WAUBONSEE COMMUNITY COLLEGE

# ADDENDUM 1

**Date: Thursday, August 27, 2026 – 12:00 p.m.**
**Pages: 0092 Pages**

**PROJECT NUMBER: #08-26-001**
**PROJECT: Life Safety Services**
**DUE: Thursday, August 27, 2026**
**This addendum does not change the bid due date or time.**

Respondent must acknowledge receipt of this addendum with their submittal.

**QUESTIONS**

I attached the scope of work and test reports. This should answer how many devices each that we have +or- %10.

**Scope Clarification**

Can the college provide an inventory of all fire protection equipment by campus?

- Fire extinguishers
- Emergency Lighting
- Wet Pipe Sprinkler Systems
- Dry Pipe Sprinkler Systems
- Fire Pump Types (also GPM)
- Fire Hydrants
- Clean Agent Suppression Systems and Types (FM-200, Novec 1230, Inergen, Other)

What type of fire extinguisher training is the college looking to receive and how many employees will need to attend per campus?

- Live Fire
- Classroom Only
- Combination Classroom and Live Fire

This would be a minimal training event for Ops staff; this event would be once a year at the ops building. Less than twenty

Can the college provide the most recent inspection reports for all life safety systems? See attached

Can the college clarify if these Testing & Certifications are associated with Fire Protection Services?

5.17.8 Battery Backup Inverter Testing-This would be at Erickson only
5.17.9 Exercise associated hydronic valves-This is not a part of the Fire protection

5.17.10 Grease/oil associated pumps/motors with hydronic system-This is not a part of the Fire protection

5.17.12 Remove and replace any panels associated with inspection of boilers-This is not a part of the Fire protection

**Service & Response Questions**

Does the required 2-hour response time apply to both critical and non-critical emergencies?-Critical

Is remote troubleshooting acceptable to satisfy the initial response requirement?-Not for critical but ok for non-critical

**Pricing Questions**

Should annual inspection/testing pricing be included in hourly labor rates, or submitted separately as fixed-price services?-This should be separate

Are the hourly labor rates being provided as the primary pricing methodology for all services-only for repair quotes, and is submitting separate system-based or unit-based pricing acceptable?

Will prevailing wage requirements apply only to corrective repairs or to inspections as well?-YES

Are all deficiencies and corrective actions expected to be quoted separately or, if applicable, can deficiencies be corrected during the time of inspections?- Quoted separately.

**CHANGES**

**CLARIFICATIONS**

**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: _____ Quick Response: ✔ 2009 ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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)

| *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?* | ☐ | ✔ | ☐ | 1 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | 1 |
| *System Gauges tested or replaced within the last 5 years?* | ☐ | ✔ | ☐ | 2 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 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 | |
| Bipass 1 | Butterfly | 6” | Sprinkler room | |
| Bipass 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

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

# 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2009 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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?* | ☐ | ✔ | ☐ | |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION
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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2004 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

ALLEGIANT FIRE PROTECTION

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? | ✔ | | | 2018 |
| Has the piping in all systems been checked for obstructive materials within the last 5 years? | ✔ | | | 2018 |
| System Gauges tested or replaced within the last 5 years? | ✔ | | | 2018 |

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

| Description | Type | Size | Location | Note # |
|---|---|---|---|---|
| Before Backflow | OS&Y | 3'' | Sprinkler Room | |
| After Backflow | OS&Y | 3'' | Sprinkler Room | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| MAIN DRAIN AND WATERFLOW TEST RESULTS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Do main drain test results differ more than 10% from previous test? | | ✔ | | |

| System # | Riser Size | Size of Test Pipe | PSI Static Pressure Before | PSI Residual Pressure | PSI Pressure After | Waterflow Time (sec) | Note # |
|---|---|---|---|---|---|---|---|
| Riser 1 | 3'' | 2'' | 75 | 55 | 65 | W/60 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

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

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

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

*By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout with Laura
OWNER / REPRESENTATIVE SIGNATURE

INSPECTOR SIGNATURE

| Verbal checkout with Laura | 10/13/2021 | Michael Messacar, Jason Brut | 149731 |
|---|---|---|---|
| PRINT NAME | DATE | PRINT NAME | NICET # |

ALLEGIANT FIRE PROTECTION

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? | ✔ | | | |
| Has the occupancy classification and hazard of contents remained the same since the last inspection? | ✔ | | | |
| Are all fire protection systems in service? | ✔ | | | |
| Has the system remained in service without modifications or actuations of devices/alarms since last inspection? | ✔ | | | |
| Fire pump onsite? | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*

Standard: ✔ 2000 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | LOCATION / AREA PROTECTED | TEMP | Note # | | LOCATION / AREA PROTECTED | TEMP | Note # |
|---|---|---|---|---|---|---|---|
| 1 | | | | 3 | | | |
| 2 | | | | 4 | | | |

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

ALLEGIANT FIRE PROTECTION
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

| 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? | ☐ | ☑ | ☐ | NA |
| Has the piping in all systems been checked for obstructive materials within the last 5 years? | ☐ | ☑ | ☐ | NA |
| System Gauges tested or replaced within the last 5 years? | ☑ | ☐ | ☐ | 2018 |

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

| Description | Type | Size | Location | Note # |
|---|---|---|---|---|
| System before backflow | Ball Valve | 2” | Electric / Storage -141 | |
| System after backflow | Ball Valve | 2” | Electric / Storage -141 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| MAIN DRAIN AND WATERFLOW TEST RESULTS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Do main drain test results differ more than 10% from previous test? | ☐ | ☑ | ☐ | |

| System # | Riser Size | Size of Test Pipe | PSI Static Pressure Before | PSI Residual Pressure | PSI Pressure After | Waterflow Time (sec) | Note # |
|---|---|---|---|---|---|---|---|
| Riser | 2” | 1” | 95 | 60 | 80 | W/60 | Manual only |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

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

**Report to:** U.S. Fire & Safety Equipment Company **Date:** 10/13/2021
**Property:** WCC, Building A, 4 IL-47 **Job Number:** 23057292
**Address:** 4 Illinois 47 **Technician:** Michael Messacar, Jason Brut
**City:** Sugar Grove
**State:** IL **Zip:** 60554

## Annual Fire Sprinkler Inspection Report

| *Note #* | *THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:* *(these suggestions are not the result of an engineering survey)* |
|---|---|
| #1 | System due for 5 year internal inspection and FDC hydro |
| | Note: could not gain access to room with ITV, manually tested device |
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*MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:*

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

*By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout with Laura
OWNER / REPRESENTATIVE SIGNATURE

INSPECTOR SIGNATURE

| Verbal checkout with Laura | 10/13/2021 | Michael Messacar, Jason Brut | 149731 |
|---|---|---|---|
| PRINT NAME | DATE | PRINT NAME | NICET # |

ALLEGIANT FIRE PROTECTION

2760 Beverly Dr.
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**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: _____ Quick Response: _____ ESFR: _____ Dry Pendant: ✔ 2013

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

ALLEGIANT FIRE PROTECTION

2760 Beverly Dr.
Suite 9
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630.506.5535
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**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

| *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?* | ✔ | | | 2018 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | | | 2018 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | | | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | | ✔ | | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Dry | 3" | 1 1/2" | 70 | 60 | 70 | NA | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

2760 Beverly Dr.
Suite 9
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630.506.5535
www.allegiantfire.net

**Report to:** U.S. Fire & Safety Equipment Company **Date:** 10/13/2021
**Property:** WCC, Ceramics Building, 4 IL-47 **Job Number:** 23057294
**Address:** 4 Illinois 47 **Technician:** Michael Messacar, Jason Brut
**City:** Sugar Grove
**State:** IL **Zip:** 60554

## Annual Fire Sprinkler Inspection Report

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

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

*By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout with Brian

OWNER / REPRESENTATIVE SIGNATURE

INSPECTOR SIGNATURE

| Verbal checkout with Brian | 10/13/2021 | Michael Messacar, Jason Brut | 149731 |
|---|---|---|---|
| PRINT NAME | DATE | PRINT NAME | NICET # |

ALLEGIANT FIRE PROTECTION

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**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* ☐ | *YES* ☐ *NO* ☐ |
| (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* | *YES* *NO* |
| Did Valve Reset? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Did Alarms Operate at Trip Test? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Did Low Air Alarm Operate Properly? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| If yes, at: | | 15 psi | | | |
| All Auxiliary Drains Blown Out? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Water Control Valve Left Open? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Alarm Control Valve Left Open? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| When Was Last 3-Year Full Flood Trip Test Performed? | | NA | | | |

ALLEGIANT FIRE PROTECTION

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www.allegiantfire.net

**Report to:** U.S. Fire & Safety Equipment Company **Date:** 10/13/2021
**Property:** WCC, Ceramics Building, 4 IL-47 **Job Number:** 23057294
**Address:** 4 Illinois 47 **Technician:** Michael Messacar, Jason Brut
**City:** Sugar Grove
**State:** IL **Zip:** 60554

# DRY VALVE TRIP TEST REPORT

| *Quick Opening Devices* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 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* ☐ | |

*LOW POINT DRAIN LIST*

| *LOCATION* | *Drained* YES | NO | *Note #* | *LOCATION* | *Drained* YES | NO | *Note #* |
|---|---|---|---|---|---|---|---|
| ITV | ☑ | ☐ | | | ☐ | ☐ | |
| DPV | ☑ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
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| | ☐ | ☐ | | | ☐ | ☐ | |
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| | ☐ | ☐ | | | ☐ | ☐ | |

| *Note #* | *THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:* *(these suggestions are not the result of an engineering survey)* |
|---|---|
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*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 | 149731 |
|---|---|---|
| | PRINT NAME | NICET # |

10/16/2021

| | | | |
|---|---|---|---|
| **Property:** | WCC, A&P, 4 IL-47 | **Job Number:** | |
| **Address:** | 4 Illinois 47 | **Technician:** | |
| **City:** | Sugar Grove | | |
| **State:** | IL | **Zip:** | 60554 |

# 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | ✔ | | | |

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

*Sprinkler heads in use and earliest date on heads:*

Standard: ✔ 2002 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ✔ | ☐ | ☐ | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*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@sugargrovefire.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:** | | **Date:** | 10/13/2021 |
| **Property:** | WCC, Auditorium, 4 IL-47 | **Job Number:** | |
| **Address:** | 4 Illinois 47 | **Technician:** | |
| **City:** | Sugar Grove | | |
| **State:** | IL **Zip:** 60554 | | |

# 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*

Standard: ✔ 2004 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☑ | ☐ | ☐ | 2018 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☑ | ☐ | ☐ | 2018 |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| Before Backflow | OS&Y | 3'' | Sprinkler Room | |
| After Backflow | OS&Y | 3'' | Sprinkler Room | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ☑ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser 1 | 3'' | 2'' | 75 | 55 | 65 | W/60 | |
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*(*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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: _____ Quick Response: ✔ 2009 ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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)

| *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?* | ☐ | ✔ | ☐ | 1 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | 1 |
| *System Gauges tested or replaced within the last 5 years?* | ☐ | ✔ | ☐ | 2 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 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 | |
| Bipass 1 | Butterfly | 6” | Sprinkler room | |
| Bipass 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.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2000 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☐ | ✔ | ☐ | NA |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | NA |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| System before backflow | Ball Valve | 2” | Electric / Storage -141 | |
| System after backflow | Ball Valve | 2” | Electric / Storage -141 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 2” | 1” | 95 | 60 | 80 | W/60 | Manual only |
| | | | | | | | |
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*(*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@sugargrovefire.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@sugargrovefire.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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: _____ Quick Response: _____ ESFR: _____ Dry Pendant: ✔ 2013

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

| | | | |
|---|---|---|---|
| **Report to:** | | **Date:** | 10/13/2021 |
| **Property:** | WCC, Ceramics Building, 4 IL-47 | **Job Number:** | |
| **Address:** | 4 Illinois 47 | **Technician:** | |
| **City:** | Sugar Grove | | |
| **State:** | IL **Zip:** 60554 | | |

# 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?* | ✔ | | | 2018 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | | | 2018 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | | | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | | ✔ | | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Dry | 3" | 1 1/2" | 70 | 60 | 70 | NA | |
| | | | | | | | |
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*(*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* ☐ ☐ | *YES* *NO* ☐ ☐ |
| (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* | *YES* *NO* |
| Did Valve Reset? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Did Alarms Operate at Trip Test? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Did Low Air Alarm Operate Properly? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| If yes, at: | | 15 psi | | | |
| All Auxiliary Drains Blown Out? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Water Control Valve Left Open? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Alarm Control Valve Left Open? | | ☑ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| 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

| *Quick Opening Devices* | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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* |
| | ☑ | ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*LOW POINT DRAIN LIST*

| *LOCATION* | *Drained* *YES* | *NO* | *Note #* | *LOCATION* | *Drained* *YES* | *NO* | *Note #* |
|---|---|---|---|---|---|---|---|
| ITV | ☑ | ☐ | | | ☐ | ☐ | |
| DPV | ☑ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |
| | ☐ | ☐ | | | ☐ | ☐ | |

| *Note #* | *THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:* *(these suggestions are not the result of an engineering survey)* |
|---|---|
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*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 | PRINT NAME | NICET # |
|---|---|---|
| | Jason Brut | 149731 |

**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2000 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| | | | | *4* | | | |

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

**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

| *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?* | ✔ | ☐ | ☐ | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| System before backflow | OS&Y | 4” | NW corner - Storage room | |
| System after backflow | OS&Y | 4” | NW corner - Storage room | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 4” | 2” | 90 | 50 | 75 | W/60 | Manual only |
| | | | | | | | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

**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?* | ☑ | ☐ | ☐ | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ☑ | ☐ | ☐ | |
| *Are all fire protection systems in service?* | ☑ | ☐ | ☐ | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ☑ | ☐ | ☐ | |
| *Fire pump onsite?* | ☑ | ☐ | ☐ | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ☑ 2004 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

ALLEGIANT FIRE PROTECTION

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

| 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? | ✔ | | | 2019 |
| Has the piping in all systems been checked for obstructive materials within the last 5 years? | ✔ | | | 2019 |
| System Gauges tested or replaced within the last 5 years? | ✔ | | | 2018 |

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

| Description | Type | Size | Location | Note # |
|---|---|---|---|---|
| City 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.)*

| MAIN DRAIN AND WATERFLOW TEST RESULTS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Do main drain test results differ more than 10% from previous test? | | ✔ | | |

| System # | Riser Size | Size of Test Pipe | PSI Static Pressure Before | PSI Residual Pressure | PSI Pressure After | Waterflow Time (sec) | Note # |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*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?* | ☑ | ☐ | ☐ | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ☑ | ☐ | ☐ | |
| *Are all fire protection systems in service?* | ☑ | ☐ | ☐ | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ☑ | ☐ | ☐ | |
| *Fire pump onsite?* | ☐ | ☑ | ☐ | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ☑ 2014 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

| | | | |
|---|---|---|---|
| **Report to:** | | **Date:** | 10/13/2021 |
| **Property:** | WCC, Erickson Hall, 4 IL-47 | **Job Number:** | |
| **Address:** | 4 Illinois 47 | **Technician:** | |
| **City:** | Sugar Grove | | |
| **State:** | IL **Zip:** 60554 | | |

# 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?* | ☑ | ☐ | ☐ | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☑ | ☐ | ☐ | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ☐ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

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? | ✔ | | | |
| Has the occupancy classification and hazard of contents remained the same since the last inspection? | ✔ | | | |
| Are all fire protection systems in service? | ✔ | | | |
| Has the system remained in service without modifications or actuations of devices/alarms since last inspection? | ✔ | | | |
| Fire pump onsite? | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*

Standard: ✔ 2014 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | LOCATION / AREA PROTECTED | TEMP | Note # | | LOCATION / AREA PROTECTED | TEMP | Note # |
|---|---|---|---|---|---|---|---|
| 1 | | | | 3 | | | |
| 2 | | | | 4 | | | |

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

ALLEGIANT FIRE PROTECTION

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

| *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?* | ☑ | ☐ | ☐ | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☑ | ☐ | ☐ | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ☐ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

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

**Report to:** U.S. Fire & Safety Equipment Company **Date:** 10/13/2021
**Property:** WCC, Erickson Hall, 4 IL-47 **Job Number:** 23057301
**Address:** 4 Illinois 47 **Technician:** Michael Messacar, Jason Brut
**City:** Sugar Grove
**State:** IL **Zip:** 60554

## Annual Fire Sprinkler Inspection Report

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

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

*By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout with Laura
OWNER / REPRESENTATIVE SIGNATURE


INSPECTOR SIGNATURE

| Verbal checkout with Laura | 10/13/2021 | Michael Messacar, Jason Brut | 149731 |
|---|---|---|---|
| PRINT NAME | DATE | PRINT NAME | 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@sugargrovefire.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:** **Date:**
**Property:** WCC, Fox Valley, 2060 Ogden Ave **Job Number:**
**Address:** 2060 Ogden Avenue **Technician:**
**City:** Aurora
**State:** IL **Zip:** 60504

# 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2009 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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?* | ☐ | ✔ | ☐ | |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | ✔ | | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 1992 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☐ | ✔ | ☐ | 1 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | 1 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| System before backflow | OS&Y | 3” | Lower level mech room - SE corner | |
| System after backflow | OS&Y | 3” | Lower level mech room - SE corner | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 3” | 1 1/4” | 115 | 65 | 75 | W/60 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

## 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 Inverter12v 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?* | ☑ | ☐ | ☐ | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ☑ | ☐ | ☐ | |
| *Are all fire protection systems in service?* | ☑ | ☐ | ☐ | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ☑ | ☐ | ☐ | |
| *Fire pump onsite?* | ☑ | ☐ | ☐ | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ☑ 2005 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☐ | ☑ | ☐ | NA |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ☑ | ☐ | NA |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| System before backflow | OS&Y | 6” | West whse | |
| System after backflow | OS&Y | 6” | West whse | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ☑ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 4” | 2” | 90 | 60 | 75 | W/60 | Manual only |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION
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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | ✔ | | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2005 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

ALLEGIANT FIRE PROTECTION
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

| 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? | ☐ | ☑ | ☐ | NA |
| Has the piping in all systems been checked for obstructive materials within the last 5 years? | ☐ | ☑ | ☐ | NA |
| System Gauges tested or replaced within the last 5 years? | ☑ | ☐ | ☐ | 2018 |

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

| Description | Type | Size | Location | Note # |
|---|---|---|---|---|
| System before backflow | OS&Y | 6” | West whse | |
| System after backflow | OS&Y | 6” | West whse | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| MAIN DRAIN AND WATERFLOW TEST RESULTS | YES | NO | N/A | Note # |
|---|---|---|---|---|
| Do main drain test results differ more than 10% from previous test? | ☐ | ☑ | ☐ | |

| System # | Riser Size | Size of Test Pipe | PSI Static Pressure Before | PSI Residual Pressure | PSI Pressure After | Waterflow Time (sec) | Note # |
|---|---|---|---|---|---|---|---|
| Riser | 4” | 2” | 90 | 60 | 75 | W/60 | Manual only |
| | | | | | | | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

ALLEGIANT FIRE PROTECTION

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

**Report to:** U.S. Fire & Safety Equipment Company **Date:** 10/13/2021
**Property:** WCC, Ops Building, 4 IL-47 **Job Number:** 23057304
**Address:** 4 Illinois 47 **Technician:** Michael Messacar, Jason Brut
**City:** Sugar Grove
**State:** IL **Zip:** 60554

## Annual Fire Sprinkler Inspection Report

| *Note #* | *THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS:* *(these suggestions are not the result of an engineering survey)* |
|---|---|
| #1 | System due for 5 year internal inspection and FDC hydro. |
| | Note: ITV was left open for 90 seconds and water flow device did not trip. Manual test yield and alarm within 65 seconds. Possible issue in water pressure |

*MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:*

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNERS REPRESENTATIVE:

*By this signature, I certify: I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested now was left in operational condition upon completion of this inspection except as noted in comments above.*

Verbal checkout with Laura

OWNER / REPRESENTATIVE SIGNATURE

INSPECTOR SIGNATURE

| Verbal checkout with Laura | 10/13/2021 | Michael Messacar, Jason Brut | 149731 |
|---|---|---|---|
| PRINT NAME | DATE | PRINT NAME | NICET # |

## 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@sugargrovefire.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@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. |

**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | ✔ | | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2004 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☐ | ✔ | ☐ | 1 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | 1 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| Fire pump discharge | OS&Y | 6” | Sprinkler room/ mechanical room 137 | |
| Fire pump suction | OS&Y | 8” | Sprinkler room/ mechanical room 137 | |
| City 1 | OS&Y | 8” | Sprinkler room/ mechanical room 137 | |
| City 2 | OS&Y | 8” | Sprinkler room/ mechanical room 137 | |
| Jockey pump suction | Butterfly | 1” | Sprinkler room/ mechanical room 137 | |
| Jockey pump discharge | Butterfly | 1” | Sprinkler room/ mechanical room 137 | |
| Bipass 1 | Butterfly | 6” | Sprinkler room/ mechanical room 137 | |
| Bipass 2 | Butterfly | 6” | Sprinkler room/ mechanical room 137 | |
| Test header | Butterfly | 6” | Sprinkler room/ mechanical room 137 | |
| Riser 1 | Butterfly | 4” | Sprinkler room/ mechanical room 137 | |
| Riser 2 | Butterfly | 4” | Sprinkler room/ mechanical room 137 | |
| 2nd floor | Butterfly | 4” | Housekeeping closet 243 | |

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

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser 1 | 4” | 2" | 175 | 60 | 70 | W/60 | |
| Riser 2 | 4” | 2" | 175 | 60 | 70 | W/60 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

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

# 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2009 Quick Response: _____ ESFR: _____ Dry Pendant: _____ _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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?* | ☐ | ✔ | ☐ | |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ✔ | ☐ | |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 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 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | | | ✔ | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | | | ✔ | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 2008 Quick Response: ✔ 2007 ESFR: _____ Dry Pendant: ✔ 2007 1

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ✔ | ☐ | ☐ | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | ☐ | ☐ | 2019 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| City 1 | OS&Y | 6” | 1st flr mech rm | |
| City 2 | OS&Y | 6” | 1st flr mech rm | |
| City 3 | OS&Y | 4” | 1st flr mech rm | |
| City 4 | OS&Y | 4” | 1st flr mech rm | |
| 1st flr | Butterfly | 3” | 1st flr mech rm | |
| 2nd flr | Butterfly | 3” | 1st flr mech rm | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ✔ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| 1st flr | 3” | 2” | 80 | 40 | 70 | W/60 | |
| 2nd flr | 3” | 2” | 80 | 40 | 70 | W/60 | |
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*(*Any additional main drain/waterflow results will be listed on a separate sheet.)*

**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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | | | ✔ | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | | | ✔ | |
| *Fire pump onsite?* | | ✔ | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 92 Quick Response: ✔ 2020 ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ☐ | ☑ | ☐ | 1 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ☐ | ☑ | ☐ | 1 |
| *System Gauges tested or replaced within the last 5 years?* | ☑ | ☐ | ☐ | |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| 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 | |
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*(*Any additional control valves will be listed on a separate sheet.)*

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | ☐ | ☑ | ☐ | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 2 1/2” | 1 1/4” | 110 | 60 | 70 | W/60 | |
| | | | | | | | |
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*(*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

| | Location | # of Outlets | Outlet Sizes | Threaded / Storz | Flowed Y / N | Barrell Drained after Flush Y / N |
|---|---|---|---|---|---|---|
| 18 | 100' South of Bodie Hall | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 20 | 60' South of Dickson Center | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 17 | 20' off the N.E. Corner of Dickson Center | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 19 | 90" off the N.E. corner of Building A | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 9 | 50' off the east face of Henning | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 10 | 75' off the S.W. corner of Akerlow | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 7 | 60' Off the north face of Collins Hall | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 6 | 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~~ |
| 3 | 80' off the west corner of Well House COLOR GREEN FIRE HYDRANT | 3 | 2 x 2 1/2" 1 x 4" | Threaded | ~~YES~~ NO EMPTY | ~~YES~~ NO EMPTY |
| 2 | 50' off S.W. corner of OPS Building | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 1 | 20' off North wall of OPS | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 4 | 75' of N.E. Corner of Science Bldng | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |
| 5 | 60' of N.W. corner of Science Bldng | 3 | 2 x 2 1/2" 1 x 4" | Threaded | YES | YES |

***Findings/Deficiencies/Comments:***

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:** Waubonsee 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"<br>1 x 4" | Threaded | YES | YES |
| 11 | 50' of N.W. corner of APC Building | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| 16 | 180' of S.E. corner of Student Cntr | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| 13 | N1 Parking Lot South | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| 14 | N1 Parking Lot North | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| 8 | N.W. Corner of Student Center | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| 15 | South East Corner of Field House | 3 | 2 x 2 1/2"<br>1 x 4" | Threaded | YES | YES |
| | | | | | | |
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| | | | | | | |

***Findings/Deficiencies/Comments:***

8-5-19

# *Executive Summary*

*Generated by: BuildingReports.com*

## Building Information

**Building:** Waubonsee Plano
**Address:** 100 Waubonsee Dr
**Address:**
**City/State/Zip:** Plano, IL 60545
**Country:** United States of America

**Contact:** Ed Plante
**Phone:** 630-446-7900
**Fax:**
**Mobile:**
**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: Waubonsee Plano

*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.*

| Device Type | Location | Service | Time | Date |
|---|---|---|---|---|
| ***Passed*** | | | | |
| **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: Waubonsee Plano 1st floor, Riser 1

*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.*

## *Alarms*

### Tamper Switch

| Type | Description | Manufacturer | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|
| Control Valve | Supervisory | NIBCO | 1 | ☑ | 43926833 |

### Waterflow Switch

| Type | Manufacturer | Model # | Sec | Size | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|---|---|
| Vane | System Sensor | WFD 40 | 37 | 4 | 1 | ☑ | 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 | ☑ | 43926835 |

| Description |
|---|
| Isolation |

### Inspector's Test

| Manufacturer | Model # | Pressure psi | Trip Time Sec | Flow Sec | OK | ScanID |
|---|---|---|---|---|---|---|
| Vi | | 75 | | 37 | ☑ | 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 | ☑ | 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 | ☑ | 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 | ☑ | 43926840 |

## Building: Waubonsee 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.*

## *Alarms*

### Tamper Switch

| Type | Description | Manufacturer | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|
| Control Valve | Supervisory | NIBCO | 1 | ☑ | 43926832 |

### Waterflow Switch

| Type | Manufacturer | Model # | Sec | Size | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|---|---|
| Vane | System Sensor | WFD 40 | 42 | 4 | 1 | ☑ | 43926838 |

## *Components*

### Control Valve

| Type | Manufacturer | Model | Location | Size | Position | Status | OK | ScanID |
|---|---|---|---|---|---|---|---|---|
| Butterfly | NIBCO | GD-4765-8N | sprinkler room Riser 2 | 4" | Open | Supervised | ☑ | 43926834 |

| Description |
|---|
| Isolation |

### Inspector's Test

| Manufacturer | Model # | Pressure psi | Trip Time Sec | Flow Sec | OK | ScanID |
|---|---|---|---|---|---|---|
| Vi | | 75 | | 42 | ☑ | 43926793 |

## *Devices*

### 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 | ☑ | 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 | ☑ | 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 | ☑ | 43926841 |

## Building: Waubonsee Plano — Building-, Building-

*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.*

# *Alarms*

### Tamper Switch

| Type | Description | Manufacturer | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|
| OS&Y | Supervisory | System Sensor | 1 | ☑ | 43926844 |
| OS&Y | Supervisory | System Sensor | 1 | ☑ | 43926842 |
| Control Valve | Supervisory | NIBCO | 1 | ☑ | 43926846 |

# *Components*

### Check Valve

| Type | Location | Internal Date | Size | OK | ScanID |
|---|---|---|---|---|---|
| Grooved | sprinkler room FDC | 07/19/2018 | 4" | ☑ | 43926848 |

### Control Valve

| Type | Manufacturer | Model | Location | Size | Position | Status | OK | ScanID |
|---|---|---|---|---|---|---|---|---|
| OS&Y | Kennedy | KS2 | sprinkler room City side backflow | 4" | Open | Supervised | ☑ | 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 | ☑ | 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 | ☑ | 43926847 |

| Description |
|---|
| Isolation |

# *Devices*

### Sprinkler Box

| Qty | Tool Available? | Size | Manufacturer | Location | OK | ScanID |
|---|---|---|---|---|---|---|
| 12 | Yes | 6 unit | | in sprinkler room On wall | ☑ | 43926831 |

### Sprinkler Box Spares

| Qty | Type | KFactor | Manufacturer | Location | OK | ScanID |
|---|---|---|---|---|---|---|

# *Inventory & Warranty Report*

*Generated by: BuildingReports.com*

## Building: Waubonsee Plano

*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.*

| 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 |
|---|---|---|---|---|---|
| ***In Service - 3 Years to 5 Years*** | | | | | |
| **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 |
| ***In Service - 5 Years to 10 Years*** | | | | | |
| **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 |
| ***In Service - 10 Years to 15 Years*** | | | | | |
| **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 |

| *In Service - 10 Years to 15 Years* | | | | | |
|---|---|---|---|---|---|
| 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 |

GETZ FIRE EQUIPMENT COMPANY

1615 S.W. Adams St.
Peoria, IL 61602
Ph: (309) 673-0761
www.getzfire.com

# 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

| | YES | N/A | NO | A |
|---|---|---|---|---|
| Areas with non protected water filled pipes, min 40ºF | ☐ | ☑ | ☐ | 1 |
| All components accessible | ☑ | ☐ | ☐ | 2 |
| System, facility, or use free of changes requiring an evaluation | ☑ | ☐ | ☐ | 3 |
| Location of shutoff valves identified | ☐ | ☑ | ☐ | 4 |
| Information signs provided for risers feeding dry, pre-action, anti-freeze, & aux. system valves | ☐ | ☐ | ☑ | 5 |
| Past inspection and testing records available | ☑ | ☐ | ☐ | 6 |
| As-built drawings, hydraulic calcs, acceptance records, and device data sheets available | ☑ | ☐ | ☐ | 7 |
| All Components free of damage and function properly | ☐ | ☐ | ☑ | 8 |
| All components in full operational condition | ☑ | ☐ | ☐ | 9 |

## Notifications

| | YES | N/A | NO | B |
|---|---|---|---|---|
| Facility representative notified of testing | ☐ | ☑ | ☐ | 1 |
| Before: Name and Time: | | | | |
| After: Name and Time: | | | | |
| Facility Occupants notified of testing | ☑ | ☐ | ☐ | 2 |
| Before: Name and Time: | | | | |
| After: Name and Time: | | | | |
| Monitoring company notified of testing | ☑ | ☐ | ☐ | 3 |
| Before: Name and Time: | Acadian | | | |
| After: Name and Time: | Acadian | | | |
| AHJ or Fire Department, if required, notified of testing | ☑ | ☐ | ☐ | 4 |
| Before: Name and Time: | Campus Police | | | |
| After: Name and Time: | Campus Police | | | |

## Sprinkler Systems

| | YES | N/A | NO | C |
|---|---|---|---|---|
| Sprinklers free of leakage, corrosion, damage, loss of fluid, loading, paint, and incorrect orientation | ☐ | ☐ | ☑ | 1 |
| Sprinklers normally not accessible for safety reasons have been inspected | ☐ | ☑ | ☐ | 2 |
| Flush, concealed, and recessed sprinkler escutcheons in place | ☐ | ☐ | ☑ | 3 |
| Proper distance from deflector to storage maintained | ☑ | ☐ | ☐ | 4 |
| All piping and fittings in good condition | ☑ | ☐ | ☐ | 5 |
| Piping free from external loads | ☑ | ☐ | ☐ | 6 |
| Piping normally not accessible for safety reasons has been inspected | ☐ | ☑ | ☐ | 7 |

## Sprinkler Systems Continued

| | YES | N/A | NO | C |
|---|---|---|---|---|
| Hangers and bracing in good condition | ☑ | ☐ | ☐ | 8 |
| Hangers and bracing normally not accessible for safety reason has been inspected | ☐ | ☑ | ☐ | 9 |
| Both gauges on freezer air lines show similar readings | ☐ | ☑ | ☐ | 10 |
| Waterflow and supervisory devices free of damage | ☑ | ☐ | ☐ | 11 |
| Hydraulic/pipe schedule design sign in place | ☐ | ☐ | ☑ | 12 |
| General information sign provided if required (new 2010) | ☐ | ☑ | ☐ | 13 |
| Sprinklers in service for 50 years replaced or tested | ☐ | ☑ | ☐ | 14 |
| Date tested or replaced. Testing every 10 years after | | | | |
| Sprinklers manufactured prior to 1920 replaced | ☐ | ☑ | ☐ | 15 |
| Fast response sprinklers in service for 20 years replaced or tested | ☐ | ☑ | ☐ | 16 |
| Date tested or replaced. Testing every 10 years after | | | | |
| Extra high temp sprinklers replaced or tested at 5 years | ☐ | ☑ | ☐ | 17 |
| Date tested or replaced | | | | |
| Sprinklers in service for 75 years replaced or tested | ☐ | ☑ | ☐ | 18 |
| Date tested or replaced. Testing every 5 years after | | | | |
| Dry sprinklers replaced or tested every 10 years | ☐ | ☑ | ☐ | 19 |
| Date tested or replaced | | | | |
| Sprinklers in harsh environments replaced or tested every 5 years | ☐ | ☑ | ☐ | 20 |
| Date tested or replaced | | | | |
| Gauges replaced or calibrated every 5 years | ☑ | ☐ | ☐ | 21 |
| Date tested or replaced | 3/18/2013 | | | |
| Gauges accurate within 3% of full scale | ☑ | ☐ | ☐ | 22 |
| Gauges in good condition | ☑ | ☐ | ☐ | 23 |
| Spare sprinklers are all new and have not been used | ☑ | ☐ | ☐ | 24 |
| Spare sprinklers are of the proper type | ☑ | ☐ | ☐ | 25 |
| The proper amount of spare sprinklers is provided | ☑ | ☐ | ☐ | 26 |
| Sprinkler cabinet location less than 100ºF | ☑ | ☐ | ☐ | 27 |
| Means of returning a system to service with dry sprinklers of different lengths is provided | ☐ | ☑ | ☐ | 28 |
| Proper sprinkler wrenches are provided | ☑ | ☐ | ☐ | 29 |
| List of sprinklers installed and quantity of each needed is posted in the sprinkler cabinet | ☑ | ☐ | ☐ | 30 |
| Sprinklers protecting commercial cooking equipment and ventilating systems replaced annually or cleaned | ☐ | ☑ | ☐ | 31 |
| Protective covers for spray areas and mixing rooms in place and free of accumulation | ☐ | ☑ | ☐ | 32 |
| Waterflow switches tested | ☑ | ☐ | ☐ | 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
Owner/Owner Representative (sign & print)

Rob Stecken / NICET Level 3 / 126117
Technician / NICET Level / NICET Certification Number

**IL. Sprinkler Lic. #**
**FSC0104**

*Protecting Life & Property is Priority One*

**IL. Plumbing Lic. #**
**055-043894**

GETZ FIRE EQUIPMENT COMPANY

1615 S.W. Adams St.
Peoria, IL. 61602
Ph: (309) 673-0761
www.getzfire.com

## Antifreeze

N/A ☑

| | YES | N/A | NO | |
|---|---|---|---|---|
| Antifreeze is identifiable and of the correct type | ☐ | ☐ | ☐ | 1 |
| Samples have been taken from required locations | ☐ | ☐ | ☐ | 2 |
| Specific gravity from samples within acceptable range | ☐ | ☐ | ☐ | 3 |
| Antifreeze solution adequate to prevent freezing | ☐ | ☐ | ☐ | 4 |
| Only glycerin used in CPVC piping | ☐ | ☐ | ☐ | 5 |
| Antifreeze solution is listed or meets exemption requirement for service until 2022 | ☐ | ☐ | ☐ | 6 |

## Internal Piping Condition Investigation

N/A ☐

| | YES | N/A | NO | |
|---|---|---|---|---|
| Piping 5 year internal condition investigation current | ☐ | ☐ | ☑ | 1 |
| Date of Investigation | unknown | | | |
| Inspection and testing free of conditions requiring an obstruction investigation | ☑ | ☐ | ☐ | 2 |
| Ice obstruction investigation performed annually on all penetrations into cold storage areas | ☐ | ☑ | ☐ | 3 |
| Ice obstruction investigation shows piping free of ice | ☐ | ☑ | ☐ | 4 |

## Valves - General

N/A ☐

| | YES | N/A | NO | |
|---|---|---|---|---|
| All control valves provided with the proper identification | ☑ | ☐ | ☐ | 1 |
| All control valves protected & accessible | ☑ | ☐ | ☐ | 2 |
| All control valves in normal position | ☑ | ☐ | ☐ | 3 |
| All control valves Sealed, Locked, and/or Elec. Supervised | ☑ | ☐ | ☐ | 4 |
| Control valve tamper switches free of damage | ☑ | ☐ | ☐ | 5 |
| Supervisory signal indicates movement from normal within requirements and only restores when normal | ☑ | ☐ | ☐ | 6 |
| All control valves free from external leaks | ☑ | ☐ | ☐ | 7 |
| All control valves operated through its full range | ☑ | ☐ | ☐ | 8 |
| Valve status test performed on all control valves | ☑ | ☐ | ☐ | 9 |
| PIV's are provided with correct wrench | ☐ | ☑ | ☐ | 10 |
| PIV spring test is acceptable | ☐ | ☑ | ☐ | 11 |
| Main drain test performed on each water supply | ☑ | ☐ | ☐ | 12 |
| Main drain test residual pressure within 10% of original acceptance, or previous test | ☑ | ☐ | ☐ | 13 |

## Fire Department Connection

N/A ☐

| | YES | N/A | NO | |
|---|---|---|---|---|
| FDC is visible and accessible | ☑ | ☐ | ☐ | 1 |
| Coupling or swivel free of damage and rotate smoothly | ☑ | ☐ | ☐ | 2 |
| Plugs or caps are in place and free of damage | ☑ | ☐ | ☐ | 3 |
| Gaskets are in place and in good condition | ☑ | ☐ | ☐ | 4 |
| Identification signs are in place | ☑ | ☐ | ☐ | 5 |
| The check valve holds tight | ☑ | ☐ | ☐ | 6 |
| Automatic drain valve in place and operates properly | ☑ | ☐ | ☐ | 7 |
| Clapper(s) are in place and operate properly | ☑ | ☐ | ☐ | 8 |
| Interior of the connection is free of obstructions | ☑ | ☐ | ☐ | 9 |
| 5 Year hydrostatic test of the piping from the FDC to the FDC check valve is current | ☐ | ☐ | ☑ | 10 |
| Date of Test | | | | |
| Hydrostatic test pressure maintained for 2 hours | ☐ | ☑ | ☐ | 11 |

## Alarm Valves

N/A ☑

| | YES | N/A | NO | |
|---|---|---|---|---|
| Gauges indicate normal water pressure | ☐ | ☐ | ☐ | 1 |
| Valve is free of physical damage | ☐ | ☐ | ☐ | 2 |
| All valves are in the appropriate position | ☐ | ☐ | ☐ | 3 |
| The retard chamber or alarm drain is free of leaks | ☐ | ☐ | ☐ | 4 |
| Alarm valve, strainers, filters, and restricted orifices 5 year internal inspection is current | ☐ | ☐ | ☐ | 5 |
| Date of inspection | | | | |

## Dry Pipe Valves

N/A ☑

| | YES | N/A | NO | |
|---|---|---|---|---|
| Low temperature alarm free of damage | ☐ | ☐ | ☐ | 1 |
| Low temperature alarm tested successfully | ☐ | ☐ | ☐ | 2 |
| Low air alarm tested acceptably | ☐ | ☐ | ☐ | 3 |
| Supply side gauge indicates normal | ☐ | ☐ | ☐ | 4 |
| System side air gauges indicates correct ratio | ☐ | ☐ | ☐ | 5 |
| Quick opening device gauge same as system side | ☐ | ☐ | ☐ | 6 |
| Air maintenance device operates properly | ☐ | ☐ | ☐ | 7 |
| Air supply capable of restoring pressure within 30 minutes | ☐ | ☐ | ☐ | 8 |
| Air supply for freezers maintained below 5ºF restored within 60 minutes | ☐ | ☐ | ☐ | 9 |
| Dry pipe system 3 year pressure test current | ☐ | ☐ | ☐ | 10 |
| Date of last test | | | | |
| Dry pipe system 3 year pressure test acceptable | ☐ | ☐ | ☐ | 11 |
| Dry pipe system with auxiliary drains provided has a sign indicating location and number of drains | ☐ | ☐ | ☐ | 12 |
| Auxiliary drains all drained | ☐ | ☐ | ☐ | 13 |
| Valve free of physical damage | ☐ | ☐ | ☐ | 14 |
| Inspection of valve interior performed | ☐ | ☐ | ☐ | 15 |
| All trim valves in appropriate position | ☐ | ☐ | ☐ | 16 |
| Priming water level is normal | ☐ | ☐ | ☐ | 17 |
| Intermediate chamber is free of leaks | ☐ | ☐ | ☐ | 18 |
| Quick opening device tested successfully | ☐ | ☐ | ☐ | 19 |
| Dry pipe valve 3 year full trip requirement current | ☐ | ☐ | ☐ | 20 |
| Date of last full trip | | | | |
| Dry pipe valve annual trip requirement current | ☐ | ☐ | ☐ | 21 |
| 5 year internal inspection of strainers, filters, restricted orifices, and diaphragm chambers is current | ☐ | ☐ | ☐ | 22 |
| Date of inspection | | | | |
| Tag or card attached to valve indicating last trip | ☐ | ☐ | ☐ | 23 |

## Check Valves

N/A ☐

| | YES | N/A | NO | |
|---|---|---|---|---|
| Check valve 5 year inspection current | ☐ | ☐ | ☑ | 1 |
| Date of inspection | unknown | | | |

## Backflow Prevention Assemblies

N/A ☐

| | YES | N/A | NO | |
|---|---|---|---|---|
| Valves are in the open position | ☑ | ☐ | ☐ | 1 |
| RPA's and RPDA's are free of leaks from relief port | ☑ | ☐ | ☐ | 2 |
| Backflow prevention assembly 5 year internal inspection is current | ☐ | ☐ | ☑ | 3 |
| Date of inspection | | | | |
| Forward flow test performed annually | ☑ | ☐ | ☐ | 4 |
| Date of last State required backflow prevention test | 12/16/2015 | | | |

GETZ FIRE EQUIPMENT COMPANY

1615 S.W. Adams St.
Peoria, IL. 61602
Ph: (309) 673-0761
www.getzfire.com

**Annual Test Results**

| | | | | | | |
|---|---|---|---|---|---|---|
| Riser Info. | System Number | | 1st floor | 2nd floor | Elevator Pre-Action | |
| | Location / Description | | riser closet | stairwell celing | 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 | | | closet of room | riser | | |
| | Test Valve Location | | 147 | stairwell ceiling | none | |
| | Test Valve Condition | | ok | ok | | |
| | Alarms Operated Yes / No / Time | | 38 | 57 | | |
| Special Valve | Valve Type | | | | deluge | |
| | Valve Manufacturer | | | | viking | |
| | Model | | | | E1 | |
| | Size (in) | | | | 1 1/2" | |
| | Valve Condition | | | | ok | |
| Dry Pipe, Preaction, Deluge Valve Trip Test | Date of Last Full Trip Test | | | | n/a | |
| | Date of Last Partial Trip Test | | | | 8/10/2016 | |
| | Dave 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 | | | | | |

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# 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)**

**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.

**DAMPERING:** Dampering 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?* | ✔ | | | |
| *Has the occupancy classification and hazard of contents remained the same since the last inspection?* | ✔ | | | |
| *Are all fire protection systems in service?* | ✔ | | | |
| *Has the system remained in service without modifications or actuations of devices/alarms since last inspection?* | ✔ | | | |
| *Fire pump onsite?* | ✔ | | | |

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

*Sprinkler heads in use and earliest date on heads:*
Standard: ✔ 1994 Quick Response: _____ ESFR: _____ Dry Pendant: _____

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

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

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

| | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* | | *LOCATION / AREA PROTECTED* | *TEMP* | *Note #* |
|---|---|---|---|---|---|---|---|
| *1* | | | | *3* | | | |
| *2* | | | | *4* | | | |

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

**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

| *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?* | ✔ | | | 2019 |
| *Has the piping in all systems been checked for obstructive materials within the last 5 years?* | ✔ | | | 2019 |
| *System Gauges tested or replaced within the last 5 years?* | ✔ | | | 2018 |

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

| *Description* | *Type* | *Size* | *Location* | *Note #* |
|---|---|---|---|---|
| System before backflow | OS&Y | 2 1/2” | Riser room - NE corner | |
| System after backflow | OS&Y | 2 1/2” | Riser room - NE corner | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

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

| *MAIN DRAIN AND WATERFLOW TEST RESULTS* | *YES* | *NO* | *N/A* | *Note #* |
|---|---|---|---|---|
| *Do main drain test results differ more than 10% from previous test?* | | ✔ | | |

| *System #* | *Riser Size* | *Size of Test Pipe* | *PSI Static Pressure Before* | *PSI Residual Pressure* | *PSI Pressure After* | *Waterflow Time (sec)* | *Note #* |
|---|---|---|---|---|---|---|---|
| Riser | 2 1/2” | 1 1/4” | 110 | 65 | 85 | W/60 | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

# SCOPE OF WORK

## Summary

Bidder to provide contractual services for Life Safety tasks to be performed by a licensed Life Safety Contractor for all campus locations. The contract will be for three (3) years with optional two (2) one-year renewals.

The proposed agreement will include all necessary labor, equipment, supplies and materials to perform regularly scheduled maintenance of the fire and life safety systems located at all four campus locations. These tasks include:

- Annual Fire Extinguisher Certification / tagging.
- Annual Fire Extinguisher Training Class
- Annual Fire Pump Certification
- Annual Fire Sprinkler System Test/Inspect
- Semi-Annual Information Technology Fire Suppression System Test/Inspect
- Annual Fire Hydrant Test/Inspect
- Backflow Preventer Test/Inspect
- Emergency Lighting Test/Inspect
- Battery backup inverter testing

We have provided estimated quantities; however, it is the contractors responsibility to establish their own counts.

## General

Contractor will establish an operational log sheet for each device which will provide a date and name associated with each service visit and maintenance inspection. This log will be affixed to the device being tested.

Contractor will be responsible to schedule and manage each service visit in advance with the Chief Plant Operator (Ed Plante) on a pre-determined schedule.

Contractor will check in at Campus Operations (Sugar Grove Campus), Campus Police service desk (DWN Aurora), and with Building Services Supervisor at the Fox Valley and Plano Campuses before any inspection begins at that campus. The contractor will notify the college campus that they are here to perform scheduled maintenance or testing. At that time, they will be required to sign in and will be provided with a Contractor Badge.

Contractor will coordinate alarm call out as needed for each location as required.

| Task: | Location: | Campus: |
|---|---|---|
| Annual Fire Extinguisher Certification | All Locations | All Campuses (4) |
| Annual Fire Extinguisher training | All Locations | All Campuses (4) |
| | | |
| Annual Science Building Fire Pump | Sugar Grove | Sugar Grove |
| Annual Dickson Building Fire Pump | Sugar Grove | Sugar Grove |
| Annual DTWN Campus Fire Pump | DTWN Aurora | DTWN Aurora |
| Annual Plano Campus Fire Pump | Plano | Plano |
| | | |
| Annual and Quarterly Sprinkler test-inspect | Sugar Grove | Sugar Grove |
| Annual and Quarterly Sprinkler test-inspect | DTWN Aurora | DTWN Aurora |
| Annual and Quarterly Sprinkler test-inspect | Fox Valley | Fox Valley |
| Annual and Quarterly Sprinkler test-inspect | Plano | Plano |
| | | |
| Dickson Building IT Fire Suppression semi-annual | Sugar Grove | Sugar Grove |
| DTWN Aurora IT Fire Suppression semi-annual | DTWN Aurora | DTWN Aurora |
| Plano Campus IT Fire Suppression semi-annual | Plano | Plano |
| | | |
| Annual Dry Valve Test-Inspect | Sugar Grove | Sugar Grove |
| Annual Dry Valve Test-Inspect | DTWN Aurora | DTWN Aurora |
| Annual Dry Valve Test-Inspect | Fox Valley | Fox Valley |
| Annual Dry Valve Test-Inspect | Plano | Plano |
| | | |
| Hydrant test annual | Sugar Grove | Sugar Grove |
| Hydrant test annual | DTWN Aurora | DTWN Aurora |
| Hydrant test annual | Fox Valley | Fox Valley |
| Hydrant test annual | Plano | Plano |
| | | |
| Backflow Preventer test and inspect | Sugar Grove | Sugar Grove |
| Backflow Preventer test and Inspect | DTWN Aurora | DTWN Aurora |
| Backflow Preventer test and Inspect | Fox Valley | Fox Valley |
| Backflow Preventer test and Inspect | Plano | Plano |
| | | |
| Emergency Lighting test and inspect | Sugar Grove | Sugar Grove |
| Emergency Lighting test and inspect | DTWN Aurora | DTWN Aurora |
| Emergency Lighting test and inspect | Fox Valley | Fox Valley |
| Emergency Lighting test and inspect | Plano | Plano |
| | | |
| Emergency Light Inverter Battery test and inspect | Sugar Grove | Sugar Grove |
| Emergency Lights Battery and Bulbs | Sugar Grove | Sugar Grove |
| Emergency Lights Battery and Bulbs | Fox Valley | Fox Valley |
| *(College prefers replacement with LED Bulbs when possible)* | | |

## TASK GROUPS COST WORKSHEET

*Note: Hourly Labor on Repairs is for Unit Cost of one (1) hour during normal business hours*

| Task Groups | Campus | Approx # | | Unit Cost Each | Extended |
|---|---|---|---|---|---|
| Annual Fire Extinguisher Certification | Sugar Grove | 215 | ea | $ 2.50 | $ 537.50 |
| | Aurora Downtown | 74 | ea | $ 2.50 | $ 185.00 |
| | Aurora Fox Valley | 27 | ea | $ 2.50 | $ 67.50 |
| | Plano | 27 | ea | $ 2.50 | $ 67.50 |
| | Hourly Labor on Repairs | 1 | ea | $ NA | |
| Annual Fire Extinguisher Training Class | All four campuses – one per campus - (x4) | 4 | ea | $ 525.00 | $ 2,100.00 |
| Annual Fire Pump - Test/inspect | Sugar Grove | 2 | ea | $ 1,000.00 | $ 2,000.00 |
| | Aurora Downtown | 1 | ea | $ 1,000.00 | $ 1,000.00 |
| | Plano | 1 | ea | $ 1,000.00 | $ 1,000.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 500.00 | |
| Annual Sprinkler Test-Inspect | Sugar Grove | 22 | ea | $ 500.00 | $ 11,000.00 |
| | Aurora Downtown | 2 | ea | $ 500.00 | $ 1,000.00 |
| | Aurora Fox Valley | 2 | ea | $ 500.00 | $ 1,000.00 |
| | Plano | 2 | ea | $ 500.00 | $ 1,000.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 500.00 | |
| Hydrant Test Annual | Sugar Grove | 17 Buildings | ea | $ 200.00 | $ 3,400.00 |
| | Aurora Downtown | 1 Building | ea | $ 200.00 | $ 200.00 |
| | Aurora Fox Valley | 1 Building | ea | $ 200.00 | $ 200.00 |
| | Plano | 1 Building | ea | $ 200.00 | $ 200.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 200.00 | |
| Semi-Annual IT Fire Suppression System Test-Inspect | Sugar Grove | 1 | ea | $ 1,400.00 | $ 1,400.00 |
| | Aurora Downtown | 1 | ea | $ 1,200.00 | $ 1,200.00 |
| | Plano | 1 | ea | $ 1,200.00 | $ 1,200.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 500.00 | |

| Task | Campus | Approx # | | Unit Cost Each | Extended |
|---|---|---|---|---|---|
| Annual Dry Valve Test-Inspect | Sugar Grove | 2 | ea | $ 200.00 | $ 400.00 |
| | Aurora Downtown | 1 | ea | $ 200.00 | $ 200.00 |
| | Aurora Fox Valley | 1 | ea | $ 200.00 | $ 200.00 |
| | Plano | 1 | ea | $ 200.00 | $ 200.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 200.00 | |
| [redacted] | [redacted] | [redacted] | ea | [redacted] | [redacted] |
| | [redacted] | [redacted] | ea | [redacted] | [redacted] |
| | [redacted] | [redacted] | ea | [redacted] | [redacted] |
| | [redacted] | [redacted] | ea | [redacted] | [redacted] |
| | [redacted] | [redacted] | ea | [redacted] | |
| Emergency & Exit Lighting Test-Inspect | Sugar Grove | 569 | ea | $ 10.00 | $ 5,690.00 |
| | Aurora Downtown | 83 | ea | $ 10.00 | $ 830.00 |
| | Aurora Fox Valley | 87 | ea | $ 10.00 | $ 870.00 |
| | Plano | | ea | $ 10.00 | $ 10.00 |
| | Hourly Labor on Repairs | 1 | ea | $ 10.00 | |
| Emergency & Exit Light Parts and Labor *(Unit pricing only. Do not add to Base Bid.)* | 6v/4-amp Battery | 1 | ea | $ 22.80 | |
| | 6v/4.5-amp Battery | 1 | ea | $ 22.80 | |
| | 6v/8-amp Battery | 1 | ea | $ 11.75 | |
| | 6v/10-amp Battery | 1 | ea | $ N/A | |
| | 6v/12-amp Battery | 1 | ea | $ 49.00 | |
| | Incandescent Blub | 1 | ea | $ N/A | |
| | LED Bulb | 1 | ea | $ 5.00 | |
| | Fluorescent Bulb | 1 | ea | $ 6.00 | |
| Battery Inverter Emergency Lighting Test-Inspect | Sugar Grove Field House | 7 | ea | $ 29.50 | $ 206.50 |
| | Replacement Battery | 84 | ea | $ 29.50 | |
| | Replacement Capacitor | 7 | ea | $ N/A | |
| | Hourly Labor on Repairs | 1 | ea | $ N/A | |
| | **Total Base Bid All Task Gronps – Extended Pricing Only** | | | | $53,364.00 |