct	Out	Out	Of	IN	Service
-----------------	----------------	----------	-----	-----	----	----	---------

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: **2014** 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Erickson Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057301
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>				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"/>	2019
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"/>	2019
System Gauges tested or replaced within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>				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 #
Before Backflow	Butterfly	3"	Mech room ERK-13	
After Backflow	Butterfly	3"	Mech room ERK-13	
Riser 1	Butterfly	3"	Mech room ERK-13	
Riser 2	Butterfly	3"	Mech room ERK-13	
Riser 3	Butterfly	3"	Mech room ERK-13	
Riser 4	Butterfly	3"	Mech room ERK-13	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>				YES	NO	N/A	Note #
Do main drain test results differ more than 10% from previous test?				<input type="checkbox"/>	<input 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 #
Riser 1	3"	2"	110	75	80	W/60	
Riser 2	3"	2"	110	75	80	W/60	
Riser 3	3"	2"	110	75	80	W/60	
Riser 4	3"	2"	110	75	80	W/60	

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



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Erickson Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057301
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

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

Note #

Table with 1 column for Note # and 1 column for improvement suggestions.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Table with 1 column for modifications or corrections.

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.

Verbal checkout with Laura

OWNER / REPRESENTATIVE SIGNATURE

Verbal checkout with Laura
PRINT NAME

10/13/2021
DATE

INSPECTOR SIGNATURE

Michael Messacar, Jason Brut
PRINT NAME

149731
NICET #

Sprinkler Inspection

Report # SPI(C) - 188504

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Kaitlin Moore	User's Email:	kmoore@allegiantfire.net
SP Lead Technician:	Jason Brut	Date Inspection Completed:	10/13/2021
Lead Tech Nicet #:	149731		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Sugar Grove Fire Protection District	Primary AHJ ID:	ILA11126
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-466-4513	Primary AHJ Email:	wparson@sugargrovecfire.com
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	4S783 - State Route 47 - #Erickson Hall
Number :	4S783	Street Prefix :	--
Street Name :	State Route 47	Unit # :	Erickson Hall
City:	Sugar Grove	State:	Illinois
Zip:	60554	Phone:	630-466-7900
Contact Name:	Edward Plante		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsee.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report:	SPI - Sprinkler System Inspection
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.
Next Inspection Due Date:	October - 2022
Report Completed By:	--
Email Sent To:	eplante@waubonsee.edu

Notes

Entered By	Notes Type	Date	Note

Test performed in accordance with the following code or standard:

Report to:
Property: WCC, Fox Valley, 2060 Ogden Ave
Address: 2060 Ogden Avenue
City: Aurora
State: IL **Zip:** 60504

Date:
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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: **2009** 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)

Report to:
Property: WCC, Fox Valley, 2060 Ogden Ave
Address: 2060 Ogden Avenue
City: Aurora
State: IL **Zip:** 60504

Date:
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2019

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 1	OS&Y	8"	Sprinkler room	
City 2	OS&Y	8"	Sprinkler room	
Basement	Butterfly	2"	Sprinkler room	
1st floor	Butterfly	3"	Staff workroom off stair 2	
2nd floor	Butterfly	3"	2nd 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"	65	45	55	W/60	
1st floor	3"	>	65	45	55	W/60	
2nd floor	3"	1"	65	45	55	W/60	
Basement	2"	1"	65	45	55	W/60	

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

Report to:
Property: WCC, Henning Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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 checked="" type="checkbox"/>	<input 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: 1992 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)

MYERS Battery Backup Inverters:

Field House

S/N: 87534L1-1 P/N: CM3-90-277-277 (08) BAT-CG12033
Rm 164

S/N: 87534L2-2 P/N: CM4-90-277-277 (16) BAT-CG12033
Rm 193 EMC

S/N: 87534L3-1 P/N: CM2-90-277-277 (12) BAT-CG12033
Rm 193 EMB

S/N: 87534L2-3 P/N: CM4-90-277-277 (16) BAT-CG12033
Rm 153 EMD

Erickson Hall

S/N: 87534L2-1 P/N: CM4-90-277-277 (16) BAT-CG12033
Boiler Rm

S/N: 87534L4-1 P/N: CM2-90-277-277 (08) BAT-CG12033
Rm 210 EMG2

S/N: 87534L4-2 P/N: CM2-90-277-277 (08) BAT-CG12033
Rm 210 EMG1

Scope: Perform Annual Preventative Maintenance for the (7) Myers systems listed below.

Including the following:

- 1) Perform an individual Alber/ Midtronics test on each battery.
- 2) Record date of battery test and correlate numbering process within battery cabinets
- 3) Retorque all connections in battery cabinets. Record and clean all corrosion problems.
- 4) Provide a report (soft file) of results

Quote: CM Series Annual Maintenance service: \$ _____

Quote: CM series EM Lighting Inverter 12v Battery: \$ _____

Quote: CM Series Capacitor replacement: \$ _____

Report to:
Property: WCC, Ops Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer took	POS/Acct	Out	Out	Of	IN	Service
-----------------	---------------	----------	-----	-----	----	----	---------

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 checked="" type="checkbox"/>	<input 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: **2005** 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ops Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL
Zip: 60554

Date: 10/13/2021
Job Number: 23057304
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Customer took	POS/Acct	Out	Out	Of	IN	Service
-----------------	---------------	----------	-----	-----	----	----	---------

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 checked="" type="checkbox"/>	<input 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: 2005 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)



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

Report to: U.S. Fire & Safety Equipment Company
Property: WCC, Ops Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/13/2021
Job Number: 23057304
Technician: Michael Messacar, Jason Brut

Annual FIRE SPRINKLER INSPECTION REPORT

<i>FIVE YEAR REQUIREMENTS</i>	YES	NO	N/A	Note #
Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Has the piping in all systems been checked for obstructive materials within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
System Gauges tested or replaced within the last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018

<i>CONTROL VALVES</i>	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 #
System before backflow	OS&Y	6"	West whse	
System after backflow	OS&Y	6"	West whse	

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

<i>MAIN DRAIN AND WATERFLOW TEST RESULTS</i>	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 #
Riser	4"	2"	90	60	75	W/60	Manual only

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

Sprinkler Inspection

Report # SPI(C) - 188502

General Information

Service Provider:	Allegiant Fire Protection LLC	SP ID:	SP11855
Customer Account #:	--	Address:	2760 Beverly Dr., Suite 9 Aurora Illinois 60503
Phone:	630-506-5535	Fax:	--
General Email:	jthibodeau@allegiantfire.net		
Report Entered By:	Kaitlin Moore	User's Email:	kmoore@allegiantfire.net
SP Lead Technician:	Jason Brut	Date Inspection Completed:	10/13/2021
Lead Tech Nicet #:	149731		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Sugar Grove Fire Protection District	Primary AHJ ID:	ILA11126
AHJ Inspector Name:	--	AHJ Inspector Badge#:	--
Primary AHJ Phone:	630-466-4513	Primary AHJ Email:	wparson@sugargrovecfire.com
Secondary AHJ's Name:	--	Secondary AHJ ID:	--
Secondary AHJ Phone:	--	Secondary AHJ Email:	--

PO ID:	--		
Business Occupant:	WAUBONSEE COMMUNITY COLLEGE		
Region:	No Region	Location:	4S783 - State Route 47 - #Ops Building
Number :	4S783	Street Prefix :	--
Street Name :	State Route 47	Unit # :	Ops Building
City:	Sugar Grove	State:	Illinois
Zip:	60554	Phone:	630-466-7900
Contact Name:	EDWARD PLANTE		
Contact Phone:	630-466-7900	Contact Email :	eplante@waubonsec.edu
PIN#:	--	Classification:	--

Alternate PO Details			
Alternate PO ID:	--	Contact Name:	--
Contact Phone:	--	Contact Email :	--

Attach Report

Report:	SPI - Sprinkler System Inspection
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit inspectionreportsonline.net to access that file.
Next Inspection Due Date:	October - 2022
Report Completed By:	--
Email Sent To:	eplante@waubonsec.edu

Notes

Entered By	Notes Type	Date	Note
Kaitlin Moore	New Deficiency	10/15/2021	System due for 5 year internal inspection and FDC hydro.

Test performed in accordance with the following code or standard:

Report to:
Property: WCC, Science Building, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Out	IN
-----------------	----------	-----	----

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 checked="" type="checkbox"/>	<input 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: 2004 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)

Report to:
Property: WCC, Fox Valley, 2060 Ogden Ave
Address: 2060 Ogden Avenue
City: Aurora
State: IL **Zip:** 60504

Date:
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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: 2009 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)

Report to:
Property: WCC, Student Center, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Handled By	POS/Acct	Building Contact	Out	IN
-----------------	------------	----------	------------------	-----	----

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Sprinkler heads in use and earliest date on heads:

Standard: 2008 Quick Response: 2007 ESFR: _____ Dry Pendant: 2007 1

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)

Report to:
Property: WCC, Von Ohlen Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	Handled by	POS/Acct	Contact	Out	IN
-----------------	------------	----------	---------	-----	----

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Sprinkler heads in use and earliest date on heads:

Standard: 92 Quick Response: 2020 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)

Report to:
Property: WCC, Von Ohlen Hall, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL Zip: 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: FIVE YEAR REQUIREMENTS. Rows include: Have all Check Valves, Pre-action or Deluge Valves been internally inspected within the last 5 years? (NO checked), Has the piping in all systems been checked for obstructive materials within the last 5 years? (NO checked), System Gauges tested or replaced within the last 5 years? (YES checked).

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: CONTROL VALVES. Rows include: All Control Valves in the correct (open or closed) position? (YES checked), Locked or supervised? (YES checked), Easily accessible? (YES checked), Free from damage or leaks? (YES checked), Proper signage in place? (YES checked), Tamper Switches operate properly? (YES checked), All Control Valves operated through full range and return to normal position? (YES checked), OS&Y Valves properly lubricated? (YES checked).

Table with 5 columns: Description, Type, Size, Location, Note #. Rows include: System before backflow (OS&Y, 2 1/2", NW corner by stair - 122A), System after backflow (OS&Y, 2 1/2", NW corner by stair - 122A).

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

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: MAIN DRAIN AND WATERFLOW TEST RESULTS. Row: Do main drain test results differ more than 10% from previous test? (NO checked).

Table with 8 columns: System #, Riser Size, Size of Test Pipe, PSI Static Pressure Before, PSI Residual Pressure, PSI Pressure After, Waterflow Time (sec), Note #. Row: Riser (2 1/2", 1 1/4", 110, 60, 70, W/60).

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



Pyro Fire Protection Inc.
 P.O. Box 219 Westmont, IL 60559
 Tel: 630-329-9511 Email: goran@pyrofireprotection.com

HYDRANT FLUSH REPORT

Customer: Waubonsee Community College

Address: 4S783 State Route 47

City, State, Zip: Sugar Grove, IL 60554

Date: 7/16/2018

18
20
17
19
9
10
7
6
-
3
2
1
4
5

Location	# of Outlets	Outlet Sizes	Threaded / Storz	Flowed Y / N	Barrell Drained after Flush Y / N
100' South of Bodie Hall	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
60' South of Dickson Center	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
20' off the N.E. Corner of Dickson Center	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
90' off the N.E. corner of Building A	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
50' off the east face of Henning	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
75' off the S.W. corner of Akcrlow	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
60' Off the north face of Collins Hall	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
100' off the N.E. corner of Erickson	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
120' off the S.W. corner of Collins	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
80' off the west corner of Well House	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
COLOR GREEN FIRE HYDRANT				NO EMPTY	NO EMPTY
50' off S.W. corner of OPS Building	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
20' off North wall of OPS	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
75' of N.E. Corner of Science Bldng	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
60' of N.W. corner of Science Bldng	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES

Findings/Deficiencies/Comments:

[Handwritten Signature]

8-5-19



Pyro Fire Protection Inc.
 P.O. Box 219 Westmont, IL 60559
 Tel: 630-329-9511 Email: goran@pyrofireprotection.com

HYDRANT FLUSH REPORT

Customer: Waubensee Community College
Address: 4S783 State Route 47
City, State, Zip: Sugar Grove, IL. 60554
Date: 7/16/2018

Location	# of Outlets	Outlet Sizes	Threaded / Storz	Flowed Y / N	Barrell Drained after Flush Y / N
12 50' of N.E. corner of APC Building	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
11 50' of N.W. corner of APC Building	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
16 180' of S.E. corner of Student Cntr	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
13 N1 Parking Lot South	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
14 N1 Parking Lot North	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
8 N.W. Corner of Student Center	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES
15 South East Corner of Field House	3	2 x 2 1/2" 1 x 4"	Threaded	YES	YES

Findings/Deficiencies/Comments:

[Handwritten Signature] 8-5-19

Executive Summary

Generated by: *BuildingReports.com*

Building Information								
Building: Waubonsee Plano			Contact: Ed Plante					
Address: 100 Waubonsee Dr			Phone: 630-446-7900					
Address:			Fax:					
City/State/Zip: Plano, IL 60545			Mobile:					
Country: United States of America			Email:					
Inspection Performed By								
System Control Unit								
System Type	System Location		Protected Area			Devices		
Wet Pipe	1st floor		Riser 1			6		
Wet Pipe	2nd floor		Riser 2			6		
Wet Pipe	Building-		Building-			9		
Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Device	4	19.05%	4	100.00%	4	100.00%	0	0%
Alarm	7	33.33%	7	100.00%	7	100.00%	0	0%
Valve	8	38.10%	8	100.00%	8	100.00%	0	0%
Sprinkler	2	9.52%	2	100.00%	2	100.00%	0	0%
Totals	21	100%	21	100.00%	21	100.00%	0	0%
Certification								
Building: Waubonsee Plano Contact: Ed Plante								
Signed:				Signed:				

Inspection & Testing

Generated by: *BuildingReports.com*

Building: Waubensee Plano				
<i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
1st floor Wet Pipe, Riser 1				
Tamper Switch	sprinkler room Riser 1	Annual	11:33:58 AM	08/01/2019
Waterflow Switch	sprinkler room Riser 1	Annual	11:58:01 AM	08/01/2019
Drain	sprinkler room Riser 1	Annual	11:39:07 AM	08/01/2019
Gauge	sprinkler room Riser 1	Annual	11:35:35 AM	08/01/2019
Control Valve	sprinkler room Riser 1	Annual	11:34:10 AM	08/01/2019
Inspector's Test	in ceiling tile by room 129	Annual	11:58:16 AM	08/01/2019
2nd floor Wet Pipe, Riser 2				
Tamper Switch	sprinkler room Riser 2	Annual	11:33:38 AM	08/01/2019
Waterflow Switch	sprinkler room Riser 1	Annual	12:07:19 PM	08/01/2019
Drain	sprinkler room Riser 2	Annual	11:39:17 AM	08/01/2019
Gauge	sprinkler room Riser 2	Annual	11:35:22 AM	08/01/2019
Control Valve	sprinkler room Riser 2	Annual	11:33:54 AM	08/01/2019
Inspector's Test	by roof access door	Annual	12:03:14 PM	08/01/2019
Building– Wet Pipe, Building–				
Tamper Switch	sprinkler room City side backflow	Annual	11:34:23 AM	08/01/2019
Tamper Switch	sprinkler room System side backflow	Annual	11:34:43 AM	08/01/2019
Tamper Switch	sprinkler room FDC Drain	Annual	11:37:48 AM	08/01/2019
Sprinkler Box	in sprinkler room On wall	Annual	11:35:17 AM	08/01/2019
Sprinkler Box Spares	in sprinkler room On wall	Annual	11:35:15 AM	08/01/2019
Check Valve	sprinkler room FDC	Annual	11:35:51 AM	08/01/2019
Control Valve	sprinkler room City side backflow	Annual	11:34:33 AM	08/01/2019
Control Valve	sprinkler room System side backflow	Annual	11:34:56 AM	08/01/2019
Control Valve	sprinkler room FDC Drain	Annual	11:37:52 AM	08/01/2019

Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Waubensee Plano				1st floor, Riser 1				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Tamper Switch								
Type	Description	Manufacturer	Zone/Address			OK	ScanID	
Control Valve	Supervisory	NIBCO	1			<input checked="" type="checkbox"/>	43926833	
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	System Sensor	WFD 40	37	4	1	<input checked="" type="checkbox"/>	43926839	
Components								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	NIBCO	GD-4765-8N	sprinkler room Riser 1	4"	Open	Supervised	<input checked="" type="checkbox"/>	43926835
Description								
Isolation								
Inspector's Test								
Manufacturer	Model #	Pressure psi	Trip Time Sec	Flow Sec	OK	ScanID		
Vi		75		37	<input checked="" type="checkbox"/>	43926794		
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	sprinkler room Riser 1	2"	75	75	55	20	<input checked="" type="checkbox"/>	43926837
Previous Inspections								
July 19, 2018								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	sprinkler room Riser 1	2"	75	75	55	3	<input checked="" type="checkbox"/>	43926837
Gauge								
Location				Service Date				
sprinkler room Riser 1				07/19/2020				
Type	Mfr/Model	Static psi	Fill Type	Size	OK	ScanID		
System Pressure	Vi /	75	n/a	1/4	<input checked="" type="checkbox"/>	43926840		

Building: Waubensee Plano	2nd floor, Riser 2
----------------------------------	---------------------------

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

<i>Alarms</i>

Tamper Switch

Type	Description	Manufacturer	Zone/Address	OK	ScanID
Control Valve	Supervisory	NIBCO	1	<input checked="" type="checkbox"/>	43926832

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	System Sensor	WFD 40	42	4	1	<input checked="" type="checkbox"/>	43926838

<i>Components</i>

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	NIBCO	GD-4765-8N	sprinkler room Riser 2	4"	Open	Supervised	<input checked="" type="checkbox"/>	43926834

Description
Isolation

Inspector's Test

Manufacturer	Model #	Pressure psi	Trip Time Sec	Flow Sec	OK	ScanID
Vi		75		42	<input checked="" type="checkbox"/>	43926793

<i>Devices</i>

Drain

Current Inspection

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	sprinkler room Riser 2	2"	75	75	55	20	<input checked="" type="checkbox"/>	43926836

Previous Inspections

July 19, 2018

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	sprinkler room Riser 2	2"	75	75	55	3	<input checked="" type="checkbox"/>	43926836

Gauge

Location	Service Date
sprinkler room Riser 2	07/19/2020

Type	Mfr/Model	Static psi	Fill Type	Size	OK	ScanID
System Pressure	Vi /	75	n/a	1/4	<input checked="" type="checkbox"/>	43926841

Building: Waubensee Plano				Building-, Building-				
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
Alarms								
Tamper Switch								
Type	Description	Manufacturer	Zone/Address	OK	ScanID			
OS&Y	Supervisory	System Sensor	1	<input checked="" type="checkbox"/>	43926844			
OS&Y	Supervisory	System Sensor	1	<input checked="" type="checkbox"/>	43926842			
Control Valve	Supervisory	NIBCO	1	<input checked="" type="checkbox"/>	43926846			
Components								
Check Valve								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	sprinkler room FDC	07/19/2018	4"	<input checked="" type="checkbox"/>	43926848			
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y	Kennedy	KS2	sprinkler room City side backflow	4"	Open	Supervised	<input checked="" type="checkbox"/>	43926845
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y	Kennedy	KS2	sprinkler room System side backflow	4"	Open	Supervised	<input checked="" type="checkbox"/>	43926843
Description								
Main Control								
Control Valve								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	NIBCO	GD-4765-8N	sprinkler room FDC Drain	2.5"	Closed	Supervised	<input checked="" type="checkbox"/>	43926847
Description								
Isolation								
Devices								
Sprinkler Box								
Qty	Tool Available?	Size	Manufacturer	Location	OK	ScanID		
12	Yes	6 unit		in sprinkler room On wall	<input checked="" type="checkbox"/>	43926831		
Sprinkler Box Spares								
Qty	Type	KFactor	Manufacturer	Location	OK	ScanID		

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Waubonsee Plano					
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Item	Category	% of Inventory		Quantity	
Tamper Switch	Alarm	23.81%		5	
Control Valve	Valve	23.81%		5	
Sprinkler Box Spares	Sprinkler	4.76%		1	
Sprinkler Box	Sprinkler	4.76%		1	
Gauge	Device	9.52%		2	
Check Valve	Valve	4.76%		1	
Drain	Device	9.52%		2	
Waterflow Switch	Alarm	9.52%		2	
Inspector's Test	Valve	9.52%		2	
Device or Item	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
1st floor Wet Pipe, Riser 1					
Gauge	1		System Pressure		01/01/2015
2nd floor Wet Pipe, Riser 2					
Gauge	1		System Pressure		01/01/2015
<i>In Service - 5 Years to 10 Years</i>					
1st floor Wet Pipe, Riser 1					
Inspector's Test	1				01/01/2013
2nd floor Wet Pipe, Riser 2					
Inspector's Test	1				01/01/2013
Building- Wet Pipe, Building-					
Sprinkler Box	1				01/01/2013
Sprinkler Box Spares	1	F1	Pendant		01/01/2013
<i>In Service - 10 Years to 15 Years</i>					
2nd floor Wet Pipe, Riser 2					
Waterflow Switch	1	WFD 40	Vane	Alarm	01/02/2006
1st floor Wet Pipe, Riser 1					
Drain	1		Main		01/01/2006
Control Valve	1	GD-4765-8N	Butterfly	Isolation	01/01/2006
Tamper Switch	1	GD-4765-8N	Control Valve	Supervisory	01/01/2006
Waterflow Switch	1	WFD 40	Vane	Alarm	01/01/2006
2nd floor Wet Pipe, Riser 2					
Drain	1		Main		01/01/2006
Control Valve	1	GD-4765-8N	Butterfly	Isolation	01/01/2006

<i>In Service - 10 Years to 15 Years</i>					
Tamper Switch	1	GD-4765-8N	Control Valve	Supervisory	01/01/2006
Building- Wet Pipe, Building-					
Control Valve	2	KS2	OS&Y	Main Control	01/01/2006
Control Valve	1	GD-4765-8N	Butterfly	Isolation	01/01/2006
Tamper Switch	1	GD-4765-8N	Control Valve	Supervisory	01/01/2006
Check Valve	1	C	Grooved		01/01/2006
Tamper Switch	2	OSY2	OS&Y	Supervisory	01/01/2006



Annual Fire Sprinkler System - Inspection & Test Report

Inspection Date: 8/10/2016		System Name or #: Bodie		Occupancy Type: Education Group E	
Customer Site #: 56059-03		Date of I&T Agreement:		End of I&T Agreement:	
Facility Name: Waubonsee Community College		Facility Address: Route 47 at Waubonsee Dr.		Site Contact: Ed Plante	
City: Sugar Grove	State: IL	Zip: 60554	Phone #: 30-816-6384	E-Mail: eplante@waubonsee.edu	

General Requirements				Sprinkler Systems Continued					
	YES	N/A	NO	A		YES	N/A	NO	C
Areas with non protected water filled pipes, min 40°F.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Hangers and bracing in good condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
All components accessible.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hangers and bracing normally not accessible for safety reason has been inspected.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9
System, facility, or use free of changes requiring an evaluation.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Both gauges on freezer air lines show similar readings.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10
Location of shutoff valves identified.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Waterflow and supervisory devices free of damage.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Information signs provided for risers feeding dry, pre-action, anti-freeze, & aux. system valves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	Hydraulic/pipe schedule design sign in place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12
Past inspection and testing records available.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	General information sign provided if required (new 2010).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13
As-built drawings, hydraulic calcs, acceptance records, and device data sheets available.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Sprinklers in service for 50 years replaced or tested.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14
All Components free of damage and function properly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	Date tested or replaced. Testing every 10 years after.....	<input type="text"/>			
All components in full operational condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Sprinklers manufactured prior to 1920 replaced.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15
Notifications									
Facility representative notified of testing.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Fast response sprinklers in service for 20 years replaced or tested.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16
Before: Name and Time: _____					Date tested or replaced. Testing every 10 years after.....	<input type="text"/>			
After: Name and Time: _____					Extra high temp sprinklers replaced or tested at 5 years.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17
Facility Occupants notified of testing.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Date tested or replaced.....	<input type="text"/>			
Before: Name and Time: _____					Sprinklers in service for 75 years replaced or tested.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18
After: Name and Time: _____					Date tested or replaced. Testing every 5 years after.....	<input type="text"/>			
Monitoring company notified of testing.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Dry sprinklers replaced or tested every 10 years.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19
Before: Name and Time: Acadian					Date tested or replaced.....	<input type="text"/>			
After: Name and Time: Acadian					Sprinklers in harsh environments replaced or tested every 5 years.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20
AHJ or Fire Department, if required, notified of testing.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Date tested or replaced.....	<input type="text"/>			
Before: Name and Time: Campus Police					Gauges replaced or calibrated every 5 years.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
After: Name and Time: Campus Police					Date tested or replaced.....	3/18/2013			
Sprinkler Systems									
Sprinklers free of leakage, corrosion, damage, loss of fluid, loading, paint, and incorrect orientation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	Gauges accurate within 3% of full scale.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
Sprinklers normally not accessible for safety reasons have been inspected.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	Gauges in good condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
Flush, concealed, and recessed sprinkler escutcheons in place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	Spare sprinklers are all new and have not been used.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
Proper distance from deflector to storage maintained.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Spare sprinklers are of the proper type.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
All piping and fittings in good condition.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	The proper amount of spare sprinklers is provided.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
Piping free from external loads.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Sprinkler cabinet location less than 100°F.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
Piping normally not accessible for safety reasons has been inspected.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	Means of returning a system to service with dry sprinklers of different lengths is provided.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28
					Proper sprinkler wrenches are provided.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
					List of sprinklers installed and quantity of each needed is posted in the sprinkler cabinet.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
					Sprinklers protecting commercial cooking equipment and ventilating systems replaced annually or cleaned.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31
					Protective covers for spray areas and mixing rooms in place and free of accumulation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32
					Waterflow switches tested.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33

This inspection was completed in compliance with the requirements of NFPA 25, 2014 edition. Consult with your local AHJ (Authority Having Jurisdiction), about differences in the standards that they might enforce.

Ed Plante	Rob Stecken / NICET Level 3 / 126117
Owner/Owner Representative (sign & print)	Technician / NICET Level / NICET Certification Number

IL. Sprinkler Lic. #
FSC0104

Protecting Life & Property is Priority One

IL. Plumbing Lic. #
055-043894



<p>N/A <input checked="" type="checkbox"/> <u>Antifreeze</u> YES N/A NO</p> <p>Antifreeze is identifiable and of the correct type.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>Samples have been taken from required locations.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Specific gravity from samples within acceptable range.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3</p> <p>Antifreeze solution adequate to prevent freezing.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Only glycerin used in CPVC piping.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5</p> <p>Antifreeze solution is listed or meets exemption requirement for service until 2022.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6</p>	<p>N/A <input checked="" type="checkbox"/> <u>Alarm Valves</u> YES N/A NO</p> <p>Gauges indicate normal water pressure.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>Valve is free of physical damage.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>All valves are in the appropriate position.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3</p> <p>The retard chamber or alarm drain is free of leaks.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Alarm valve, strainers, filters, and restricted orifices 5 year internal inspection is current.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5</p> <p>Date of inspection.....</p>
<p>N/A <input type="checkbox"/> <u>Internal Piping Condition Investigation</u> YES N/A NO</p> <p>Piping 5 year internal condition investigation current.....<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 1</p> <p>Date of Investigation..... <u>unknown</u></p> <p>Inspection and testing free of conditions requiring an obstruction investigation.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Ice obstruction investigation performed annually on all penetrations into cold storage areas.....<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 3</p> <p>Ice obstruction investigation shows piping free of ice.....<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 4</p>	<p>N/A <input checked="" type="checkbox"/> <u>Dry Pipe Valves</u> YES N/A NO</p> <p>Low temperature alarm free of damage.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>Low temperature alarm tested successfully.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Low air alarm tested acceptably.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3</p> <p>Supply side gauge indicates normal.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>System side air gauges indicates correct ratio.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5</p> <p>Quick opening device gauge same as system side.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6</p> <p>Air maintenance device operates properly.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7</p> <p>Air supply capable of restoring pressure within 30 minutes.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8</p> <p>Air supply for freezers maintained below 5°F restored within 60 minutes.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9</p> <p>Dry pipe system 3 year pressure test current.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10</p> <p>Date of last test.....</p> <p>Dry pipe system 3 year pressure test acceptable.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11</p> <p>Dry pipe system with auxiliary drains provided has a sign indicating location and number of drains.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12</p> <p>Auxiliary drains all drained.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13</p> <p>Valve free of physical damage.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14</p> <p>Inspection of valve interior performed.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15</p> <p>All trim valves in appropriate position.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16</p> <p>Priming water level is normal.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17</p> <p>Intermediate chamber is free of leaks.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18</p> <p>Quick opening device tested successfully.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19</p> <p>Dry pipe valve 3 year full trip requirement current.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20</p> <p>Date of last full trip.....</p> <p>Dry pipe valve annual trip requirement current.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21</p> <p>5 year internal inspection of strainers, filters, restricted orifices, and diaphragm chambers is current.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22</p> <p>Date of inspection.....</p> <p>Tag or card attached to valve indicating last trip.....<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23</p>
<p>N/A <input type="checkbox"/> <u>Valves - General</u> YES N/A NO</p> <p>All control valves provided with the proper identification.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>All control valves protected & accessible.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>All control valves in normal position.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3</p> <p>All control valves Sealed, Locked, and/or Elec. Supervised...<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Control valve tamper switches free of damage.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5</p> <p>Supervisory signal indicates movement from normal within requirements and only restores when normal.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6</p> <p>All control valves free from external leaks.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7</p> <p>All control valves operated through its full range.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8</p> <p>Valve status test performed on all control valves.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9</p> <p>PIV's are provided with correct wrench.....<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 10</p> <p>PIV spring test is acceptable.....<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 11</p> <p>Main drain test performed on each water supply.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12</p> <p>Main drain test residual pressure within 10% of original acceptance, or previous test.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13</p>	<p>N/A <input type="checkbox"/> <u>Check Valves</u> YES N/A NO</p> <p>Check valve 5 year inspection current.....<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 1</p> <p>Date of inspection..... <u>unknown</u></p> <p>N/A <input type="checkbox"/> <u>Backflow Prevention Assemblies</u> YES N/A NO</p> <p>Valves are in the open position.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>RPA's and RPDA's are free of leaks from relief port.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Backflow prevention assembly 5 year internal inspection is current.....<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 3</p> <p>Date of inspection.....</p> <p>Forward flow test performed annually.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Date of last State required backflow prevention test..... <u>12/16/2015</u></p>
<p>N/A <input type="checkbox"/> <u>Fire Department Connection</u> YES N/A NO</p> <p>FDC is visible and accessible.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>Coupling or swivel free of damage and rotate smoothly.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Plugs or caps are in place and free of damage.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3</p> <p>Gaskets are in place and in good condition.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Identification signs are in place.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5</p> <p>The check valve holds tight.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6</p> <p>Automatic drain valve in place and operates properly.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7</p> <p>Clapper(s) are in place and operate properly.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8</p> <p>Interior of the connection is free of obstructions.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9</p> <p>5 Year hydrostatic test of the piping from the FDC to the FDC check valve is current.....<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 10</p> <p>Date of Test.....</p> <p>Hydrostatic test pressure maintained for 2 hours.....<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 11</p>	<p>N/A <input type="checkbox"/> <u>Backflow Prevention Assemblies</u> YES N/A NO</p> <p>Valves are in the open position.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1</p> <p>RPA's and RPDA's are free of leaks from relief port.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2</p> <p>Backflow prevention assembly 5 year internal inspection is current.....<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 3</p> <p>Date of inspection.....</p> <p>Forward flow test performed annually.....<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4</p> <p>Date of last State required backflow prevention test..... <u>12/16/2015</u></p>



Annual Test Results	Riser Info.	System Number	1st floor	2nd floor	Elevator Pre-Action		
		Location / Description	riser closet	stairwell ceiling	2nd floor elevator		
		System Type	wet	wet	Pre-Action		
	Control Valve	Size (in)	2 1/2"	3"	1 1/2"		
		Control Valve Manufacturer	milwaukee	kennedy	milwaukee		
		Control Valve Type	butterfly	butterfly	butterfly		
		Control Valve Condition	ok	ok	ok		
		Sign Provided?	yes	yes	yes		
		Supervised / Locked / Sealed?	supervised	supervised	supervised		
		Supervisory Device Tested OK?	yes	yes	yes		
	Main Drain / Valve Status Test	Drain Valve Location	riser	riser	riser		
		Valve Condition	ok	ok	ok		
		Static Pressure Before Test	59	75	60		
		Residual Pressure	45	56	40		
		Static Pressure After Test	65	70	60		
		Test Results Satisfactory?	yes	yes	yes		
	Alarm Test	Test Valve Location	closet of room	riser			
		Test Valve Condition	147	stairwell ceiling	none		
		Alarms Operated Yes / No / Time	ok	ok			
	Special Valve	Valve Type	38	57			
		Valve Manufacturer			deluge		
		Model			viking		
		Size (in)			E1		
		Valve Condition			1 1/2"		
	Dry Pipe, Preaction, Deluge Valve Trip Test	Date of Last Full Trip Test			n/a		
		Date of Last Partial Trip Test			8/10/2016		
		Date of Last Pre-Action / Dry Air Test			n/a		
		Pressure Before Test	Air:				
			Water:			60	
		Tripped At	Air Pressure:			N/A	
			Time:				
		Time for Water to Reach Test Outlet					
		Pressure at Deluge Valve					
		Pressure at Remote Nozzle					
		Low Air Alarm Received at Pressure					
		Alarms Operated with Bypass?			yes		
		Valve reset After Tripped?			yes		
	Quick Opening Device	Manufacturer					
		Model					
		Air Pressure Before Test					
Condition / Performance							
Device Reset After Tripped?							
Device Left In Service							
Anti-Freeze	Antifreeze Type						
	Antifreeze Concentration						
	Antifreeze Protection Temperature						



DEFICIENCIES, COMMENTS AND ADDITIONAL NOTES

A5-no signage installed indicating a pre-action is installed and where it serves

A8-no inspector test valve has been installed for the pre-action system

C1-Physical damage(bent deflector)-room 150 3rd row

Physical damage, sprinkler under duct in south penthouse has been hit and is bent

Painted-penthouse(both)

C3-Missing escutcheon-west stair entrance, outside 107, 2nd floor hall outside 222 and 225, room 204b

C12-a hydraulic nameplate is not provided for the pre-action system

E1-5yr internal pipe inspection is not current

G10-5yr FDC hydrostatic test is not current(this is new to NFPA 25 per the 2014 edition)

J1-5yr internal check valve inspection is not current

K3-5yr internal backflow device inspection is not current(this is new to NFPA 25 per the 2014 edition)

Empty table rows for additional notes.

TERMS AND CONDITIONS

DEFINITIONS

The words and phrases set off by quotation marks in this section of this Agreement shall have the meanings indicated.

"Agreement" means this Agreement for Providing Services, these terms and conditions, and all attachments thereto.

"Buyer" means the person or organization named as Buyer on the face of this Agreement.

"Premises" means the location where the Services are provided as indicated on the face of this Agreement.

"Purchase Price" means the cost of the Services as set forth on the face of this Agreement.

"Seller" means Getz Fire Equipment Co. d/b/a Getz Global Innovators.

"Services" means the activities to be performed by Seller under this Agreement.

Whenever a word or phrase which is used in this Agreement is defined in the Code, such word or phrase shall have the same meaning as defined in the Code unless the Code definition is consistent with the definitions herein.

WARRANTY AND WARRANTY PROCEDURE: SELLER WARRANTS THAT ALL SERVICES WILL BE PROVIDED IN A GOOD AND WORKMANLIKE MANNER. THIS WARRANTY SHALL BE VOID IF BUYER, OR ANY PERSON CLAIMING THROUGH BUYER OR EMPLOYED BY BUYER: (A) FAILS TO FOLLOW THE MANUFACTURER'S OR SELLER'S INSTRUCTIONS REGARDING MAINTENANCE OF THE PRODUCTS INSPECTED AS SET FORTH IN THIS AGREEMENT OR OTHERWISE; (B) FAILS TO EXERCISE REASONABLE CARE IN THE OPERATION OR USE OF THE PRODUCTS INSPECTED; AND/OR (C) ALTERS, MODIFIES OR IMPROPERLY REPAIRS THE PRODUCTS INSPECTED.

WARRANTY EXCLUSION: THE FOREGOING WARRANTIES ARE IN LIEU OF AND EXCLUDE ALL OTHER WARRANTIES NOT EXPRESSLY SET FORTH HEREIN WHETHER EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES RELATIVE TO PATENT INFRINGEMENT AND ANY IMPLIED WARRANTIES OF MERCHANTABILITY, AND FITNESS FOR A PARTICULAR PURPOSE.

INTENT OF INSPECTION: Any inspection or testing performed by Seller as Services is not intended to be a code review, or a complete system or code compliance evaluation.

PAYMENT AND SELLER'S REMEDIES: All amounts due from Buyer to Seller pursuant to this Agreement shall be paid according to this Agreement. Any amounts not paid when due shall bear interest at the lesser of the rate of one and a half percent (1 ½%) per month (which is 18% per year) or the maximum allowable by law. All charges of whatsoever kind of nature assessed against Seller by any bank or other financial institution in connection with payments due from Buyer to Seller shall be paid to Seller by Buyer on demand as an addition to the Purchase Price. In the case that the Services have been provided, Seller may recover the Purchase Price and expenses. Seller's expenses in any case shall include litigation expenses, reasonable attorneys' fees, and liabilities in connection with, arising out of, or relating to this Agreement and any other costs of enforcing its rights.

Seller shall have the right to withhold Services covered by this Agreement, or any other existing agreement between Seller and Buyer, in the event Buyer fails to make payment when due under any agreement between Buyer and Seller.

RISK OF LOSS; SHIPMENT; DELIVERY DATES; PARTIAL SHIPMENTS: Seller shall not be liable for loss or damage due to delay in providing the Services resulting from any cause beyond Seller's reasonable control, including, but not limited to, compliance with any regulations, orders, or instructions of any Federal, State, Municipal or other government or any department or agency thereof, acts of God, acts or omissions of Buyer, acts or civil or military authority, fires, strikes, factory shutdowns, or alterations, embargoes, war, riot, delays in transportation, or delays in manufacturing.

TAXES AND OTHER LEVIES: If any tax, public charge, tariff, duty, or increase therein, other than the Seller's income taxes, is now, or shall be assessed, levied, or imposed upon the Services to be provided, or upon any sale, delivery or other action taken hereunder, the burden of such charge shall be borne by Buyer.

BUYER RESPONSIBILITIES:

a. Buyer shall provide electrical power to portable electric tools, sufficient light, elevator service for both personnel and material where required, and reasonable cooperation of its employees.

Buyer shall assist Seller's personnel to store tools and materials in locations reasonably convenient to the installation site and not subject to pilferage. In addition, a 120 VAC 15 AMP separate circuit must be supplied within 10 feet of Seller's control panel.

b. If a fire sprinkler system is being inspected, Buyer shall be responsible for maintaining adequate heat throughout the Premises to prevent freezing or damage to the existing fire sprinkler system.

c. If a fire sprinkler system is being inspected, Buyer understands and expressly acknowledges that fire protection systems are susceptible to damage by water intrusion, ice, or other conditions inside the piping that Seller cannot detect upon inspection. In the event that water, ice, or other conditions occur which render the fire protection system inoperable or damaged, Seller expressly disclaims any responsibility for such conditions, and assumes no responsibility to investigate the cause, source or extent of such condition.

d. Buyer acknowledges this warning, and acknowledges that under NFPA and other applicable codes and regulations, it is the responsibility of the Buyer to maintain the fire protection system, including but not limited to ensuring proper drainage. Failure to properly maintain or drain the fire protection system may lead to breaks or other conditions that may render the fire protection system inoperable, or that damage to the fire protection system may result in injury, damage to property and loss of use.

REPAIR: Seller shall not be obliged to repair or redecorate due to spalling of concrete or plaster, installation of piping, conduit, raceways, cylinders, wiring or mounting of control equipment or for any other reasons, unless expressly otherwise stated.

DAMPENING: Dampening and air control will be the Buyer's responsibility.

CONCENTRATION TEST: A full or partial discharge concentration test, if required, will not be made unless specifically stated in this Agreement. To assure sufficient concentration levels in accordance with requirements of the authorities having jurisdiction, room integrity (tightness) of the area where the products to be inspected are located shall be Buyer's sole responsibility. If additional discharge concentration tests are necessary due to failure of Buyer to assure room integrity (tightness) of the area where the products to be inspected are located or for any other reason in the control of or the responsibility of Buyer, the expense of such additional tests shall be added to the Purchase Price.

LABOR CHARGES: The Purchase Price includes labor charges for labor performed during the Seller's ordinary business hours. If the Buyer requires the Seller to perform work after ordinary business hours or on weekends, any overtime compensation paid by the Seller to its employees and by the Seller's subcontractors to the subcontractors' employees shall become an addition to the Purchase Price and shall be paid by Buyer.

TIME LIMITATION: All claims, actions or proceedings, legal or equitable, against Seller must be commenced in court within one (1) year after the cause of action has accrued, or the act, omission or event occurred from which the claim, action or proceeding arises, whichever is earlier, without judicial extension of time, or said claim action or proceeding is barred, time being of the essence of this paragraph. Buyer expressly waives any statutory and/or common law limitation period to the contrary.

WAIVER OF SUBROGATION: In case of any claim or loss, Buyer agrees that it is responsible to maintain, and has sufficient insurance coverage to cover, any potential claim or loss. Buyer further agrees to look to its property and/or general liability insurance carrier for reimbursement. Buyer and Seller mutually agree to release one another from any and all claims with respect to any loss covered by (or which should have been covered) the insurance coverages, which were required and/or recommended that may be applicable to any property where Seller performs Services for Buyer. For purposes of this Section, all deductibles shall be considered insured losses. The parties further mutually agree that their respective insurance companies shall have no right of subrogation against the other on account thereof.

LIMITATION OF LIABILITY: SELLER'S TOTAL LIABILITY TO BUYER FOR ANY CLAIMS, LOSSES OR DAMAGES ARISING OUT OF OR IN ANY WAY RELATED TO ANY CAUSE WHATSOEVER IN RELATION TO SERVICES PROVIDED UNDER THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, BREACH OF WARRANTY OR OTHER CAUSE, SHALL BE LIMITED TO THE RETURN OF THE PURCHASE PRICE. NOTWITHSTANDING THE FOREGOING SENTENCES, UNDER NO CIRCUMSTANCES SHALL SELLER BE LIABLE FOR ANY DAMAGES FOR LOSS OF USE, INTERRUPTION OF BUSINESS, LOST PROFITS, REVENUE OR OPPORTUNITY, CLAIMS OF THIRD PARTIES OR FOR INJURY TO PERSONS OR PROPERTY OR FOR ANY OTHER SPECIAL, EXEMPLARY, INCIDENTAL, INDIRECT, PUNITIVE, CONSEQUENTIAL OR OTHER DAMAGES OF ANY KIND OR NATURE.

INDEMNIFICATION: Buyer shall indemnify and hold harmless Seller from and against all claims, damages, losses and expenses (including attorneys' fees) arising out of the Services provided by Seller provided that any such claim, damage, loss of expense is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property including the loss of use resulting therefrom, and is caused in whole or in part by any act or omission of Buyer or anyone directly or indirectly employed by or serving Buyer regardless of whether or not it is caused in part by Seller. This indemnity includes claims brought by any third party, including, without limitation, Buyer's insurance company, whether the claim arises under this Agreement, warranty, tort, or any other theory of liability.

GOVERNING LAW: This Agreement is to be governed by, construed, and enforced with the laws of the State of Illinois. Buyer and Seller agree that any action brought by any party shall be brought and resolved exclusively by the state and federal courts located in Peoria County, Illinois.

SEVERABILITY: If any provision of this Agreement is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and shall be inoperative, and the remainder of this Agreement shall remain operative and binding on all parties.

CLAUSE PARAMOUNT: In the event of any conflict between the terms of this Agreement and the terms of a schedule, confirmation or other documents purporting to establish the terms and conditions of the provision of Services, the terms of the schedule, confirmation or other documents shall prevail. BUYER'S ACCEPTANCE OF THIS AGREEMENT IS EXPRESSLY LIMITED TO THE TERMS OF THIS AGREEMENT.

ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the parties and no modification shall be effective unless agreed upon by both parties in writing. This Agreement supersedes all prior agreements between the parties with respect to its subject matter and constitutes (along with the documents referred to in this Agreement) a complete and exclusive statement of the terms of the agreement between the parties with respect to its subject matter.

REPRESENTATIONS: Buyer and Seller agree that no representations have been made or relied upon, except as specifically stated in this Agreement.

Report to:
Property: WCC, Weigel, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL **Zip:** 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Central Station	POS/Acct	Handled by customer	Out	IN
-----------------	----------	---------------------	-----	----

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 checked="" type="checkbox"/>	<input 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: 1994 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)

Report to:
Property: WCC, Weigel, 4 IL-47
Address: 4 Illinois 47
City: Sugar Grove
State: IL Zip: 60554

Date: 10/16/2021
Job Number:
Technician:

Annual FIRE SPRINKLER INSPECTION REPORT

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: FIVE YEAR REQUIREMENTS. Rows include: Have all Check Valves... inspected within the last 5 years? (checked), Has the piping... checked for obstructive materials... (checked), System Gauges tested or replaced... (checked).

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: CONTROL VALVES. Rows include: All Control Valves in the correct... position? (checked), Locked or supervised? (checked), Easily accessible? (checked), Free from damage or leaks? (checked), Proper signage in place? (checked), Tamper Switches operate properly? (checked), All Control Valves operated through full range... (checked), OS&Y Valves properly lubricated? (checked).

Table with 5 columns: Description, Type, Size, Location, Note #. Rows include: System before backflow (OS&Y, 2 1/2", Riser room - NE corner), System after backflow (OS&Y, 2 1/2", Riser room - NE corner).

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

Table with 5 columns: Question, YES, NO, N/A, Note #. Section: MAIN DRAIN AND WATERFLOW TEST RESULTS. Row: Do main drain test results differ more than 10% from previous test? (NO checked).

Table with 8 columns: System #, Riser Size, Size of Test Pipe, PSI Static Pressure Before, PSI Residual Pressure, PSI Pressure After, Waterflow Time (sec), Note #. Row: Riser (2 1/2", 1 1/4", 110, 65, 85, W/60).

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