



March 23, 2018

Christine Smith

VIA EMAIL – Christine.smith12101989@gmail.com

Re: FOIA Request Dated and Received March 19, 2018

Subject: Requesting copies of all backflow inspection reports and invoices, all fire sprinkler inspection reports and invoices, all fire alarm inspection reports and invoices, all hood range inspection reports (kitchen fire suppression reports) and invoices and any contracts associated with backflow, fire sprinkler, fire alarm, and hood range inspections for all of SD308's properties for the year 2017.

Dear Ms. Smith:

This letter will serve as Community Unit School District 308's response to your March 19, 2018 request under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. The response to your request is attached.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to www.sd308.org and select *Our District > Freedom of Information Act Request > FOIA Request Responses*, then select *FOIA ID #18-20*.

Please be advised that to comply with your FOIA request, the district incurred an expense that comprised of the cost of labor and resources used to search for records responsive to your request. Please let me know if you have additional questions. Thank you.

Carrie Szambelan

Carrie Szambelan
Freedom of Information Officer



BACKFLOW TEST REPORT

CUSTOMER: Boulder Hill Elementary
PROPERTY: _____
ADDRESS: 163 Boulder Hill Pass
CITY, STATE: Montgomery, IL

6/26/2017

DATE

IN401659-42164

JOB NUMBER

IN170045

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Watts
MODEL: 909
SERIAL NUMBER: 215952
SIZE: 4"
LOCATION OF DEVICE: storage room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 6.3

LEAKED ☐
CLOSED TIGHT ☒
PSI: 1.9

OPENED AT: 2.1
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Boulder Hill Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 163 Boulder Hill Pass IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: Febco
MODEL: 805YB
SERIAL NUMBER: H011777
SIZE: 3/4"
LOCATION OF DEVICE: storage room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.9

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.2

OPENED AT: NA
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT: _____

CCCDI SIGNATURE AND APPROVAL NUMBER

XC5326

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Boulder Hill Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 163 Boulder Hill Pass IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER

CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒
MANUFACTURER: Febco
MODEL: 856
SERIAL NUMBER: N0703130227
SIZE: 4"
LOCATION OF DEVICE: storage room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.4

OPENED AT: NA
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

BROKAW LEARNING CENTER

ADDRESS:

1000 FIFTH STREET

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375

SERIAL NUMBER:

L35933

SIZE:

4"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 6

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.8

RELIEF VALVE

OPENED AT: 2.9

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

☐

PRESSURE: 58 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

BROKAW LEARNING CENTER

ADDRESS:

1000 FIFTH STREET

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

950XL

SERIAL NUMBER:

2566522XLD

SIZE:

.75"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.7

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 58 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

BROKAW LEARNING CENTER

ADDRESS:

1000 FIFTH STREET

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐

RPDA ☐

DC ☐

DCDA ☐

☒

MANUFACTURER:

WILKINS

MODEL:

350ADA

SERIAL NUMBER:

V14275

SIZE:

4"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.4

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.3

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 58 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

BROKAW LEARNING CENTER

ADDRESS:

1000 FIFTH STREET

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

2723295

SIZE:

.75"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 10

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.8

RELIEF VALVE

OPENED AT: 2.4

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 58 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

CHURCHILL ELEMENTARY SCHOOL

ADDRESS:

520 SECRETARIAT LANE

CITY, STATE:

OSWEGO, IL.

8/1/2017

DATE

P103670

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

909

SERIAL NUMBER:

586754

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 6.3

CHECK VALVE #2

LEAKED

☒

CLOSED TIGHT

☐

PSI:

RELIEF VALVE

OPENED AT:

DID NOT OPEN

☒

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☒

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☒

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☒

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 48 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☒

PSI 8.6

CLOSED TIGHT

☒

PSI 2.9

OPENED AT 3.6

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: Oswego Community Unit District 6/26/2017
PROPERTY: 4209 Route 71 IN 17648 IN 401659-42164
ADDRESS: 4175 Route 71 IN 401659 DB NUMBER
CITY, STATE: Oswego, IL 60543 CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒
MANUFACTURER: Ames
MODEL: 2000B
SERIAL NUMBER: 38446
SIZE: 3/4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>NA</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>2.1</u>	PSI: <u>1.8</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Oswego Community Unit District 6/26/2017
PROPERTY: 4209 Route 71 DATE
ADDRESS: 4175 Route 71 IN401659-42164
CITY, STATE: Oswego, IL 60543 JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: Ames
MODEL: 3000SS
SERIAL NUMBER: 1342520504
SIZE: 4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.6

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.8

OPENED AT: NA
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Oswego Community Unit District 6/26/2017
PROPERTY: 4209 Route 71 DATE
ADDRESS: 4175 Route 71 IN401659-42164
CITY, STATE: Oswego, IL 60543 JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 375A
SERIAL NUMBER: X15248
SIZE: 4"
LOCATION OF DEVICE: boiler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 4.6

OPENED AT: _____
DID NOT OPEN ☒

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: relief valve failed
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☐ FAILED ☒

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Oswego Community Unit District 6/26/2017
PROPERTY: 4209 Route 71 DATE
ADDRESS: 4175 Route 71 IN401659-42164
CITY, STATE: Oswego, IL 60543 JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Watts
MODEL: 909
SERIAL NUMBER: 119354
SIZE: 3/4"
LOCATION OF DEVICE: boiler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.8

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.1

OPENED AT: 2.6
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY ☐
PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Oswego Community Unit District 6/26/2017
PROPERTY: 4209 Route 71 IN401659-42164
ADDRESS: 4175 Route 71 JOB NUMBER
CITY, STATE: Oswego, IL 60543 CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 975XL
SERIAL NUMBER: 3365955
SIZE: 1"
LOCATION OF DEVICE: chiller room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.4

LEAKED ☐
CLOSED TIGHT ☒
PSI: 1.9

OPENED AT: 2.2
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



Plumbing & Heating, LLC

A DIVISION OF VALLEY FIRE PROTECTION SERVICES, LLC

BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: Fox Chase Elem School
ADDRESS: 260 Fox Chase Drive
CITY, STATE: Oswego, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
SERIAL NUMBER: 1173680
MODEL: 975XL
SIZE: 1.25"
LOCATION OF DEVICE: 2ND Floor Mech Room 189
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.8

OPENED AT: 3
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: _____ PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 8

CLOSED TIGHT ☒ PSI 7.8

OPENED AT 3

PASSED

☒

FAILED

☐

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls sc3938

CCCD SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
 PROPERTY: Fox Chase Elem School DATE
 ADDRESS: 260 Fox Chase Drive 42164/IN401659
 CITY, STATE: Oswego, IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Wilkins
 SERIAL NUMBER: L01570
 MODEL: 375
 SIZE: 3"
 LOCATION OF DEVICE: mech room
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 9.6

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 9.2

OPENED AT: 2.6
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY PRESSURE: PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 9.6 CLOSED TIGHT ☒ PSI 9.2 OPENED AT 2.6

PASSED

☒

FAILED

☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls sc3938

CCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: Fox Chase Elem School
ADDRESS: 260 Fox Chase Drive
CITY, STATE: Oswego, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: febc
SERIAL NUMBER: 105101013
MODEL: 860
SIZE: 4"
LOCATION OF DEVICE: mech room
RETEST DATE: 6/28/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.8

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.4

OPENED AT: 2.8
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: _____ PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 2.8 CLOSED TIGHT ☒ PSI 2.4 OPENED AT 2.8

PASSED

☒

FAILED

☐

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls sc3938

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
 PROPERTY: Fox Chase Elem School
 ADDRESS: 260 Fox Chase Drive
 CITY, STATE: Oswego, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
 SERIAL NUMBER: 3150566
 MODEL: 975XL
 SIZE: 1"
 LOCATION OF DEVICE: 2ND Floor Mech Room 189
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 9.2

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 9

OPENED AT: 3.2
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY
 PRESSURE: _____ PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 9.2

CLOSED TIGHT ☒ PSI 9

OPENED AT 3.2

PASSED ☒

FAILED ☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls sc3938

CCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: GRANDE PARK ELEMENTARY SCHOOL
ADDRESS: 26933 GRANDE PARK BLVD.
CITY, STATE: PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

IN 170051

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 375
SERIAL NUMBER: L34422
SIZE: 3"
LOCATION OF DEVICE: ROOM A-140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.5	PSI: 2.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: GRANDE PARK ELEMENTARY SCHOOL
ADDRESS: 26933 GRANDE PARK BLVD.
CITY, STATE: PLAINFIELD, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
MODEL: 350ADA
SERIAL NUMBER: V07539
SIZE: 4"
LOCATION OF DEVICE: ROOM A-140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: N/A
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 4.3	PSI: 3.5	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 63 PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 IL UNIFORM PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

GRANDE PARK ELEMENTARY SCHOOL

ADDRESS:

26933 GRANDE PARK BLVD.

CITY, STATE:

PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

950XL

SERIAL NUMBER:

2271611XLD

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A-140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.6

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.4

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

☐

PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

GRANDE PARK ELEMENTARY SCHOOL

ADDRESS:

26933 GRANDE PARK BLVD.

CITY, STATE:

PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

2379965

SIZE:

1"

LOCATION OF DEVICE:

ROOM A-140

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☐

IRRIGATION ☐

OTHER ☒

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 9

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 1.9

RELIEF VALVE

OPENED AT: 3.6

DID NOT OPEN ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

SPRING ☐

DIAPHRAM ☐

SEAT ☐

SPACER ☐

OTHER(SEE BELOW) ☐

SUPPLY

PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐

PSI

CLOSED TIGHT ☐

PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

6/26/2017

DATE

PROPERTY:

HOMESTEAD ELEMENTARY

42164/IN401659

ADDRESS:

2830 HILLSBORO BLVD.

JOB NUMBER

CITY, STATE:

AURORA, IL.

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

WILKINS

MODEL:

3154339

SERIAL NUMBER:

3154339

SIZE:

1"

LOCATION OF DEVICE:

ROOM 188A

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☐

IRRIGATION ☐

OTHER ☒

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 9.1

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 2.9

RELIEF VALVE

OPENED AT: 2.8

DID NOT OPEN ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

SPRING ☐

DIAPHRAM ☐

SEAT ☐

SPACER ☐

OTHER(SEE BELOW) ☐

SUPPLY

PRESSURE: 32 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐

PSI

CLOSED TIGHT ☐

PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

HOMESTEAD ELEMENTARY

ADDRESS:

2830 HILLSBORO BLVD.

CITY, STATE:

AURORA, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

CONBRACO

MODEL:

40204A2

SERIAL NUMBER:

IC665

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A224

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.3

RELIEF VALVE

OPENED AT: 2.5

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 32 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: HOMESTEAD ELEMENTARY
ADDRESS: 2830 HILLSBORO BLVD.
CITY, STATE: AURORA, IL.

6/26/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 909
SERIAL NUMBER: 166137
SIZE: 3"
LOCATION OF DEVICE: ROOM A114
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 7.2	PSI: 2.4	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 48 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

HOMESTEAD ELEMENTARY

ADDRESS:

2830 HILLSBORO BLVD.

CITY, STATE:

AURORA, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

AMES

MODEL:

2000B

SERIAL NUMBER:

24046

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A114

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 48 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

HUNT CLUB ELEMENTARY SCHOOL

ADDRESS:

4001 HUNT CLUB DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

909

SERIAL NUMBER:

489416

SIZE:

1"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 9.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: 3.9

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 54 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

HUNT CLUB ELEMENTARY SCHOOL

ADDRESS:

4001 HUNT CLUB DRIVE

CITY, STATE:

OSWEGO, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375

SERIAL NUMBER:

L37041

SIZE:

3"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.3

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.9

RELIEF VALVE

OPENED AT: 2.9

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 70 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

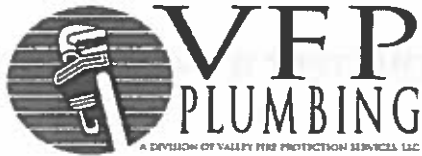
☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: HUNT CLUB ELEMENTARY SCHOOL
ADDRESS: 4001 HUNT CLUB DRIVE
CITY, STATE: OSWEGO, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
MODEL: 950XL
SERIAL NUMBER: 2883697XLD
SIZE: .75"
LOCATION OF DEVICE: ROOM A140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: N/A
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 3	PSI: 0.7	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 70 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCD SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

HUNT CLUB ELEMENTARY SCHOOL

ADDRESS:

4001 HUNT CLUB DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

350ADA

SERIAL NUMBER:

V17316

SIZE:

4"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 4.3

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

☐
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☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

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☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 70 PSI

☐
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☐

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary
PROPERTY: _____
ADDRESS: 2301 Lakewood Creek Dr
CITY, STATE: Montgomery, IL

6/26/2017

DATE

IN401659-42164

JOB NUMBER

1N170053

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Wilkins
MODEL: 375
SERIAL NUMBER: L16284
SIZE: 3"
LOCATION OF DEVICE: room 114A
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☒
CLOSED TIGHT ☐
PSI: _____

LEAKED ☐
CLOSED TIGHT ☐
PSI: _____

OPENED AT: _____
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 60 PSI

SPECIAL COMMENTS: 1st checkvalve failed

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☐

FAILED ☒

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 2301 Lakewood Creek Dr IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒
MANUFACTURER: Wilkins
MODEL: 950 XL
SERIAL NUMBER: 1698609
SIZE: 3/4"
LOCATION OF DEVICE: room 114A
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>NA</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>2.2</u>	PSI: <u>2.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY <input type="checkbox"/>
		PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
THOMAS L. OWENS XCS326 CHICAGO PLUMBER LICENSE #1208054

XCS326



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 2301 Lakewood Creek Dr IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: Wilkins
MODEL: 350DA
SERIAL NUMBER: N12062
SIZE: 4"
LOCATION OF DEVICE: room 114A
RETEST DATE: 6/26/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 4.1

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.8

OPENED AT: NA
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 2301 Lakewood Creek Dr IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 975XL
SERIAL NUMBER: 1752980
SIZE: 2"
LOCATION OF DEVICE: room 224
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.6</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.2</u>	PSI: <u>2.7</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY <input type="checkbox"/>
		PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST		
CLOSED TIGHT <input type="checkbox"/> PSI _____	CLOSED TIGHT <input type="checkbox"/> PSI _____	OPENED AT _____
PASSED <input checked="" type="checkbox"/>	FAILED <input type="checkbox"/>	

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054

XC5326



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 2301 Lakewood Creek Dr IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Watts
MODEL: 919QT
SERIAL NUMBER: 12611
SIZE: 1"
LOCATION OF DEVICE: room180A
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.3

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.2

OPENED AT: 3
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 60 PSI

SPECIAL COMMENTS: relief valve side cover is leaking, needs repair

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Lakewood Creek Elementary 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 2301 Lakewood Creek Dr IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 975XL
SERIAL NUMBER: 3154336
SIZE: 1"
LOCATION OF DEVICE: room241
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.6</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>10.2</u>	PSI: <u>2.8</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY <input type="checkbox"/>
		PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE NJ208054

XC5326



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

LAKEWOOD CREEK ELEMENTARY

ADDRESS:

2301 ;AKEWOOD CREEK BLVD.

CITY, STATE:

MONTGOMERY, IL.

7/21/2017

DATE

45410/P103661

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375

SERIAL NUMBER:

L16284

SIZE:

3"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☒

CLOSED TIGHT

☐

PSI:

CHECK VALVE #2

LEAKED

☒

CLOSED TIGHT

☐

PSI:

RELIEF VALVE

OPENED AT:

DID NOT OPEN

☐

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☒

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☒

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☒

REPLACED

☒

DISC

☒

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☒

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 65 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☒

PSI 8.7

CLOSED TIGHT

☒

PSI 1.9

OPENED AT 2.7

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: Longbeach Elementary School
PROPERTY: _____
ADDRESS: 67 Longbeach
CITY, STATE: Montgomery, IL

6/26/2017

DATE

IN401659-42164

JOB NUMBER

IN170054

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: Conbraco
MODEL: 40204A2
SERIAL NUMBER: K1461
SIZE: 3/4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.7

LEAKED ☐
CLOSED TIGHT ☒
PSI: 1.8

OPENED AT: 2.5
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Longbeach Elementary School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 67 Longbeach IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐
MANUFACTURER: Ames
MODEL: 5000SS
SERIAL NUMBER: 5BK0754
SIZE: 4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.1</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.9</u>	PSI: <u>3</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY <input type="checkbox"/>
		PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST		
CLOSED TIGHT <input type="checkbox"/> PSI _____	CLOSED TIGHT <input type="checkbox"/> PSI _____	OPENED AT _____
PASSED <input checked="" type="checkbox"/>	FAILED <input type="checkbox"/>	

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Longbeach Elementary School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 67 Longbeach IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 375
SERIAL NUMBER: L18332
SIZE: 4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>6.9</u>	PSI: <u>3.3</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST		
CLOSED TIGHT <input type="checkbox"/> PSI _____	CLOSED TIGHT <input type="checkbox"/> PSI _____	OPENED AT _____
PASSED <input checked="" type="checkbox"/>	FAILED <input type="checkbox"/>	

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Longbeach Elementary School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 67 Longbeach IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Apollo
MODEL: RPLF4A
SERIAL NUMBER: 670364
SIZE: 1.5"
LOCATION OF DEVICE: 2nd floor boiler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.6

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.5

OPENED AT: 2.4
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY ☐
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT: _____

CCCDI SIGNATURE AND APPROVAL NUMBER

XC5326

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Longbeach Elementary School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 67 Longbeach IN401659-42164
CITY, STATE: Montgomery, IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Watts
MODEL: 909
SERIAL NUMBER: 450910
SIZE: 2"
LOCATION OF DEVICE: 2nd floor boiler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 8.9

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.4

OPENED AT: 2.3
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OLD POST ELEMENTARY SCHOOL
ADDRESS: 100 OLD POST ROAD
CITY, STATE: OSWEGO, IL.

6/27/2017
DATE
42164/IN401659
JOB NUMBER

IN170055

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 975XL
SERIAL NUMBER: 500890
SIZE: 1"
LOCATION OF DEVICE: MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.7
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 9.8	PSI: 2.5	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 58 PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OLD POST ELEMENTARY SCHOOL
ADDRESS: 100 OLD POST ROAD
CITY, STATE: OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: CONBRACO
MODEL: 40204A2
SERIAL NUMBER: BW410
SIZE: .75"
LOCATION OF DEVICE: MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.1</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8</u>	PSI: <u>2.6</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>65</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OLD POST ELEMENTARY SCHOOL

ADDRESS:

100 OLD POST ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

537592

SIZE:

2"

LOCATION OF DEVICE:

MECHANICAL ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 7.7

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3

RELIEF VALVE

OPENED AT: 3.4

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 58 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OLD POST ELEMENTARY SCHOOL
ADDRESS: 100 OLD POST ROAD
CITY, STATE: OSWEGO, IL

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: AMES
MODEL: 5000SS
SERIAL NUMBER: 5DM1211
SIZE: 4"
LOCATION OF DEVICE: MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.2
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 10.5	PSI: 2.11	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 65 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

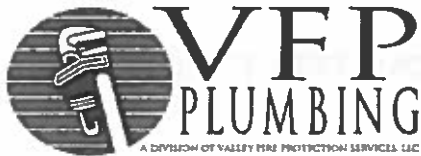
THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PRAIRIE POINT ELEMENTARY

ADDRESS:

3650 GROVE ROAD

CITY, STATE:

OSWEGO, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

FEBCO

MODEL:

860

SERIAL NUMBER:

H11815

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☐

IRRIGATION ☐

OTHER ☒

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 9.4

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 3.2

RELIEF VALVE

OPENED AT: 2.3

DID NOT OPEN ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

SPRING ☐

DIAPHRAM ☐

SEAT ☐

SPACER ☐

OTHER(SEE BELOW) ☐

SUPPLY

PRESSURE: 61 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐

PSI

CLOSED TIGHT ☐

PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: PRAIRIE POINT ELEMENTARY
ADDRESS: 3650 GROVE ROAD
CITY, STATE: OSWEGO, IL.

6/26/2017
DATE
42164/IN401659
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: FEBCO
MODEL: 860
SERIAL NUMBER: F041119153
SIZE: 3"
LOCATION OF DEVICE: ROOM A140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 7.4	PSI: 1.8	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PRAIRIE POINT ELEMENTARY

ADDRESS:

3650 GROVE ROAD

CITY, STATE:

OSWEGO, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐

RPDA ☐

DC ☐

DCDA

☒

MANUFACTURER:

AMES

MODEL:

MAXIM 300-GV

SERIAL NUMBER:

EL-0423

SIZE:

4"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.3

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PRAIRIE POINT ELEMENTARY

ADDRESS:

3650 GROVE ROAD

CITY, STATE:

OSWEGO, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

AMES

MODEL:

2000B

SERIAL NUMBER:

34854

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.8

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.6

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



Plumbing & Heating, LLC

A DIVISION OF VALLEY FIRE PROTECTION SERVICES, LLC

BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: SOUTHBURY ELEM SCHOOL
ADDRESS: 820 PRESTON
CITY, STATE: OSWEGO IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
SERIAL NUMBER: x08408
MODEL: x375
SIZE: 4"
LOCATION OF DEVICE: Room A140
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7

LEAKED ☐
CLOSED TIGHT ☒
PSI: 6.8

OPENED AT: 2.4
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 7

CLOSED TIGHT ☒ PSI 6.8

OPENED AT 2.4

PASSED

☒

FAILED

☐

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls XC3938

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509

IN176057



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
 PROPERTY: SOUTHBURY ELEM SCHOOL DATE
 ADDRESS: 820 PRESTON 42164/JN401659
 CITY, STATE: OSWEGO IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
 SERIAL NUMBER: 2758250
 MODEL: 975xl
 SIZE: 1"
 LOCATION OF DEVICE: Room A140
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE
 INITIAL TEST

LEAKED ☐ LEAKED ☐ OPENED AT: 2.4
 CLOSED TIGHT ☒ CLOSED TIGHT ☒ DID NOT OPEN ☐
 PSI: 8.8 PSI: 8.6

CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u> </u> PSI

SPECIAL COMMENTS:
 DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST
 CLOSED TIGHT ☒ PSI 8.8 CLOSED TIGHT ☒ PSI 8.8 OPENED AT 2.4
 PASSED ☒ FAILED ☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls XC3938

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
 PROPERTY: SOUTHBURY ELEM SCHOOL
 ADDRESS: 820 PRESTON
 CITY, STATE: OSWEGO IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
 SERIAL NUMBER: v16902
 MODEL: 350ada
 SIZE: 6"
 LOCATION OF DEVICE: Room A140
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 2.8

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 2.8

OPENED AT: _____
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY
 PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 2.8 CLOSED TIGHT ☒ PSI 2.8 OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls XC3938

CCCD SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: SOUTHBURY ELEM SCHOOL DATE
ADDRESS: 820 PRESTON 42164/IN401659
CITY, STATE: OSWEGO IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
SERIAL NUMBER: 2885692 XLD
MODEL: 950XL
SIZE: .75"
LOCATION OF DEVICE: Room A140
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE
INITIAL TEST

LEAKED ☐ LEAKED ☐ OPENED AT: _____
CLOSED TIGHT ☒ CLOSED TIGHT ☒ DID NOT OPEN ☐
PSI: 2.8 PSI: 2.6

CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>
REPLACED	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>
DISC	<input type="checkbox"/>	DISC	<input type="checkbox"/>	DISC	<input type="checkbox"/>
DISC HOLDER	<input type="checkbox"/>	DISC HOLDER	<input type="checkbox"/>	DISC HOLDER	<input type="checkbox"/>
STEM	<input type="checkbox"/>	STEM	<input type="checkbox"/>	STEM	<input type="checkbox"/>
RETAINER	<input type="checkbox"/>	RETAINER	<input type="checkbox"/>	SPRING	<input type="checkbox"/>
O-RINGS	<input type="checkbox"/>	O-RINGS	<input type="checkbox"/>	DIAPHRAM	<input type="checkbox"/>
SEAT	<input type="checkbox"/>	SEAT	<input type="checkbox"/>	SEAT	<input type="checkbox"/>
SPRING	<input type="checkbox"/>	SPRING	<input type="checkbox"/>	SPACER	<input type="checkbox"/>
GUIDE	<input type="checkbox"/>	GUIDE	<input type="checkbox"/>	OTHER(SEE BELOW)	<input type="checkbox"/>
OTHER(SEE BELOW)	<input type="checkbox"/>	OTHER(SEE BELOW)	<input type="checkbox"/>	SUPPLY	<input type="checkbox"/>
				PRESSURE: _____	PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☒ PSI 2.8 CLOSED TIGHT ☒ PSI 2.6 OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls XC3938

CCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: THE WHEATLANDS ELEMENTARY SCHOOL
ADDRESS: 2290 BARRINGTON DR WEST
CITY, STATE: AURORA, IL.

7/19/2017
DATE

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 975XL2
SERIAL NUMBER: 4415847
SIZE: 1.25"
LOCATION OF DEVICE: 2nd FLOOR SOUTH BOILER ROOM
RETEST DATE: 7/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>3.5</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.6</u>	PSI: <u>2.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>35</u> PSI

SPECIAL COMMENTS: REPLACES WILKINS 975XL 1234853
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

7/19/2017

DATE

PROPERTY:

THE WHEATLANDS ELEMENTARY SCHOOL

ADDRESS:

2290 BARRINGTON DR WEST

JOB NUMBER

CITY, STATE:

AURORA, IL.

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP



RPDA



DC



DCDA



MANUFACTURER:

WATTS

MODEL:

919

SERIAL NUMBER:

15654

SIZE:

1"

LOCATION OF DEVICE:

2nd FLOOR NORTH BOILER ROOM

RETEST DATE:

7/1/2018

FIRE PROTECTION



FP BYPASS



DCW



IRRIGATION



OTHER



INITIAL TEST

CHECK VALVE #1

LEAKED



CLOSED TIGHT



PSI:

CHECK VALVE #2

LEAKED



CLOSED TIGHT



PSI:

1.8

RELIEF VALVE

OPENED AT: leaking

DID NOT OPEN



CLEANED



REPLACED



DISC



DISC HOLDER



STEM



RETAINER



O-RINGS



SEAT



SPRING



GUIDE



OTHER(SEE BELOW)



CLEANED



REPLACED



DISC



DISC HOLDER



STEM



RETAINER



O-RINGS



SEAT



SPRING



GUIDE



OTHER(SEE BELOW)



CLEANED



REPLACED



DISC



DISC HOLDER



STEM



SPRING



DIAPHRAM



SEAT



SPACER



OTHER(SEE BELOW)



SUPPLY

PRESSURE: 32 PSI

SPECIAL COMMENTS:

REPLACES WILKINS 975XL 1234853

DIRECTION OF FLOW TEST



VALVES LEFT AS FOUND



FINAL TEST

CLOSED TIGHT



PSI 8.1

CLOSED TIGHT



PSI 1.8

OPENED AT 3.2

PASSED



FAILED



THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: WOLF'S CROSSING ELEMENTARY
ADDRESS: 3015 HEGGS ROAD
CITY, STATE: AURORA, IL.

6/26/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 909
SERIAL NUMBER: 588549
SIZE: .75"
LOCATION OF DEVICE: A140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8	PSI: 2	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 37 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED



FAILED



THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

WOLF'S CROSSING ELEMENTARY

ADDRESS:

3015 HEGGS ROAD

CITY, STATE:

AURORA, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

909

SERIAL NUMBER:

175073

SIZE:

3"

LOCATION OF DEVICE:

A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 7.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.8

RELIEF VALVE

OPENED AT: 2.1

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 45 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

WOLF'S CROSSING ELEMENTARY

ADDRESS:

3015 HEGGS ROAD

CITY, STATE:

AURORA, IL.

6/26/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐

RPDA ☐

DC ☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

350ADA

SERIAL NUMBER:

V00548

SIZE:

4"

LOCATION OF DEVICE:

A140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.8

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 4

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 45 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: WOLF'S CROSSING ELEMENTARY
ADDRESS: 3015 HEGGS ROAD
CITY, STATE: AURORA, IL

6/26/2017
DATE
42164/IN401659
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
MODEL: 950XL
SERIAL NUMBER: 1953310XLD
SIZE: .75"
LOCATION OF DEVICE: A140
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.6

CHECK VALVE #2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.5

RELIEF VALVE

OPENED AT: N/A
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 45 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: Bernardik Middle School
PROPERTY: _____
ADDRESS: 3025 Heggs Rd
CITY, STATE: Oswego, IL

6/26/2017

DATE

IN401659-42164

JOB NUMBER

IN170061

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Febco
MODEL: 860
SERIAL NUMBER: 104201122
SIZE: 4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.2

LEAKED ☐
CLOSED TIGHT ☐
PSI: _____

OPENED AT: _____
DID NOT OPEN ☒

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY PRESSURE: 50 PSI

SPECIAL COMMENTS: reliefvalve failed

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☐

FAILED ☒

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Bernardik Middle School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 3025 Heggs Rd IN401659-42164
CITY, STATE: Oswego, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 975XL
SERIAL NUMBER: 11352883XLD
SIZE: 3/4"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.9</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8.9</u>	PSI: <u>2.6</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY <input type="checkbox"/>
		PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST		
CLOSED TIGHT <input type="checkbox"/> PSI _____	CLOSED TIGHT <input type="checkbox"/> PSI _____	OPENED AT _____
PASSED <input checked="" type="checkbox"/>	FAILED <input type="checkbox"/>	

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Bernardik Middle School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 3025 Heggs Rd IN401659-42164
CITY, STATE: Oswego, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐
MANUFACTURER: Wilkins
MODEL: 375DA
SERIAL NUMBER: M00560
SIZE: 6"
LOCATION OF DEVICE: sprinkler room
RETEST DATE: 6/26/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.8</u>	PSI: <u>3.4</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: Bernardik Middle School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 3025 Heggs Rd IN401659-42164
CITY, STATE: Oswego, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Watts
MODEL: 909
SERIAL NUMBER: 383706
SIZE: 1.5"
LOCATION OF DEVICE: room 1240A
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 9.9

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.6

OPENED AT: 2.1
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY ☐
PRESSURE: 50 PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT: _____

CCCDI SIGNATURE AND APPROVAL NUMBER

XC5326

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



BACKFLOW TEST REPORT

CUSTOMER: Bernardik Middle School 6/26/2017
PROPERTY: _____ DATE
ADDRESS: 3025 Heggs Rd IN401659-42164
CITY, STATE: Oswego, IL JOB NUMBER
CONFERRED WITH _____

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐
MANUFACTURER: Watts
MODEL: 909
SERIAL NUMBER: 520033
SIZE: 3/4"
LOCATION OF DEVICE: room 2009
RETEST DATE: 6/26/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.1</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8.2</u>	PSI: <u>1.9</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>50</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST
CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC5326

CCCDI SIGNATURE AND APPROVAL NUMBER

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #1208054



BACKFLOW TEST REPORT

CUSTOMER: OCUSD 308 10/9/2017
PROPERTY: BEDNARCIK JR. HIGH SCHOOL DATE
ADDRESS: 3025 HEGGS ROAD 48312/P103750
CITY, STATE: AURORA, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: FEBCO
MODEL: 860
SERIAL NUMBER: 104201122
SIZE: 4"
LOCATION OF DEVICE: ROOM 1110 STORAGE
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input checked="" type="checkbox"/>	OPENED AT: _____
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	DID NOT OPEN <input checked="" type="checkbox"/>
PSI: <u>5.9</u>	PSI: _____	
CLEANED <input checked="" type="checkbox"/>	CLEANED <input checked="" type="checkbox"/>	CLEANED <input checked="" type="checkbox"/>
REPLACED <input checked="" type="checkbox"/>	REPLACED <input checked="" type="checkbox"/>	REPLACED <input checked="" type="checkbox"/>
DISC <input checked="" type="checkbox"/>	DISC <input checked="" type="checkbox"/>	DISC <input checked="" type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input checked="" type="checkbox"/>	O-RINGS <input checked="" type="checkbox"/>	DIAPHRAM <input checked="" type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>46</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 6.4 CLOSED TIGHT ☒ PSI 2 OPENED AT 2.2

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

MURPHY MIDDLE SCHOOL

ADDRESS:

26923 GRANDE PARK BLVD.

CITY, STATE:

PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

IN170062

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

X08627

SIZE:

4"

LOCATION OF DEVICE:

ROOM A-140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 7.4

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 4.2

RELIEF VALVE

OPENED AT: 3.1

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

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

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

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

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 63 PSI

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

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: MURPHY MIDDLE SCHOOL
ADDRESS: 26923 GRANDE PARK BLVD.
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS

MODEL: 350ADA

SERIAL NUMBER: V14441

SIZE: 4"

LOCATION OF DEVICE: ROOM A-140

RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐
CLOSED TIGHT ☒
PSI: 3.9

CHECK VALVE #2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 4.2

RELIEF VALVE

OPENED AT: N/A
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

MURPHY MIDDLE SCHOOL

ADDRESS:

26923 GRANDE PARK BLVD.

CITY, STATE:

PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

950XL

SERIAL NUMBER:

2764350XLD

SIZE:

4"

LOCATION OF DEVICE:

ROOM A-140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.7

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.2

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

MURPHY MIDDLE SCHOOL

ADDRESS:

26923 GRANDE PARK BLVD.

CITY, STATE:

PLAINFIELD, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

2758263

SIZE:

1"

LOCATION OF DEVICE:

ROOM A-140

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.7

RELIEF VALVE

OPENED AT: 2.4

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 53 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCD SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PLANK MIDDLE SCHOOL

ADDRESS:

510 SECRETARIAT DRIVE

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

2080335

SIZE:

.75"

LOCATION OF DEVICE:

ROOM D139

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.8

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.9

RELIEF VALVE

OPENED AT: 2.2

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 52 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCD SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PLANK MIDDLE SCHOOL

ADDRESS:

510 SECRETARIAT DRIVE

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

X02213

SIZE:

4"

LOCATION OF DEVICE:

ROOM A104

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 7.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.7

RELIEF VALVE

OPENED AT: 2.3

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 52 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: PLANK MIDDLE SCHOOL
ADDRESS: 510 SECRETARIAT DRIVE
CITY, STATE: OSWEGO, IL.

6/27/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
MODEL: 350ADA
SERIAL NUMBER: V07127
SIZE: 4"
LOCATION OF DEVICE: ROOM A104
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: N/A
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 3.3	PSI: 3.7	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 52 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

PLANK MIDDLE SCHOOL

ADDRESS:

510 SECRETARIAT DRIVE

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

950XL

SERIAL NUMBER:

2256127XLD

SIZE:

.75"

LOCATION OF DEVICE:

ROOM A104

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.7

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

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

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

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

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 52 PSI

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

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: THOMPSON MIDDLE SCHOOL
ADDRESS: 440 BOULDER HILL PASS
CITY, STATE: OSWEGO, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER

IN170004

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: CONBRACO
MODEL: 40208A2
SERIAL NUMBER: FT959
SIZE: 2"
LOCATION OF DEVICE: WEST MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.4
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.72	PSI: 1.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 68 PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: THOMPSON MIDDLE SCHOOL DATE
ADDRESS: 440 BOULDER HILL PASS 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: AMES
MODEL: 5000SS
SERIAL NUMBER: 5B00401
SIZE: 4"
LOCATION OF DEVICE: WEST MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.8</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.8</u>	PSI: <u>2.6</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>68</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

THOMPSON MIDDLE SCHOOL

ADDRESS:

440 BOULDER HILL PASS

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

3069319

SIZE:

.75"

LOCATION OF DEVICE:

BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 9.6

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.1

RELIEF VALVE

OPENED AT: 2.8

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: THOMPSON MIDDLE SCHOOL
ADDRESS: 440 BOULDER HILL PASS
CITY, STATE: OSWEGO, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: LF009M3
SERIAL NUMBER: 77989
SIZE: .75"
LOCATION OF DEVICE: WEST MECHANICAL ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.6
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 9.4	PSI: 1.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 68 PSI

SPECIAL COMMENTS:
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI
CLOSED TIGHT ☐ PSI
OPENED AT
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

THOMPSON MIDDLE SCHOOL

ADDRESS:

440 BOULDER HILL PASS

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

X11565

SIZE:

4"

LOCATION OF DEVICE:

BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 5.7

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: 2

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 68 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: THOMPSON MIDDLE SCHOOL DATE
ADDRESS: 440 BOULDER HILL PASS 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: HERSEY
MODEL: FRPII
SERIAL NUMBER: 994232
SIZE: .75"
LOCATION OF DEVICE: BOILER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>3</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.9</u>	PSI: <u>1.6</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

BACKFLOW TEST REPORT

CUSTOMER: _____
PROPERTY: TRAUGHBER MIDDLE SCHOOL
ADDRESS: 570 COLCHSTER
CITY, STATE: OSWEGO, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
SERIAL NUMBER: 217808
MODEL: 909
SIZE: 4"
LOCATION OF DEVICE: Room A104
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.4

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.2

OPENED AT: 2.2
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 7.4

CLOSED TIGHT ☒ PSI 7.2

OPENED AT 2.2

PASSED ☒

FAILED ☐

THE ABOVE
INFORMATION IS
CORRECT: _____

Scot Girls XC3839

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: _____
 PROPERTY: _____
 ADDRESS: _____
 CITY, STATE: _____

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: _____
 SERIAL NUMBER: _____
 MODEL: _____
 SIZE: _____
 LOCATION OF DEVICE: _____
 RETEST DATE: _____

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: _____
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 1.8	PSI: 1.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 1.8 CLOSED TIGHT ☒ PSI 1.6 OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE
INFORMATION IS
CORRECT.

Scot Girls

CCCD SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: _____
 PROPERTY: TRAUGHBER MIDDLE SCHOOL
 ADDRESS: 570 COLCHSTER
 CITY, STATE: OSWEGO, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
 SERIAL NUMBER: v15644
 MODEL: 350 ADA
 SIZE: 4"
 LOCATION OF DEVICE: Room A104
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 4.4

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 4.4

OPENED AT: _____
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY
 PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 4.4 CLOSED TIGHT ☒ PSI 4.4 OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls XC3839

CCCD SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: _____
 PROPERTY: TRAUGHBER MIDDLE SCHOOL
 ADDRESS: 570 COLCHSTER
 CITY, STATE: OSWEGO, IL

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPD ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
 SERIAL NUMBER: 15088
 MODEL: 919
 SIZE: 1"
 LOCATION OF DEVICE: Room A104
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 7.4

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 8

OPENED AT: 2.6
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY
 PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☐

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 8.4

CLOSED TIGHT ☒ PSI 8

OPENED AT 2.6

PASSED ☒

FAILED ☐

THE ABOVE
 INFORMATION IS
 CORRECT:

Scot Girls XC3839

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: TRAUGHBER MIDDLE SCHOOL
ADDRESS: 570 COLCHESTER
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 909
SERIAL NUMBER: 436891
SIZE: 2"
LOCATION OF DEVICE: ROOM A112
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☒ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 4
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 9	PSI: 2.2	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 25 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO EAST HIGH SCHOOL

ADDRESS:

2510 HARVEY ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

009M2

SERIAL NUMBER:

2167192

SIZE:

1"

LOCATION OF DEVICE:

4TH FLOOR BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 9.1

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: 3.9

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 30 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO EAST HIGH SCHOOL
ADDRESS: 2510 HARVEY ROAD
CITY, STATE: OSWEGO, IL.

6/27/2017
DATE
42164/IN401659
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 94452
SIZE: 1.5"
LOCATION OF DEVICE: 4TH FLOOR BOILER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 5 <input type="checkbox"/>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.8	PSI: 2	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 30 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 216707
SIZE: 1"
LOCATION OF DEVICE: 4TH FLOOR BOILER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>5</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.2</u>	PSI: <u>2.3</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>30</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO EAST HIGH SCHOOL

ADDRESS:

2510 HARVEY ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

009M2

SERIAL NUMBER:

102680

SIZE:

1.5"

LOCATION OF DEVICE:

4TH FLOOR BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.1

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: 4.1

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

☐

PRESSURE: 30 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO EAST HIGH SCHOOL
ADDRESS: 2510 HARVEY ROAD
CITY, STATE: OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 218174
SIZE: 1"
LOCATION OF DEVICE: 4TH FLOOR BOILER ROOM MEZZANINE
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 3.1
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.6	PSI: 1.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 30 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 220512
SIZE: 2"
LOCATION OF DEVICE: ROOM H-101
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.5</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.3</u>	PSI: <u>2</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO EAST HIGH SCHOOL

ADDRESS:

2510 HARVEY ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

X125621

SIZE:

3"

LOCATION OF DEVICE:

ROOM J-120

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 6.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.7

RELIEF VALVE

OPENED AT: 2.1

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 909
SERIAL NUMBER: 257535
SIZE: 6"
LOCATION OF DEVICE: ROOM C119
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.2</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8.4</u>	PSI: <u>2.1</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 375
SERIAL NUMBER: X25622
SIZE: 3"
LOCATION OF DEVICE: ROOM K-146 GIRLS LOCKER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.4</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.5</u>	PSI: <u>4.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO EAST HIGH SCHOOL
ADDRESS: 2510 HARVEY ROAD
CITY, STATE: OSWEGO, IL.

6/27/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 975XL
SERIAL NUMBER: 2656970
SIZE: 2"
LOCATION OF DEVICE: CONCESSION STAND
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 3.4
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.7	PSI: 2	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO EAST HIGH SCHOOL

ADDRESS:

2510 HARVEY ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐

RPDA ☐

DC ☐

DCDA

☒

MANUFACTURER:

FLOMATIC

MODEL:

DCVE

SERIAL NUMBER:

A1978

SIZE:

.75"

LOCATION OF DEVICE:

ROOM E-154

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☒

DCW ☐

IRRIGATION ☐

OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 2.1

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 1.3

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

SPRING ☐

DIAPHRAM ☐

SEAT ☐

SPACER ☐

OTHER(SEE BELOW) ☐

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐

PSI

CLOSED TIGHT ☐

PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 975XL
SERIAL NUMBER: 1846097XLD
SIZE: .75"
LOCATION OF DEVICE: ROOM H-101
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.8</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8.3</u>	PSI: <u>1.4</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO EAST HIGH SCHOOL

ADDRESS:

2510 HARVEY ROAD

CITY, STATE:

OSWEGO, IL.

6/27/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☐

RPDA ☐

DC ☐

DCDA ☐

☒

MANUFACTURER:

AMES

MODEL:

MAXIM 300

SERIAL NUMBER:

CK-1215

SIZE:

6"

LOCATION OF DEVICE:

ROOM E-154

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.1

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

☐

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 375DA
SERIAL NUMBER: M03032
SIZE: 4"
LOCATION OF DEVICE: ROOM H-101
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>3</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9.4</u>	PSI: <u>2.7</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO EAST HIGH SCHOOL
ADDRESS: 2510 HARVEY ROAD
CITY, STATE: OSWEGO, IL

6/27/2017
DATE
42164/IN401659
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 230886
SIZE: 1"
LOCATION OF DEVICE: ROOM G-137
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☒ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.1
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 6.9	PSI: 1.7	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 52 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED



FAILED



THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/27/2017
PROPERTY: OSWEGO EAST HIGH SCHOOL DATE
ADDRESS: 2510 HARVEY ROAD 42164/IN401659
CITY, STATE: OSWEGO, IL JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: LF909
SERIAL NUMBER: 000681
SIZE: 3"
LOCATION OF DEVICE: FOOTBALL FIELD
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☒ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>3</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>8.1</u>	PSI: <u>2.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER

IN170067

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 384724
SIZE: 1"
LOCATION OF DEVICE: AUX. GYM SPRINKLER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☒ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.5	PSI: 1.2	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

009M2

SERIAL NUMBER:

384724

SIZE:

1"

LOCATION OF DEVICE:

AUX. GYM SPRINKLER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☒

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.5

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 1.2

RELIEF VALVE

OPENED AT:

2

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 50 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS

CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

350A

SERIAL NUMBER:

V32693

SIZE:

4"

LOCATION OF DEVICE:

AUX. GYM SPRINKLER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 4.3

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 4.1

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: WILKINS
MODEL: 950XL
SERIAL NUMBER: 3600565XLD
SIZE: .75"
LOCATION OF DEVICE: AUX. GYM SPRINKLER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.2

CHECK VALVE #2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 2.1

RELIEF VALVE

OPENED AT: N/A
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 975XL
SERIAL NUMBER: 762475XLD
SIZE: .75"
LOCATION OF DEVICE: ROOM149A
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.1
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 9.9	PSI: 2.3	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 60 PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

X

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

M00037

SIZE:

6"

LOCATION OF DEVICE:

ROOM 149A

RETEST DATE:

6/1/2018

FIRE PROTECTION

X

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

X

CLOSED TIGHT

☐

PSI:

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

X

PSI:

3.4

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

RELIEF VALVE

OPENED AT: leaking

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

NEEDS COMPLETE #1 CHECK VALVE

DIRECTION OF FLOW TEST

X

VALVES LEFT AS FOUND

X

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☐

FAILED

X

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 375A
SERIAL NUMBER: X25435
SIZE: 3"
LOCATION OF DEVICE: ROOM 155PR
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 7.3	PSI: 4.4	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 909
SERIAL NUMBER: 117437
SIZE: 1.5"
LOCATION OF DEVICE: BOILER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>5</u>	PSI: <u>1.1</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>55</u> PSI

SPECIAL COMMENTS: RECOMMEND REMOVAL-DEAD END-FEEDS NOTHING

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI CLOSED TIGHT ☐ PSI OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

531609

SIZE:

1.25"

LOCATION OF DEVICE:

BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 9.9

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.1

RELIEF VALVE

OPENED AT: 3.8

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 55 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WILKINS

MODEL:

375A

SERIAL NUMBER:

X10557

SIZE:

6"

LOCATION OF DEVICE:

METER ROOM 27B

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 6.4

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2

RELIEF VALVE

OPENED AT: 2.1

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: PICKERELL FIELD DATE
ADDRESS: 4250 ROUTE 71 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: FEBCO
MODEL: 835YA
SERIAL NUMBER: 323597
SIZE: 2"
LOCATION OF DEVICE: FOOTBALL FIELD SHED
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☒ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.5</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>6.5</u>	PSI: <u>1.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>70</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:


CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

WATTS

MODEL:

909

SERIAL NUMBER:

501601

SIZE:

.75"

LOCATION OF DEVICE:

GREENHOUSE

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☐

IRRIGATION ☒

OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 7.3

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 2

RELIEF VALVE

OPENED AT: 4

DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY

PRESSURE: 52 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI

CLOSED TIGHT ☐ PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WILKINS
MODEL: 375
SERIAL NUMBER: L05583
SIZE: 6"
LOCATION OF DEVICE: RECEIVING
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 3.3
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 7.5	PSI: 1.6	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: OSWEGO HIGH SCHOOL DATE
ADDRESS: 4250 ROUTE 71 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: AMES
MODEL: 3000SS
SERIAL NUMBER: 2002580901
SIZE: 4"
LOCATION OF DEVICE: ROOM 155PR
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>N/A</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>2.7</u>	PSI: <u>2.4</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: OSWEGO HIGH SCHOOL DATE
ADDRESS: 4250 ROUTE 71 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: AMES
MODEL: 3000SS
SERIAL NUMBER: 1148450601
SIZE: 4"
LOCATION OF DEVICE: NWC BAND ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☒ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>N/A</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>3.1</u>	PSI: <u>3.4</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: OSWEGO HIGH SCHOOL DATE
ADDRESS: 4250 ROUTE 71 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☐ DCDA ☒

MANUFACTURER: AMES
MODEL: 2000B
SERIAL NUMBER: 21036
SIZE: .75"
LOCATION OF DEVICE: ROOM 155PR
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>N/A</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>2.2</u>	PSI: <u>1.8</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

AMES

MODEL:

2000B

SERIAL NUMBER:

19474

SIZE:

.75"

LOCATION OF DEVICE:

NWC BAND ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.4

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

WATTS

MODEL:

009

SERIAL NUMBER:

12954

SIZE:

3"

LOCATION OF DEVICE:

ROOM 149A

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☒

IRRIGATION ☐

OTHER ☐

INITIAL TEST

CHECK VALVE #1

LEAKED ☐
CLOSED TIGHT ☒
PSI: 7.8

CHECK VALVE #2

LEAKED ☐
CLOSED TIGHT ☒
PSI: 1.6

RELIEF VALVE

OPENED AT: 3.6
DID NOT OPEN ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
RETAINER ☐
O-RINGS ☐
SEAT ☐
SPRING ☐
GUIDE ☐
OTHER(SEE BELOW) ☐

CLEANED ☐
REPLACED ☐
DISC ☐
DISC HOLDER ☐
STEM ☐
SPRING ☐
DIAPHRAM ☐
SEAT ☐
SPACER ☐
OTHER(SEE BELOW) ☐
SUPPLY
PRESSURE: 60 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI

CLOSED TIGHT ☐ PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: OSWEGO HIGH SCHOOL
ADDRESS: 4250 ROUTE 71
CITY, STATE: OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 384724
SIZE: 1"
LOCATION OF DEVICE: AUX. GYM SPRINKLER ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.2</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.7</u>	PSI: <u>4.5</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>60</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

SCOTT J. HAMLING
CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

OSWEGO HIGH SCHOOL

ADDRESS:

4250 ROUTE 71

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP ☒

RPDA ☐

DC ☐

DCDA ☐

MANUFACTURER:

WILKINS

MODEL:

975XL

SERIAL NUMBER:

624423

SIZE:

1.5"

LOCATION OF DEVICE:

BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION ☐

FP BYPASS ☐

DCW ☐

IRRIGATION ☐

OTHER ☒

INITIAL TEST

CHECK VALVE #1

LEAKED ☐

CLOSED TIGHT ☒

PSI: 9.2

CHECK VALVE #2

LEAKED ☐

CLOSED TIGHT ☒

PSI: 2.5

RELIEF VALVE

OPENED AT: 2.4

DID NOT OPEN ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

RETAINER ☐

O-RINGS ☐

SEAT ☐

SPRING ☐

GUIDE ☐

OTHER(SEE BELOW) ☐

CLEANED ☐

REPLACED ☐

DISC ☐

DISC HOLDER ☐

STEM ☐

SPRING ☐

DIAPHRAM ☐

SEAT ☐

SPACER ☐

OTHER(SEE BELOW) ☐

SUPPLY

PRESSURE: 55 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI

CLOSED TIGHT ☐ PSI

OPENED AT

PASSED ☒

FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



Plumbing & Heating, LLC

A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

BACKFLOW TEST REPORT

CUSTOMER: CUSD
PROPERTY: 03C
ADDRESS: 61 Franklin Street
CITY, STATE: Oswego, IL

6/28/2017
DATE
42164/IN401649
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☒ DC ☐ DCDA ☐

MANUFACTURER: Ames
SERIAL NUMBER: 000388
MODEL: 4000B
SIZE: .75"
LOCATION OF DEVICE: Room C-101
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☒ DCW ☐ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.8
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.8	PSI: 8.4	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: _____ PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST		
CLOSED TIGHT <input checked="" type="checkbox"/> PSI 8.8	CLOSED TIGHT <input checked="" type="checkbox"/> PSI 8.4	OPENED AT 2.8
PASSED <input checked="" type="checkbox"/>	FAILED <input type="checkbox"/>	

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls sc3938

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS KC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER: CUSD 6/28/2017
 PROPERTY: 03C DATE
 ADDRESS: 61 Franklin Street 42164/IN401649
 CITY, STATE: Oswego, IL JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☐ RPDA ☐ DC ☒ DCDA ☐

MANUFACTURER: watts
 SERIAL NUMBER: 32652
 MODEL: 007M1
 SIZE: 2"
 LOCATION OF DEVICE: Boiler Room
 RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 2

LEAKED ☐
 CLOSED TIGHT ☒
 PSI: 2

OPENED AT: _____
 DID NOT OPEN ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 RETAINER ☐
 O-RINGS ☐
 SEAT ☐
 SPRING ☐
 GUIDE ☐
 OTHER(SEE BELOW) ☐

CLEANED ☐
 REPLACED ☐
 DISC ☐
 DISC HOLDER ☐
 STEM ☐
 SPRING ☐
 DIAPHRAM ☐
 SEAT ☐
 SPACER ☐
 OTHER(SEE BELOW) ☐
 SUPPLY
 PRESSURE: _____ PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒

VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☒ PSI 2 CLOSED TIGHT ☒ PSI 2 OPENED AT 2.8

PASSED ☒

FAILED ☐

THE ABOVE
 INFORMATION IS
 CORRECT: _____

Scot Girls sc3938

CCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

BACKFLOW TEST REPORT

CUSTOMER: CUSD
PROPERTY: 03C
ADDRESS: 61 Franklin Street
CITY, STATE: Oswego, IL

6/28/2017
DATE
42164/IN401649
JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: Conbraco
SERIAL NUMBER: FT 953
MODEL: 40208A2
SIZE: 2"
LOCATION OF DEVICE: Room C-101
RETEST DATE: 6/28/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
INITIAL TEST		
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.8
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8	PSI: 7.8	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: _____ PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☐

FINAL TEST

CLOSED TIGHT ☒ PSI 8 CLOSED TIGHT ☒ PSI 7.8 OPENED AT 2.8

PASSED ☒ FAILED ☐

THE ABOVE
INFORMATION IS
CORRECT:

Scot Girls sc3938

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

SCHOOL DISTRICT MAINTENANCE DEPT.

ADDRESS:

71 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

350ADA

SERIAL NUMBER:

V17422

SIZE:

6"

LOCATION OF DEVICE:

FACP ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☒

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.4

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 73 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: SCHOOL DISTRICT MAINTENANCE DEPT. DATE
ADDRESS: 71 STONEHILL DRIVE 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: 325848
SIZE: 1"
LOCATION OF DEVICE: BREAK ROOM HALL IN CABINET
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.7</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>9</u>	PSI: <u>2</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>73</u> PSI

SPECIAL COMMENTS: _____

DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____

PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

SCHOOL DISTRICT MAINTENANCE DEPT.

ADDRESS:

71 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

APOLLO

MODEL:

RP40

SERIAL NUMBER:

394149

SIZE:

.5"

LOCATION OF DEVICE:

BOILER ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☐

IRRIGATION

☐

OTHER

☒

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 8.6

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 3.3

RELIEF VALVE

OPENED AT: 3.2

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 73 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308 6/28/2017
PROPERTY: SCHOOL DISTRICT MAINTENANCE DEPT. DATE
ADDRESS: 71 STONEHILL DRIVE 42164/IN401659
CITY, STATE: OSWEGO, IL. JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: WATTS
MODEL: 009M2
SERIAL NUMBER: A40097
SIZE: 1"
LOCATION OF DEVICE: FACP ROOM
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☒ IRRIGATION ☐ OTHER ☐

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: <u>2.8</u>
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: <u>7.4</u>	PSI: <u>1.9</u>	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: <u>73</u> PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER
SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544

XC1329



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

SCHOOL DISTRICT MAINTENANCE DEPT.

ADDRESS:

71 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

009M2

SERIAL NUMBER:

A72850

SIZE:

1"

LOCATION OF DEVICE:

ROBOTICS

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 9.3

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.3

RELIEF VALVE

OPENED AT: 2.8

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

☐

PRESSURE: 73 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

SCHOOL DISTRICT MAINTENANCE DEPT.

ADDRESS:

71 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☐

RPDA

☐

DC

☐

DCDA

☒

MANUFACTURER:

WILKINS

MODEL:

950XL

SERIAL NUMBER:

2884885XLD

SIZE:

.75"

LOCATION OF DEVICE:

FACP ROOM

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☒

DCW

☐

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.7

RELIEF VALVE

OPENED AT: N/A

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 73 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

SCHOOL DISTRICT MAINTENANCE DEPT.

ADDRESS:

71 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

WATTS

MODEL:

009M2

SERIAL NUMBER:

A72540

SIZE:

1"

LOCATION OF DEVICE:

SOUTH WALL

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 10.2

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.3

RELIEF VALVE

OPENED AT: 3.1

DID NOT OPEN

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

RETAINER

☐

O-RINGS

☐

SEAT

☐

SPRING

☐

GUIDE

☐

OTHER(SEE BELOW)

☐

CLEANED

☐

REPLACED

☐

DISC

☐

DISC HOLDER

☐

STEM

☐

SPRING

☐

DIAPHRAM

☐

SEAT

☐

SPACER

☐

OTHER(SEE BELOW)

☐

SUPPLY

PRESSURE: 73 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

XC1329

CCCDI SIGNATURE AND APPROVAL NUMBER

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER:

CUSD 308

PROPERTY:

TRANSPORTATION DEPARTMENT

ADDRESS:

55 STONEHILL DRIVE

CITY, STATE:

OSWEGO, IL.

6/28/2017

DATE

42164/IN401659

JOB NUMBER

CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION:

RP

☒

RPDA

☐

DC

☐

DCDA

☐

MANUFACTURER:

APOLLO

MODEL:

RP4A

SERIAL NUMBER:

386994

SIZE:

1.5"

LOCATION OF DEVICE:

BREAK ROOM CLOSET

RETEST DATE:

6/1/2018

FIRE PROTECTION

☐

FP BYPASS

☐

DCW

☒

IRRIGATION

☐

OTHER

☐

INITIAL TEST

CHECK VALVE #1

LEAKED

☐

CLOSED TIGHT

☒

PSI: 7.8

CHECK VALVE #2

LEAKED

☐

CLOSED TIGHT

☒

PSI: 2.2

RELIEF VALVE

OPENED AT: 2.1

DID NOT OPEN

☐

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

RETAINER

O-RINGS

SEAT

SPRING

GUIDE

OTHER(SEE BELOW)

CLEANED

REPLACED

DISC

DISC HOLDER

STEM

SPRING

DIAPHRAM

SEAT

SPACER

OTHER(SEE BELOW)

SUPPLY

PRESSURE: 63 PSI

SPECIAL COMMENTS:

DIRECTION OF FLOW TEST

☒

VALVES LEFT AS FOUND

☒

FINAL TEST

CLOSED TIGHT

☐

PSI

CLOSED TIGHT

☐

PSI

OPENED AT

PASSED

☒

FAILED

☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



BACKFLOW TEST REPORT

CUSTOMER: CUSD 308
PROPERTY: TRANSPORTATION DEPARTMENT
ADDRESS: 55 STONEHILL DRIVE
CITY, STATE: OSWEGO, IL.

6/28/2017
DATE
42164/IN401659
JOB NUMBER
CONFERRED WITH

BACKFLOW DEVICE CERTIFICATION: RP ☒ RPDA ☐ DC ☐ DCDA ☐

MANUFACTURER: APOLLO
MODEL: RP4A
SERIAL NUMBER: 398665
SIZE: 1"
LOCATION OF DEVICE: GARAGE BY SLOP SINK
RETEST DATE: 6/1/2018

FIRE PROTECTION ☐ FP BYPASS ☐ DCW ☐ IRRIGATION ☐ OTHER ☒

INITIAL TEST

CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT: 2.6
CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
PSI: 8.3	PSI: 2.4	
CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>
REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>	REPLACED <input type="checkbox"/>
DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>
DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>	DISC HOLDER <input type="checkbox"/>
STEM <input type="checkbox"/>	STEM <input type="checkbox"/>	STEM <input type="checkbox"/>
RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>
O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>
SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>
SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPACER <input type="checkbox"/>
GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>
OTHER(SEE BELOW) <input type="checkbox"/>	OTHER(SEE BELOW) <input type="checkbox"/>	SUPPLY PRESSURE: 63 PSI

SPECIAL COMMENTS: _____
DIRECTION OF FLOW TEST ☒ VALVES LEFT AS FOUND ☒

FINAL TEST

CLOSED TIGHT ☐ PSI _____ CLOSED TIGHT ☐ PSI _____ OPENED AT _____
PASSED ☒ FAILED ☐

THE ABOVE INFORMATION IS
CORRECT:

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

SCOTT J. HAMLING XC1329 ILLINOIS PLUMBER LICENSE #058-115544



INSPECTION AGREEMENT

Alarm Company:

Sound Inc.
1550 Shore Road
Naperville, IL. 60563

Subscriber:

Oswego School District #308
71 Stonehill Rd.
Oswego IL. 60543

Location:

See attachment

For the consideration hereinafter mentioned, Alarm Company agrees to furnish subscriber with the following services listed below at established rates.

INSPECTION

INSPECTION FREQUENCY:

"A=ANNUAL S=SEMI-ANNUAL Q=QUARTERLY M=MONTHLY"

A FIRE ALARM

The subscriber shall pay the Alarm Company the sum of (\$ 24,332.86) Dollars upon completion of said Inspection, and (\$ 00.00) Dollars per month. Monthly Charges may be prorated to coincide with standard periods. A late payment charge of one and one-half percent (1½%) per month may be added to all amounts that remain unpaid for more than thirty, (30) days, which is an Annual Percentage Rate of 19.56%. This agreement will begin on 6/9/2017.

The fee is payable:

Annually

DESCRIPTION

THIS AGREEMENT IS FOR INSPECTIONS ONLY

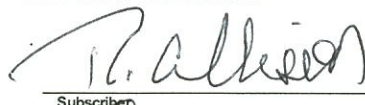
Work to be performed at customer locations. See attachment

TERMS NET 10 DAYS FROM RECEIPT OF INVOICE

Includes: Equipment inspection as noted above and performed within NFPA guidelines.

Not Included: Any type of repairs or parts.

EXCEPT AS OTHERWISE HEREIN PROVIDED, THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR A PERIOD OF ONE YEAR FROM THE DATE ON WHICH THE MONTHLY CHARGES OR TIME AND MATERIAL CHARGES UNDER THIS AGREEMENT BECOME EFFECTIVE, AND THEREAFTER SHALL CONTINUE FOR ONE YEAR PERIODS. THIS AGREEMENT IS TERMINABLE BY THE SUBSCRIBER ONLY UPON WRITTEN NOTICE BY REGISTERED OR CERTIFIED MAIL, MADE AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE OF THE INITIAL PERIOD OR ANY RENEWAL PERIOD.

 6/12/17
Subscriber Date
Jacob Allison
Printed Name

By: _____
Authorized Representative – Alarm Company

Approved: _____
Date



INSPECTION AGREEMENT

Alarm Company:

Subscriber:

Location:

Sound Inc.

Oswego School Dist. 308

1550 Shore Road
Naperville, IL 60563

4175 Route 71
Oswego, IL 605543

See Below

For the consideration hereinafter mentioned, Alarm Company agrees to furnish subscriber with the following services listed below at established rates.

INSPECTION

INSPECTION FREQUENCY:

"A=ANNUAL S=SEMI-ANNUAL Q=QUARTERLY M=MONTHLY"

A FIRE ALARM

The subscriber shall pay the Alarm Company the sum \$24,332.86) Dollars upon completion of said inspection, and (\$ 00.00

Dollars per month. Monthly Charges may be prorated to coincide with standard periods. A late payment charge of one and one-half percent (1½%) per month may be added to all amounts that remain unpaid for more than thirty, (30) days, which is an Annual Percentage Rate of 19.56%. This agreement will begin on 7/1/2016.

The fee is payable: ☐ Monthly ☐ Quarterly ☐ Semi-Annually

Locations

Oswego East High School
Oswego High School
Oswego 308 Center
Traughber Jr. High
Thompson Jr. High
Plank Jr. High
Murphy Jr. High
Bernarcik Jr. High
Boulder Hill Elementary
Churchill Elementary
Brokaw Early Learning Ctr.
East View Elementary
Fox Chase Elementary
Grande Park Elementary
Homestead Elementary
Hunt Club Elementary
Lakewood Creek Elementary
Long Beach Elementary

Old Post Elementary
Prairie Point Elementary
Southbury Elementary
Wheatlands Elementary
Wolf's Crossing Elementary

THIS AGREEMENT IS FOR INSPECTIONS ONLY

Includes: Equipment inspection as noted above and performed within NFPA guidelines.

Not Included: Any type of repairs or parts.

EXCEPT AS OTHERWISE HEREIN PROVIDED, THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR A PERIOD OF ONE YEAR FROM THE DATE ON WHICH THE MONTHLY CHARGES OR TIME AND MATERIAL CHARGES UNDER THIS AGREEMENT BECOME EFFECTIVE, AND THEREAFTER SHALL CONTINUE FOR ONE YEAR PERIODS. THIS AGREEMENT IS TERMINABLE BY THE SUBSCRIBER ONLY UPON WRITTEN NOTICE BY REGISTERED OR CERTIFIED MAIL, MADE AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE OF THE INITIAL PERIOD OR ANY RENEWAL PERIOD.

T. Allison 11/4/16
Subscriber Date
Bob Allison
Printed Name

By: _____
Authorized Representative - Alarm Company
Approved: _____
Date

TERMS AND CONDITIONS

1. The Alarm Company assumes no liability for interruption of service due to strikes, riots, floods, fires, interruption in telephone service, acts of God, or any causes beyond the control of the Alarm Company, and the Alarm Company is not required to supply service to the Subscriber while such interruptions exist. All products and services marked on the front side of this agreement, become part of the terms and conditions of this agreement.

2. The Subscriber will provide supervised access to the premises to the Alarm Company, its agents and employees for service and will obtain for the Alarm Company permission as may be required from the landlord or others to carry out this Agreement.

3. The Subscriber shall at all times be solely responsible for the maintenance of the sprinkler system, if any, including providing adequate heat to the building, so that the sprinkler system will at all times be in good working order. The Subscriber agrees that all repair service to the Alarm System caused by improper use of the Alarm System, misuse, vandalism, lightning, or any other acts of God are billable.

4. Except as otherwise herein provided, this Agreement shall remain in full force and effect for a period of one (1) year from the date on which the monthly charges or time and material charges under this agreement become effective, and thereafter shall continue for one (1) year periods. This agreement is terminable by the Subscriber ONLY upon written notice by registered or certified mail, made at least thirty (30) days prior to the expiration date of the initial period or any renewal period.

5. The Subscriber hereby agrees that the alarm Company shall have the right to modify the charges at any time or times after the expiration of six (6) months from the date of this Agreement upon giving the Subscriber written notice a minimum of sixty (60) days in advance of the effective date of such change. If the subscriber is unwilling to pay any such increases and notifies the Alarm Company in writing by certified mail, return receipt requested at least thirty (30) days prior to the effective date of such increase, the Alarm Company shall be permitted, at its sole option, upon written notice by certified mail, return receipt requested to the Subscriber, to terminate this Agreement as if the term had expired or in the alternative will continue the prior rate and will allow this Agreement to remain in full force and effect without further notice. Failure to notify the Alarm Company in writing at least thirty (30) days prior to the effective date of increase will constitute the Subscriber's consent to the increase, and of all of the other terms and conditions of this Agreement shall remain in full force and effect.

6. Upon the Subscriber's failure to pay any sums due to the Alarm Company under this agreement, or upon premature cancellation of service by the Subscriber, the Alarm Company reserves the right to terminate its obligations under this agreement and remove any of Alarm Company owned equipment, wiring and apparatus from the Subscriber's premises upon written notice to the Subscriber. The Alarm Company will have no obligation to repair or redecorate any portion of the Subscriber's premises due to removal of the Alarm Company's System upon termination. At such time, all charges incurred under the terms of this Agreement, up to the cancellation date, shall immediately become due and payable. In addition, the parties agree that it would be very difficult, if not impossible, to ascertain actual damages for any breach of this Agreement by the Subscriber, and the parties agree that the Subscriber shall immediately pay to the Alarm Company, upon any breach, or upon premature cancellation of service by the Subscriber, as and for liquidated damages, the sum of seventy-five percent (75%) of any charges remaining to be paid under the terms and life of this contract. The parties further agree that the Subscriber shall pay all court costs, collection fees and reasonable attorney's fees of thirty-three and one-third percent (33-1/3%) of all monies remaining to be paid under this Agreement, should the Alarm Company have to place this contract in the hands of any attorney for collection.

7. **LIMITATION OF LIABILITY** Client understands that: a) **Sound** is not an insurer of Client's property or the personal safety of persons at said location b) Client will provide any insurance on said location and its contents c) the amount Client pays to **Sound** is based solely on the value of the System and service **Sound** provides and not on the value of Client's location or its contents d) security systems, alarm systems and **Sound** monitoring may not always operate properly for various reasons e) it is difficult to determine in advance the value of Client's property that might be lost, stolen or destroyed if the system or **Sound** service fails to operate properly f) it is difficult to determine how fast the police, fire department or others would respond to an alarm signal, g) it is difficult to determine what portion, if any, of any property loss, personal injury or death would be proximately caused by **Sound's** failure to perform, negligence, or a failure of the system. Therefore, Client agrees that, even if a court decided that a failure of the system, **Sound's** negligence, monitoring, repair, or service caused or allowed any harm or damage, whether property damage, personal injury or death of Client or anyone at Client's location, **Sound's** liability shall be limited to six (6) times the monthly inspection fee, and this shall be Client's only remedy, regardless of what legal theory is used to determine that **Sound** was liable for the injury or loss. No suit or action shall be brought against the Alarm Company more than one (1) year after the accrual of the cause of action therefore.

In the event that the Subscriber wishes the Alarm Company or Others to assume greater liability, the Subscribers may, as a matter of right, obtain from the Alarm Company a higher limit by paying an additional amount proportioned to the increase in damages, but such additional obligation shall in no way be interpreted to hold the Alarm Company or Others as insurers. This limitation of liability covers all of the Alarm Company equipment and services at all Subscriber locations.

8. **THIRD PARTY INDEMNIFICATION AND SUBROGATION.** If anyone other than the client asks **Sound** to pay for any harm and/or damages, including property, personal injury or death, connected with or resulting from: a) a failure of the security/alarm services b) **Sound's** negligence c) any other improper or careless activity of **Sound** in providing the system or services or d) a claim for indemnification or contribution, Client will repay to **Sound** any amount which a court orders **Sound** to pay or which **Sound** reasonably agrees to pay and amount of **Sound's** reasonable attorney's fees and any other losses and costs that **Sound** may incur in connection with the harm and/or damages. Client's obligation to repay **Sound** for such harm and/or damages shall not apply if the harm and/or damages occurs while one of **Sound's** employees or subcontractors is in or about said location, and such harm and/or damages is solely caused by the employee or subcontractor. Unless prohibited by Client's insurance policy, Client agrees to release **Sound** from any claims of parties suing through Client's authority or in Client's name, such as Client's insurance company, and Client agrees to defend **Sound** against such claim. Client will notify its insurance company of this release.

9. All verbal or written communication between the parties which occurred prior to the date of this Agreement are merged into the terms of this Agreement and the entire Agreement of the parties is expressed herein above and no verbal understanding or agreement shall alter, change or modify the terms and provisions of this Agreement. The Subscriber is not relying on any advice or advertisement of the Alarm Company. In the event that any provision of this Agreement is found to be unenforceable, all other terms shall remain in full force and effect. It is understood and agreed that if there is any conflict between this Agreement and the Subscribers' purchase order, or any other document, this Agreement will govern whether such purchase order or other documents is executed prior or subsequent to this Agreement. The Alarm Company may assign this Agreement without prior notice or consent of the Subscriber; however, the Subscriber may not assign the Agreement unless such assignment shall be consented to in writing by the Alarm Company.

10. The parties agree that this contract is executed and becomes in full force and effect only upon an officer of the Alarm Company signing a copy of the Agreement and that the contract is executed in DuPage County, Illinois. The parties further agree to waive jury trial and that venue shall be proper in DuPage County, Illinois should any portion of this contract have to be legally enforced or litigated.

11. If the subscriber moves its residence or place of business, then the subscriber is entitled to alarm service at this new location upon the payment of reasonable costs incurred in transferring the Alarm System to the new location. In addition, the Subscriber agrees to be liable for any increase in monthly charges occasioned by such a move. The remaining terms of this Agreement will remain in full force and effect and the Subscriber will continue to be liable for the remaining period under the terms of this Security Service Agreement.

12. The Subscriber understands and agrees that the Alarm Company or Others are not liable for any equipment failure before, during or after the Alarm Company or Others inspection.



Valley Fire Protection Services, LLC
 101 N Raddant Rd
 Batavia IL 60510
 630.761.3168 telephone
 630.293.4338 facsimile
 www.valleyfire.com

INSPECTION SERVICES AGREEMENT

This Inspection Services Agreement (this "Agreement") is made by and between **Oswego School District 308** ("Client") and Valley Fire Protection Services, LLC ("Valley") and is effective as of Wednesday, January 11, 2017 (the "Effective Date"). Client agrees to purchase and Valley agrees to provide the fire protection system inspection services (the "Services") as set forth below subject to the attached terms and conditions of this Agreement.

School Name	Address	Quantity Wet Sprinkler System	Annual Pricing
Boulder Hill Elementary	163 Boulder Hill Pass	2	\$200.00
Brokaw Early Learning Center	1000 Fifth St.	1	\$160.00
Churchill Elementary	520 Secretariat	2	\$200.00
East View Elementary	4209 Route 71	1	\$160.00
Fox Chase Elementary	260 Fox Chase Drive North, Oswego	2	\$200.00
Grande Park Elementary	26933 Grand Blvd, Plainfield	2	\$200.00
Homestead Elementary	2830 Hillsboro, Aurora	1	\$160.00
Hunt Club Elementary	4001 Hunt Club Dr., Oswego	2	\$200.00
Lakewood Creek Elementary	2301 Lakewood Creek, Montgomer	2	\$200.00
Long Beach Elementary	67 Long Beach Rd., Montgomery	1	\$160.00
Old Post Elementary	100 Old Post, Oswego	3	\$240.00
Prairie Point Elementary	3650 Grove Rd, Oswego	1	\$160.00
Southbury Elementary	820 Preston Dr., Oswego	2	\$200.00
The Wheatlands Elementary	2290 Barrington dr., West	2	\$200.00
Wolf's Crossing Elementary	3015 Heggs, Aurora	2	\$200.00
Operations	71 Stonehill, Oswego	1	\$160.00
Bednarcik Jr. High	3025 Heggs Rd, Oswego	5	\$320.00
Murphy Jr. High	26923 W. Grande Park, Plainfield	3	\$240.00
Plank Jr. High	510 Secretariat, Oswego	3	\$240.00
Thompson Jr. high	440 Boulder Hill Pass, Oswego	1	\$160.00
Transportation	55 Stonehill, Oswego,	1	\$160.00
Traughber Jr. High	570 Colchester Dr., Oswego	3	\$240.00
Oswego East High School	1525 Harvey Rd, Oswego	7	\$400.00
Oswego High School	4250 Route 71, Oswego	7	\$400.00
Oswego 308 Center	61 Franklin, Oswego	1	\$160.00

\$5,320.00

* Lift not included

* Training to be completed on a separate day

SERVICE AND SERVICE FEES:

Valley will perform the Services set forth below during each twelve (12) consecutive month period and Client will pay to Valley the Service Fees set forth below for performing the Services.

LOCATION: Valley will provide the Services at the above listed locations.

Further Description of Services:

All testing & inspections shall be performed by properly trained and experienced technicians.

All related equipment associated with the systems specified in the Services shall be inspected and/or tested to determine the current operating status which shall be documented in the inspection reports to be submitted to the Client and, where applicable, to the authority having jurisdiction (AHJ).

All systems tested shall be properly tagged at the conclusion of each inspection.

Client acknowledges that the Services are advisory only and is not a more comprehensive evaluation of the adequacy of the installed fire protection system(s) including, but not limited to, hazard evaluation, code compliance, adequacy of sprinkler and/or fire detection coverages, or loss prevention analysis.

Valley's obligations hereunder are expressly limited to inspecting the operating status of the existing fire protection system(s) specifically itemized in the Services described above, with the Client being solely obligated for the operating condition of such system(s) and all components thereof, including correction of any and all deficiencies in such system. In no event shall Valley have any obligation to undertake any type of analysis of designs flaws and/or deficiencies. Inspection reports shall be completed and shall indicate the operating status of the system at the time of the inspection. Recommendations made and/or observed during the inspection are not to be considered a design review or an engineering review. To the extent that Valley identifies to the Client any such matters that are beyond the scope of the Services, Client acknowledges that such matters are being reported to the Client solely as a courtesy, with Valley having no responsibility for such matters and that there may be other matters that require further investigation that have not been identified.

All references to the Services (or similar terms including scope of work) contained in this Agreement and/or any other agreement between the parties shall mean and refer to the Services as expressly defined above, which shall be deemed incorporated in its entirety in any other agreement in which reference is made to the Services hereunder.

It is further understood that this Agreement (including the attached Terms and Conditions) are intended to constitute the entire agreement between Valley and the Client regarding the Services. To the extent of a conflict between this Agreement and any terms and conditions set forth in any agreement, purchase order or other document that the Client may issue, this Agreement shall control and prevail.

Oswego School District 308

Signature: 

Print Name: Rob Allison

Title: Asst. Director, Operations

E-mail: ralison@SD308.org

Address: 71 Stone Hill Rd

Oswego IL 60543

Phone: 630-636-3190

Fax: _____

Valley Fire Protection Services, LLC



Jill Nottke

Account Manager

jnottke@valleyfire.com

101 N. Raddant Road

Batavia, IL 60510

630-761-3168

630-293-4338

TERMS AND CONDITIONS

Term

The initial term of this Agreement shall commence on the Effective Date and continue for one (1) year thereafter (the "Initial Term"). At the conclusion of the Initial Term, this Agreement shall automatically extend for successive terms of one (1) year each unless either party gives written notice to the other party at least thirty (30) days prior to the end of the then-current term.

Payment

Payments shall be due within thirty (30) days from the date of invoice, with Valley having the right to render invoices on a progress basis for work completed through the date of each such invoice. Valley may increase service fees upon notice to Client to reflect increases in material and labor costs. Client agrees to pay all taxes, permits, and other charges levied or based on the service charges pursuant to this Agreement.

Termination

Valley may terminate this Agreement immediately at its sole discretion upon the occurrence of any Event of Default (as hereinafter defined). Valley may also terminate this Agreement at any time in its sole discretion upon notice to Client, if Valley's performance of its obligations under this Agreement becomes impracticable due to obsolescence of equipment at Client's premises, unavailability of parts, or any other reason in Valley's reasonable judgment.

Default

An Event of Default shall be 1) failure of the Client to pay any amount within thirty (30) days after the amount is due and payable, 2) abuse of the Fire Protection System or the Equipment, or 3) dissolution, termination, discontinuance, insolvency or business failure of Client. Upon the occurrence of an Event of Default, Valley may pursue one or more of the following remedies, 1) discontinue furnishing Services, 2) by written notice to Client declare the balance of unpaid amounts due and to become due under this Agreement to be immediately due and payable, provided that all past due amounts shall bear interest at the rate of 1 1/4% per month, 3) receive immediate possession of any equipment for which Client has not paid, 4) proceed at law or equity to enforce performance by Client or recover damages for breach of this Agreement, and 5) recover all costs and expenses, including without limitation reasonable attorney's fees, in connection with enforcing this Agreement.

Limitation of Liability

Client agrees that Valley shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Valley be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Valley's liability shall be limited to an amount equal to the current year service fees, it being acknowledged and agreed that is extremely difficult and impractical to determine actual damages and that such amount shall be liquidated damages as the Client's sole and exclusive remedy hereunder. In no event shall Valley be liable for any damage, loss, injury, or any other claim arising from any servicing, alterations, or modifications of the Fire Protection System or any of its component parts by the Client or any third party. Valley shall not be liable for indirect, incidental, punitive, or consequential damages of any kind, including but not limited to damages arising from the use, loss of the use, performance, or failure of the Fire Protection System to perform.

General Provisions

All work to be performed by Valley will be performed during normal working hours, as defined by Valley. Client shall provide Valley with all necessary access to the Fire Protection System. Client shall promptly notify Valley of any malfunction in the Fire Protection System which comes to Client's attention. This Agreement assumes the Fire Protection System is in operational and maintainable condition as of the Effective Date. Unless otherwise specified in this Agreement, any inspection provided under this Agreement does not include any maintenance, repairs, replacement of parts, nor does it include the correction of any deficiencies identified by Valley. Valley shall not be responsible for equipment failure occurring while Valley is in the process of inspection. Valley reserves the right to subcontract any portion of the work thereof. This Agreement does not cover equipment, components or parts that are buried below grade, behind walls or other obstructions or electrical wiring.

Reports

Inspection services shall be completed on Valley's then current Report form, which shall be given to Client, and, where applicable, Valley will submit a copy thereof to the AHJ. The Report and recommendations by Valley are only advisory in nature. Final responsibility for the condition of the system(s) and equipment and components lies with the Client.

Limited Warranty and Disclaimer

Valley warrants that the services provided and the results thereof were properly reflected in the reports for a period of ninety (90) days from the date of furnishing. EXCEPT AS EXPRESSLY SET FORTH HEREIN, VALLEY DISCLAIMS ALL WARRANTIES EXPRESS OR IMPLIED INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE EQUIPMENT, IF ANY, PROVIDED HEREUNDER.

Indemnity/Insurance

Client agrees to indemnify, hold harmless and defend Valley against any and all losses, damages, costs, and expenses including reasonable defense costs, arising from any and all claims for personal injury, death, property damage or economic loss, relating in any way to this Agreement, except to the extent arising out of Valley's sole negligence. Client shall name Valley as an additional insured on Client's general liability insurance policies.

Force Majeure

This Agreement expressly excludes, without limitation, liability for indirect, incidental or consequential damages of any kind arising by reason of negligence or misuse of equipment, vandalism, corrosion (including but not limited to micro-bacterially induced corrosion), power failure, failure due to non-Valley installation, parts, service, lightning, electrical storm, or other severe weather, water, accident, fire or acts of God. Valley shall not be responsible for delays or failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, labor shortages, severe weather, fire or any other cause beyond the control of Valley.

One-Year Limitation on Actions; Choice of Law

It is agreed that no suit, or cause of action or other proceeding shall be brought against either party more than one (1) year after the occurrence of the cause of action or one (1) year after the claim arises, whichever is shorter, whether known or unknown when the claim arises. The laws of Illinois shall govern the validity, enforceability, and interpretation of this Agreement.

Entire Agreement

This Agreement supersedes all prior representations, understandings or agreements between the parties. No waiver, change, or modification of any terms or conditions of this Agreement shall be binding on Valley unless made in writing and signed by an Authorized Representative of Valley. This Agreement is intended to constitute the complete, total and final agreement between Valley and the Client with respect to the subject matter of this Agreement.

Client Responsibility

Client shall provide a minimum of 40 degrees Fahrenheit temperature throughout all areas of the building where wet pipe fire sprinkler systems are provided. Any dry pipe valve and/or associated equipment (including low point drains) must be in a fully heated area at all times.

School District #308

Request for Proposal

Fire Extinguisher and Automatic Fire Suppression System Testing & Certification

1. The School District #308 is seeking proposal from Contractors to provide Fire Extinguisher and Automatic Fire Suppression System Inspection, Testing, Certification, Preventive Maintenance and Repair Services effective July 1, 2016, with the option to renew annually for up to three additional years, at the sole discretion of the School District #308. Every attempt will be made to award the bid on an overall responsive, low cost basis. However, the lowest bid will not automatically receive the order. The right is reserved, however, to split the award if it is in the best interest of the District. If a split is not acceptable to the bidder, it must be stated in the bid.
2. All work for each of the Fire Extinguisher and Automatic Fire Suppression Systems listed to be completed in accordance with all applicable OSHA, NFPA, building codes, the manufacturer's recommended procedures, local, state or federal regulations, whichever is more stringent / more applicable.
3. School District #308 may cancel the contract with written notice at any time if, in its sole opinion, the Contractor is not providing sufficient quality work to provide for the reliable operation of the District's Fire Extinguisher and Automatic Fire Suppression Systems.
4. The Contractor shall provide a certificate of insurance specifically listing School District #308 for General, and Automobile liability of \$1,000,000, an umbrella or excess policy that would provide an additional limit of \$2,000,000 to achieve total limits of \$3 million. The Contractor must also provide certification of Workers Compensation.
5. The Contractor must provide a current insurance certificate with the School District #308 specifically included.
6. The Contractor shall test and inspect all Fire Extinguisher and Automatic Fire Suppression Systems in the buildings listed to ensure their proper operation.
7. The Contractor will prepare a written certificate of the inspection and list of work completed and any repairs needed / recommended for each Fire Extinguisher and Automatic Fire Suppression Systems.
8. The Contractor must schedule work so as not to interfere with classes / student activities. All work is to be done during normal working hours.

9. The Contractor shall work safely and is responsible to block off the work area to keep others out if needed and maintaining a safe work area.
10. The Contractor shall employ only trained, skilled, experienced personnel to perform the work outlined in this bid; no sub-contracting permitted.
11. If School District #308's Operations Department determines in its sole opinion that the assigned technician(s) does not have sufficient technical skills, training, experience or support to complete the assigned tasks, School District #308 reserves the right to request that the technician(s) be replaced and or terminate the Contract if a suitable technician(s) is not provided prior to the next scheduled visit.
12. The Contractor's employees are not permitted to go outside of the work area, except as necessary to perform the work.
13. Illinois Criminal and Child Abuse clearances are required for all technicians that will be working in School District #308 buildings.
14. The Contractor will maintain a designated site supervisor / lead person on site at all times who is authorized to make immediate decisions / take action on behalf of the Contractor.
15. The Contractor shall provide all travel costs, test equipment, tools, ladders, personnel lifts, etc., as needed and strictly follow OSHA regulations for all work.
16. The Contractor shall provide clear documentation and certification of all work done on the Fire Extinguisher and Automatic Fire Suppression Systems upon completion of inspection / maintenance & repairs.
17. The Contractor may submit invoices for payment after completion of work at each site and the District's acceptance of this project.
18. By submitting a response to this bid, the Contractor certifies that they have existing sources and READY access to replace parts, test equipment and other services as maybe necessary to test, inspect, calibrate and repair the Fire Extinguisher and Automatic Fire Suppression Systems included under this bid.
19. The Contractor must include with their response to this bid examples of the inspection procedures / reports that will be used to test, inspect, calibrate and repair Fire Extinguisher and Automatic Fire Suppression Systems.
20. The price for Fire Extinguisher inspection shall include one annual training session in each building for all Custodians and Maintenance personnel in the proper operation of Fire Extinguishers. The training will include all of the materials needed to demonstrate the actual use of a fire extinguisher. This training must be coordinated through the Operations Department and the individual building and will be done on staff in-service days.

21. Please include with your response to this bid any additional items, fees, etc., that your company routinely charges that are not listed here. Failure to include a description of those charges may result in the invoice being rejected.

22. Pricing for this Fire Extinguisher and Automatic Fire Suppression Systems Inspection must include all supplies, parts and materials such as typically recommended by the manufacturer and/or are general industry standard.

23. The Contractor must be able to demonstrate its experience and qualifications to provide the products and perform the services requested herein. Upon acceptance of this bid by the District and at the District's request, the Contractor shall provide proof of its abilities and qualifications in the following areas:

- Provide documentation of formal and/or manufacturer's training and/or certification in the proper servicing of portable fire extinguishers and kitchen hood automatic fire suppression systems. Include copies of certificates and/or letters of manufacturer's certification.
- Provide copies of licenses held both by the Contractor and any employees who will be performing the services offered under this bid.

24. Work to include:

- Assess and determine condition of existing portable fire extinguishers and kitchen hood automatic fire suppression systems and the District's expectations for the products and services being offered.
- Develop a proposed solution to conform with and meet the District's expectations while considering and ensuring the following:
 - a. There is adequate documentation and site maps to reflect the type and location of the different types of portable fire extinguishers and kitchen hood automatic fire suppression systems.

26. Maintenance Program Criteria

- The Contractor must be able to work with and cooperate with the District to develop and create site maps for each of their locations. Also, Contractor must be able to identify and establish the type, size and location/position of each and every portable fire extinguisher and kitchen hood automatic fire suppression system located within the District. If the District has map documentation, verify the maps for accuracy during Contractor's inspections and make notations of corrections to be made.
- As a result of establishing and/or verifying the site maps, and based on federal, state and local codes, the Contractor will provide the District with a report summarizing its findings and recommendations, which may require the addition, repositioning and/or elimination of portable fire extinguishers and kitchen hood

automatic fire suppression system components in a facility. The report shall be detailed enough to include but is not limited to providing type, size, manufacturer, condition and age of each device found.

- Inspection of and evaluation of portable fire extinguishers shall include checking the condition of the shell; checking the extinguisher's pressure and the indicator assembly device for leaks and/or damage; checking agent quantity to ensure adequacy; checking all hoses, nozzles and operational as well as carrying handles for damage; and providing any required periodic services, i.e. hydro tests, six-year breakdowns or recharges. Verify that all of the correct parts are affixed and operational. After determining that an extinguisher is in good shape, update the inspection tags and complete the inspection report.
 - a. Contractor must be equipped to perform on-site recharging of fire extinguishers.
 - b. If any fire extinguishers require removal from the service site to perform repairs or required periodic services such as hydrostatic pressure testing, Contractor must be capable of providing certified "loaner" replacement units on a one-for-one basis. Any fire extinguisher requiring removal from the service site to perform repairs or required periodic services must be returned to its proper location within three (3) working days.
- Inspection of and evaluation of kitchen hood automatic fire suppression systems shall include conducting a visual examination of the fire suppression systems in each facility to verify and determine that each component is in good operating condition and free of physical damage. Items to be checked may include, but are not limited to:
 - a. Check all manual pull stations for damage or obstructions and verify that they are functioning properly.
 - b. Check all fusible links or other related detection devices for damage or obstructions and verify that they are functioning properly. Replace as necessary or required.
 - c. Check the master control for physical damage and ensure that the system infrastructure and all of its components are intact and functioning.
 - d. Check and verify that the physical facility, spaces and/or areas being protected have not been altered and/or modified to a point where it would make the system ineffective and non-functional.
 - e. Check and verify that the distribution systems, the agent container(s) and/or the water supply system are intact and functioning.
 - f. Check the system nozzles, piping and connections for damage and/or wear.
 - g. Check the container pressure gauges for proper operating pressure.
 - h. Check agent quantity to ensure adequacy.
 - i. Contractor must be equipped to perform "same day" service for any discharged system cylinders requiring removal from the service site for recharging.

- j. If any system cylinders require removal from the service site to perform repairs or required periodic services such as hydrostatic pressure testing, Contractor must be capable of providing certified "loaner" replacement units on a one-for-one basis. Any system cylinder requiring removal from the service site to perform repairs or required periodic services must be returned to its proper location within three (3) working days.
- k. Contractor must be capable of providing 24-hour Emergency Service (Labor Only) as needed at the Contractor's current Emergency Service Labor Rate. Contractor shall provide the District with its current Emergency Service Labor Rate as part of this bid.

Requests for site visits or questions should be directed to Rob Allison, Asst. Director of Operations at 630-636-3190.

Unit Pricing

Portable Fire Extinguisher Parts-&-Labor Annual Maintenance Shall Include the Following

Annual maintenance inspections w/documentation; *all* service calls (during Contractor's Regular Business Hours), repairs, and replacement parts as needed due to normal wear-&-tear on equipment; required hydrostatic tests, recharges, and six-year breakdowns. All annual testing, inspections, certifications, and preventive maintenance work is to be completed during the summer months except semiannual inspections and closely coordinated with School District #308.

Dry Chemical fire extinguisher Parts-&-Labor Annual Maintenance Annual Cost Cost per Extinguisher

- 2 1/2 lb. unit \$ 7.75
- 5 lb. unit \$ 7.75
- 10 lb. unit \$ 7.75
- 20 lb. unit \$ 7.75

Carbon Dioxide fire extinguisher Parts-&-Labor Annual Maintenance cost/extinguisher

- 5 lb. unit \$ 7.75
- 10 lb. unit \$ 7.75
- 15 lb. unit \$ 7.75
- 20 lb. unit \$ 7.75

Clean Agent fire extinguisher Parts-&-Labor Annual Maintenance cost/extinguisher

- 5 lb. unit \$ 7.75
- 9 lb. unit \$ 7.75
- 13 lb. unit \$ 7.75

Class "K" fire extinguisher Parts-&-Labor Annual Maintenance cost/extinguisher

\$ 7.75

Kitchen Hood Automatic Fire Suppression System Parts-&-Labor Semi-annual Maintenance Shall Include the Following

Semi-annual maintenance inspections w/documentation; *all* service calls (during Contractor's Regular Business Hours), repairs, and replacement parts as needed due to normal wear-&-tear on equipment; required hydrostatic tests, recharges, and six-year breakdowns.

Annual Cost

Kitchen Hood Automatic Fire Suppression System

Parts-&-Labor Semi-annual Maintenance cost per system

\$ 250.00 *Annually*

Installed Equipment – the attached list is provided to give the Contractor a general idea of the scope of the work to be done and should not be considered to be inclusive of every device. Device counts were taken from previous building inspections. Information sheet provided does not include device counts for new schools or recent additions to existing buildings.



PROPOSAL

PREPARED FOR:
Oswego School District 308

Attn: Rob Allison

Date: July 7, 2016

We are pleased to offer a additional price for the following options at the above mentioned property. The included scope will contain the following:

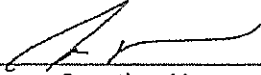
Additional rates related to RFP

- Service Call \$60.00
- Regular Hourly, 2hr minimum (M-F, 7am-3:30pm) \$95.00/hour
- Overtime Hourly, 2hr minimum (M-F before 7am/after 3:30pm) \$142.50.hour
- Weekends/Holidays, 2hr minimum \$190/hour

All material is guaranteed to be as specified, and the above work to be performed in accordance with NFPA standards and completed in a substantial workmanlike manner for the sum listed above. Payment will be made as follows, pay-outs as job proceeds, with minimum monthly pay-outs, balance upon completion net 30 days. Finance charges will apply (1 ½% monthly) unless previously arranged. Any alteration or deviation from above specifications involving extra costs will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. All equipment remains the property of CTS Inc. until paid in full. Owner to carry fire, tornado and other necessary insurance upon above work.

Respectfully submitted by: Joe McElroy

SIGNATURE: _____


Operations Manager

NOTE: We may withdraw this proposal if not accepted within 90 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined.

DATE: _____



SIGNATURE: _____





INSPECTION AND TESTING FORM

Date: 15 Jun 17 Time: 0700

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6226

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Not. Pier
Model No.: APP 200
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pur
Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>13</u>	<u>B</u>	<u>13</u>	Manual Fire Alarm Boxes
<u>30</u>	<u>B</u>	<u>28</u>	Ion Detectors
<u>5</u>	<u>B</u>	<u>5</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>1</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

PROPERTY NAME (USER)

Name: Grande Park Elementary
Address: 26933 Grand Park Blvd
City: Plainfield
Contact: Jessie Benteria

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>65</u>	<u>B</u>	<u>65</u>	Bells
			Horns / Strobes
<u>30</u>	<u>B</u>	<u>30</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 14

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72*, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6

Overcurrent Protection: Type Breaker Amps 20

Location (of Primary Supply Panelboard): Room # 1000 FACPHM

Disconnecting Means Location: AP1A # 39

(b) Secondary (Standby):

24VDC Storage Battery: Amp-Hr Rating 2-12VDC 18Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in Dock NAC are
Load Voltage		<input checked="" type="checkbox"/>	going bad.
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	



INSPECTION AND TESTING FORM

Date: 6-7 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6629

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital

☐ Reverse Priority ☒ RF

☐ Other (Specify) _____

Control Unit Manufacturer: Notifier

Model No.: 3030

Circuit Styles: B

Number of Circuits: Data / NAC's / Ann / Pwr

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>62</u>	<u>B</u>	<u>62</u>	Manual Fire Alarm Boxes
<u>211</u>	<u>B</u>	<u>211</u>	Ion Detectors
<u>48</u>	<u>B</u>	<u>48</u>	Photo Detectors
<u>11</u>	<u>B</u>	<u>11</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

PROPERTY NAME (USER)

Name: Oswego High School
Address: 4250 Rt. 71
Owner Contact: Eric Simon
Telephone: 630-636-2000

APPROVING AGENCY

Contact: Oswego Fire Dept.
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly

☐ Semiannually ☒ Annually

☐ Other (Specify) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>290</u>	<u>B</u>	<u>290</u>	Bells
			Horns/strobes
			Chimes
<u>127</u>	<u>B</u>	<u>127</u>	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 80

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 4 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Mech/Elec Rm 17MB
 Disconnecting Means Location: EMB #7

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-1200C SSAh
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in NAC Panel in Am 210I
Load Voltage		<input checked="" type="checkbox"/>	are low
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eric	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Pull station next to FACP does not trigger panel when activated.
 Pull station by Ais 11 and 16 could not test due to key broke off in lock
 Pull station by door 18 could not test due to lock malfunction.

System restored to normal operation:

Date: 7 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 7 Jul 17 Time: 1430
 Signature: S CDG
 Name of Owner or Representative: Eric Simon Date: 7 Jul 17 Time: 1430
 Signature: Eric Simon

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1030	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	↓
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	↓
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	↓
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	↓

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jessie	1030
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

System restored to normal operation: Date: 15 Jun 19 Time: 1100

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 15 Jun 19 Time: 1100
 Signature: SCD
 Name of Owner or Representative: _____ Date: 15 Jun 19 Time: 1100
 Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 15 Jun 17 Time: 1130

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-8500
Monitoring Account Ref. No.: 99-6222

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) Packet
Control Unit Manufacturer: Notifier
Model No.: AFS-200
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pur
Software Rev.: _____

PROPERTY NAME (USER)

Name: Churchill Elementary
Address: 520 Secretariat
City: Oswego
Contact: Mike Hosler

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>14</u>	<u>B</u>	<u>14</u>	Manual Fire Alarm Boxes
<u>35</u>	<u>B</u>	<u>33</u>	Ion Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>1</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>64</u>	<u>B</u>	<u>64</u>	Bells
			Horns <u>15 strokes</u>
<u>33</u>	<u>B</u>	<u>33</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 12

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 4
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm A102
 Disconnecting Means Location: BPIA # 56

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2- 12VDC 18Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in Dock NAC are low
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

main entrance / office

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1500	ok
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mike	1500
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Did not test top and bottom of shaft smokes or vents.

System restored to normal operation:

Date: 15 Jun 17 Time: 1530

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Dannelly Date: 15 Jun 17 Time: 1530

Signature: SCD

Name of Owner or Representative: Date: 15 Jun 17 Time: 1530

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 16 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Meuser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6237

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notisier
Model No.: NFS 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pwr
Software Rev.: _____

PROPERTY NAME (USER)

Name: Murphy Jr High School
Address: 26923 W. Grande Park
City: Plainfield
Contact: Dave Spang 630-870-7244

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>40</u>	<u>B</u>	<u>40</u>	Manual Fire Alarm Boxes
<u>35</u>	<u>B</u>	<u>33</u>	Ion Detectors
<u>10</u>	<u>B</u>	<u>10</u>	Photo Detectors
<u>4</u>	<u>B</u>	<u>2</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>160</u>	<u>B</u>	<u>160</u>	Bells
			Horns <u>/strobos</u>
			Chimes
<u>30</u>	<u>B</u>	<u>30</u>	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 32

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP RM
 Disconnecting Means Location: EMPI #10

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in D112 & F212 are low.
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS

Fire Extinguisher Monitoring Device/System

Visual

Device Operation

Simulated Operation

☐
☐
☐

Carbon Monoxide Detector/System

☐
☐
☐

(Specify) _____

☐
☐
☐

INTERFACE EQUIPMENT

(Specify) _____

☐
☐
☐

(Specify) _____

☐
☐
☐

(Specify) _____

☐
☐
☐

SUPERVISING STATION MONITORING

Yes

No

Time

Comments

Alarm Signal

☒
☐

1400

Alarm Restoration

☒
☐

Trouble Signal

☒
☐

Trouble Signal Restoration

☐
☐

Supervisory Signal

☐
☐

Supervisory Restoration

☐
☐

NOTIFICATIONS THAT TESTING IS COMPLETE

Yes

No

Who

Time

Building Management

☒
☐

Dave

1400

Monitoring Agency

☒
☐

Infinity

Building Occupants

☒
☐

Staff

Other (Specify) _____

☐
☐

The following did not operate correctly:

Did not test heats and smokes in top of shaft or bottom of shaft

System restored to normal operation:

Date: 16 Jun 17

Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector:

Sean C. Donnelly

Date: 16 Jun 17

Time: 1430

Signature:

S CDG

Name of Owner or Representative:

Date: 16 Jun 17

Time: 1430

Signature:

Nick

INSPECTION AND TESTING FORM

Date: 19 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6236

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Edwards
Model No.: EST-2
Circuit Styles: B
Number of Circuits: Data / NAC's / Alarm / Pur
Software Rev.: _____

PROPERTY NAME (USER)

Name: Bedmarcik Jr High
Address: 3025 Heggs Rd
City: Aurora
Contact: Bob Spencer

APPROVING AGENCY

Contact: Aurora P17
Telephone: _____

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>25</u>	<u>B</u>	<u>25</u>	Manual Fire Alarm Boxes
<u>13</u>	<u>B</u>	<u>11</u>	Ion Detectors
<u>15</u>	<u>B</u>	<u>15</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>1</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>139</u>	<u>B</u>	<u>139</u>	Bells
			Horns <u>15 strokes</u>
<u>19</u>	<u>B</u>	<u>19</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 18

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: BP3A # 80

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 18Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

<input type="checkbox"/>		
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REMOTE ANNUNCIATORS

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

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0930	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bob	0930
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Did not test bottom and top of shaft.

System restored to normal operation:

Date: 19 Jun 17 Time: 1000

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 19 Jun 17 Time: 1000

Signature: SCD

Name of Owner or Representative: Date: 19 Jun 17 Time: 1000

Signature: Bob Spencer



INSPECTION AND TESTING FORM

Date: 19 Jun 17 Time: 1030

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6223

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital

☐ Reverse Priority ☒ RF

☐ Other (Specify) _____

Control Unit Manufacturer: Notifier

Model No.: AFP-200

Circuit Styles: B

Number of Circuits: Data / NAC's / Annul Pwr

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Brokaw Early Learning
Address: 1000 Fish St.
City: Oswego
Contact: Dave Jaffer

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly

☐ Semiannually ☐ Annually

☐ Other (Specify) _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>9</u>	<u>B</u>	<u>9</u>	Manual Fire Alarm Boxes
<u>43</u>	<u>B</u>	<u>43</u>	Ion Detectors
<u>2</u>	<u>B</u>	<u>2</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>53</u>	<u>B</u>	<u>53</u>	Bells
			Horns <u>/strokes</u>
			Chimes
<u>25</u>	<u>B</u>	<u>25</u>	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 9

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V AC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FARM
 Disconnecting Means Location: EL2 #6

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 18Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in MAC next to
Load Voltage		<input checked="" type="checkbox"/>	FACP are bad
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 19 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 19 Jun 17 Time: 1430

Signature: S C D

Name of Owner or Representative: _____ Date: 19 Jun 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 20 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6235

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital

☐ Reverse Priority ☒ RF

☐ Other (Specify) _____

Control Unit Manufacturer: Notifier

Model No.: AFP 200

Circuit Styles: B

Number of Circuits: Data / NAC's / Pur / Ann

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Walt's Crossing
Address: 3015 Heggs Rd
City: Oswego
Contact: Bill Lehmann

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly

☐ Semiannually ☐ Annually

☐ Other (Specify) _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>14</u>	<u>B</u>	<u>14</u>	Manual Fire Alarm Boxes
<u>35</u>	<u>B</u>	<u>33</u>	Ion Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>1</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>65</u>	<u>B</u>	<u>65</u>	Bells
			Horns/ <u>strobes</u>
<u>25</u>	<u>B</u>	<u>25</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 12

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP RM
 Disconnecting Means Location: BP1A #80

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 26Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0930	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	0930
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Did not test herts & smokes in top & bottom of shaft.

System restored to normal operation:

Date: 20 Jun 17 Time: 1000

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 20 Jun 17 Time: 1000

Signature: SCD

Name of Owner or Representative: Date: 20 Jun 17 Time: 1000

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 20 Jun 17 Time: 1030

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-874-8500
Monitoring Account Ref. No.: 99-6228

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Alarm / Pur
Software Rev.: _____

PROPERTY NAME (USER)

Name: Hunt Club Elementary
Address: 4001 Hunt Club Dr
City: Oswego
Contact: George Buttry

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>18</u>	<u>B</u>	<u>18</u>	Manual Fire Alarm Boxes
<u>23</u>	<u>B</u>	<u>21</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
<u>4</u>	<u>B</u>	<u>2</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>87</u>	<u>B</u>	<u>87</u>	Bells
			Horns <u>1st robes</u>
<u>45</u>	<u>B</u>	<u>45</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 17

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage DOVAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Alto Electric Rm
 Disconnecting Means Location: EMP-1 #6

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	George	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

Did not test smokes or hents in shift.

System restored to normal operation:

Date: 20 Jun 17 Time: 20 Jun 17 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 20 Jun 17 Time: 20 Jun 17 1430

Signature: SCD

Name of Owner or Representative: Date: 20 Jun 17 Time: 1430

Signature: RJR



INSPECTION AND TESTING FORM

Date: 21 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6221

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: NFS-320
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pur
Software Rev.: _____

PROPERTY NAME (USER)

Name: Boulder Hill Elementary
Address: 163 Bould Hill Pass
City: Montgomery
Contact: Dale Lackey

APPROVING AGENCY

Contact: Oswego Fire Department
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>19</u>	<u>B</u>	<u>19</u>	Manual Fire Alarm Boxes
<u>51</u>	<u>B</u>	<u>51</u>	Ion Detectors
<u>5</u>	<u>B</u>	<u>5</u>	Photo Detectors
<u>26</u>	<u>B</u>	<u>26</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>79</u>	<u>B</u>	<u>79</u>	Bells
			Horns <u>1st robes</u>
<u>32</u>	<u>B</u>	<u>32</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 16

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric Rm
 Disconnecting Means Location: EMP # 24

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-120DC 55Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in NAC's #1, #4 are low. Batteries in FACP are bad
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	ok
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insulating	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation: Date: 21 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 21 Jun 17 Time: 1430
 Signature: SCDG
 Name of Owner or Representative: _____ Date: 21 Jun 17 Time: 1430
 Signature: _____



INSPECTION AND TESTING FORM

Date: 22 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc.
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6234

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Simplex
Model No.: 4010
Circuit Styles: B
Number of Circuits: Data / MAC's / Ann / Pur
Software Rev.: _____

PROPERTY NAME (USER)

Name: The Wheatlands Elementary
Address: 2290 Barrington
City: Aurora
Contact: Larry Byrnes

APPROVING AGENCY

Contact: Aurora FI
Telephone: _____

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>18</u>	<u>B</u>	<u>18</u>	Manual Fire Alarm Boxes
<u>104</u>	<u>B</u>	<u>102</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
<u>7</u>	<u>B</u>	<u>5</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>95</u>	<u>B</u>	<u>95</u>	Bells
			Horns <u>/strobos</u>
<u>37</u>	<u>B</u>	<u>37</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 20

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: PPEM # 15

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-12VDC 26Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Larry	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:
Did not test hails & smokes in shafts.

System restored to normal operation:

Date: 22 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean P. Donnelly Date: 22 Jun 17 Time: 1430

Signature: SCD

Name of Owner or Representative: LARRY BYRNES Date: 22 Jun 17 Time: 1430

Signature: _____



INSPECTION AND TESTING FORM

Date: 23 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
 Address: 1550 Shore Rd
 Representative: Hal Hauser
 License No.: 124-000429
 Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
 Telephone: 847-879-8500
 Monitoring Account Ref. No.: 99-6232

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
 Control Unit Manufacturer: Simplex
 Model No.: 4010
 Circuit Styles: B
 Number of Circuits: Data / NAC's / Ann / Pwr
 Software Rev.: _____

PROPERTY NAME (USER)

Name: Prairie Point Elementary
 Address: 3650 Grove Rd
 City: Oswego
 Contact: Steve Whitlock

APPROVING AGENCY

Contact: Oswego FD
 Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>14</u>	<u>B</u>	<u>14</u>	Manual Fire Alarm Boxes
<u>34</u>	<u>B</u>	<u>34</u>	Ion Detectors
<u>8</u>	<u>B</u>	<u>8</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
59	B	59	Bells
			Horns/Strobes
			Chimes
25	B	25	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 12

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric RM A102
 Disconnecting Means Location: RPI # 42

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0930	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steve	0930
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 23 Jun 17 Time: 1000

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 23 Jun 17 Time: 1000

Signature: SCD

Name of Owner or Representative: _____ Date: 23 Jun 17 Time: 1000

Signature: Steven C Whitlock Steven C Whitlock



INSPECTION AND TESTING FORM

Date: 23 Jun 17 Time: 1000

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6233

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: NFS 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Pwr / Ann
Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>18</u>	<u>B</u>	<u>18</u>	Manual Fire Alarm Boxes
<u>22</u>	<u>B</u>	<u>22</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>5</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

PROPERTY NAME (USER)

Name: Southbury Elementary
Address: 820 Preston
City: Oswego
Contact: Rob Manna

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>82</u>	<u>B</u>	<u>82</u>	Bells
			Horns / Strobes
<u>43</u>	<u>B</u>	<u>43</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 13

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electrical Rm A102
 Disconnecting Means Location: EMPI # 6

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rob	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

MOSS Dust Detector test switch not working, was unable to test RTU #1
Return.

System restored to normal operation:

Date: 23 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 23 Jun 17 Time: 1430

Signature: S C D

Name of Owner or Representative: _____ Date: 23 Jun 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 26 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hawser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6027

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: AFP-400
Circuit Styles: B
Number of Circuits: Data / NAC's / Pwr / Ann
Software Rev.: _____

PROPERTY NAME (USER)

Name: Homestead Elementary
Address: 2830 Hillsboro Blvd
City: Aurora
Contact: Darrin Tickett

APPROVING AGENCY

Contact: Aurora FD
Telephone: _____

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>16</u>	<u>B</u>	<u>16</u>	Manual Fire Alarm Boxes
<u>89</u>	<u>B</u>	<u>89</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
91	B	91	Bells
			Horns/Strobes
30	B	30	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 15

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric Rm 116
 Disconnecting Means Location: EMDP #40

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-12VDC 26Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Batteries in NAC #1 Electric Rm
Load Voltage		<input checked="" type="checkbox"/>	170 are low
Discharge Test		<input type="checkbox"/>	ok
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Darrin	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 26 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Dannelly Date: 26 Jun 17 Time: 1430

Signature: [Signature]

Name of Owner or Representative: _____ Date: 26 Jun 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 27 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6229

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: 3030
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pwr
Software Rev.: _____

PROPERTY NAME (USER)

Name: Lakewood Creek Elementary
Address: 2301 Lakewood Creek Dr.
City: Montgomery
Contact: Jose Gallegos

APPROVING AGENCY

Contact: Oswego F17
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>20</u>	<u>B</u>	<u>20</u>	Manual Fire Alarm Boxes
<u>118</u>	<u>B</u>	<u>118</u>	Ion Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Photo Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>111</u>	<u>B</u>	<u>111</u>	Bells
			Horns / Strobes
<u>31</u>	<u>B</u>	<u>31</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 17

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electrical Rm 116
 Disconnecting Means Location: EMPD #16

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jose	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 27 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 27 Jun 17 Time: 1430

Signature: [Signature]

Name of Owner or Representative: _____ Date: 27 Jun 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 28 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6243

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: 2-640
Circuit Styles: B
Number of Circuits: Data/Ann/Pwr/NAC's
Software Rev.: _____

PROPERTY NAME (USER)

Name: Oswego 308 Center
Address: 61 Franklin St.
City: Oswego
Contact: Mike Rohrer

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>20</u>	<u>B</u>	<u>20</u>	Manual Fire Alarm Boxes
<u>256</u>	<u>B</u>	<u>256</u>	Ion Detectors
<u>12</u>	<u>B</u>	<u>12</u>	Photo Detectors
<u>8</u>	<u>B</u>	<u>8</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>201</u>	<u>B</u>	<u>201</u>	Bells
			Horns / Strobes
<u>9</u>	<u>B</u>	<u>9</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 18

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: EMI # 2

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mike	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 28 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 28 Jun 17 Time: 1430

Signature: SCD

Name of Owner or Representative: _____ Date: 28 Jun 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 29 Jun 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6224

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: NFS 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pwr
Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: East View Elementary
Address: 4209 Rt. 71
City: Oswego
Contact: Mark Cozior

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>24</u>	<u>B</u>	<u>24</u>	Manual Fire Alarm Boxes
<u>35</u>	<u>B</u>	<u>35</u>	Ion Detectors
<u>7</u>	<u>B</u>	<u>7</u>	Photo Detectors
<u>7</u>	<u>B</u>	<u>7</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>107</u>	<u>B</u>	<u>107</u>	Bells
			Horns /strobers
			Chimes
<u>27</u>	<u>B</u>	<u>27</u>	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 22

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Mechanical Rm 18
 Disconnecting Means Location: EMP #2

(b) Secondary (Standby):
24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒
☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
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Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mark	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 29 Jun 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Doherty Date: 29 Jun 17 Time: 1430

Signature: [Signature]

Name of Owner or Representative: MARK COZIAN Date: 28 Jun 17 Time: 1430

Signature: [Signature]

INSPECTION AND TESTING FORM

Date: 16 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
 Address: 1550 Shore Rd
 Representative: Hal Hauser
 License No.: 124-000429
 Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
 Telephone: 847-879-8500
 Monitoring Account Ref. No.: 99-6231

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
 Control Unit Manufacturer: FLI
 Model No.: 7200
 Circuit Styles: B
 Number of Circuits: Data / NAC's / Ann / Pwr
 Software Rev.: _____

PROPERTY NAME (USER)

Name: Old Post Elementary
 Address: 100 Old Post Rd.
 Owner Contact: Steve Hartz
 Telephone: 630-688-2845

APPROVING AGENCY

Contact: Oswego FD
 Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>17</u>	<u>B</u>	<u>17</u>	Manual Fire Alarm Boxes
<u>44</u>	<u>B</u>	<u>44</u>	Ion Detectors
<u>17</u>	<u>B</u>	<u>17</u>	Photo Detectors
			Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>26</u>	<u>B</u>	<u>26</u>	Bells
			Horns / Strobes
<u>44</u>	<u>B</u>	<u>44</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 9

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Main electric rm
 Disconnecting Means Location: EMP #20

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 12VDC - 55AH

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steve	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

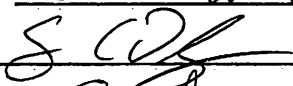
The following did not operate correctly:

System restored to normal operation:

Date: 10 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C Donnelly Date: 10 Jul 17 Time: 1430

Signature: 

Name of Owner or Representative: _____ Date: 10 Jul 17 Time: 1430

Signature: 

INSPECTION AND TESTING FORM

Date: 11 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6238

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Not for
Model No.: 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pwr
Software Rev.: _____

PROPERTY NAME (USER)

Name: Plank Jr. High
Address: 510 Secretariat Dr.
Owner Contact: Darrick Goffney
Telephone: 630-377-3771

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>42</u>	<u>B</u>	<u>42</u>	Manual Fire Alarm Boxes
<u>31</u>	<u>B</u>	<u>31</u>	Ion Detectors
<u>17</u>	<u>B</u>	<u>17</u>	Photo Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>121</u>	<u>B</u>	<u>121</u>	Bells
			Horns/Strobes
<u>102</u>	<u>B</u>	<u>102</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 27

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: EMP-1 # 10

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 26Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspection	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	

The following did not operate correctly:

System restored to normal operation:

Date: 11 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean C. Donnelly Date: 11 Jul 17 Time: 1430

Signature: SCD

Name of Owner or Representative: _____ Date: 11 Jul 17 Time: 1430

Signature: D. G. [Signature]

INSPECTION AND TESTING FORM

Date: 12 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
 Address: 1550 Shore Rd
 Representative: Hal Hauser
 License No.: 124-000429
 Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
 Telephone: 847-879-8500
 Monitoring Account Ref. No.: 99-6230

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
 Control Unit Manufacturer: Notifier
 Model No.: 2-640
 Circuit Styles: B
 Number of Circuits: Data / NAC's / Ann / Rm
 Software Rev.: _____

PROPERTY NAME (USER)

Name: Longbeach Elementary
 Address: 1550 Shore 67 Longbeach
 Owner Contact: Greg Mason
 Telephone: 630-688-2841

APPROVING AGENCY

Contact: Oswego FD
 Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>47</u>	<u>B</u>	<u>47</u>	Manual Fire Alarm Boxes
<u>153</u>	<u>B</u>	<u>153</u>	Ion Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Photo Detectors
<u>21</u>	<u>B</u>	<u>21</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>65</u>	<u>B</u>	<u>65</u>	Bells
			Horns / Strobes
			Chimes
<u>79</u>	<u>B</u>	<u>79</u>	Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 19

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric Rm
 Disconnecting Means Location: EM-W # 13

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-2400 26Ah

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATORS

☒

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gres	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

System restored to normal operation:

Date: 12 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 12 Jul 17 Time: 1430

Signature: S CDG

Name of Owner or Representative: _____ Date: 12 Jul 17 Time: 1430

Signature: Guy Mason

INSPECTION AND TESTING FORM

Date: 13 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
 Address: 1550 Shore Rd
 Representative: Hal Hauser
 License No.: 124-000429
 Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
 Telephone: 847-879-8500
 Monitoring Account Ref. No.: 99-6225

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
 Control Unit Manufacturer: Simplex
 Model No.: 4610
 Circuit Styles: B
 Number of Circuits: Data / NAC's / Pwr / Ann
 Software Rev.: _____

PROPERTY NAME (USER)

Name: Fox Chase Elementary
 Address: 260 Fox Chase Dr.
 Owner Contact: Garin Brown
 Telephone: 630-688-2831

APPROVING AGENCY

Contact: Oswego FD
 Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>22</u>	<u>B</u>	<u>22</u>	Manual Fire Alarm Boxes
<u>112</u>	<u>B</u>	<u>112</u>	Ion Detectors
<u>5</u>	<u>B</u>	<u>5</u>	Photo Detectors
<u>7</u>	<u>B</u>	<u>7</u>	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>115</u>	<u>B</u>	<u>115</u>	Bells
			Horns /strobes
<u>34</u>	<u>B</u>	<u>34</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 21

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: PPEM #15

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 26Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	↓	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garin	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	↓
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	↓
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

Horn Strobe outside Classroom 190 did not work.

System restored to normal operation:

Date: 13 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 13 Jul 17 Time: 1430

Signature: S CDG

Name of Owner or Representative: _____ Date: 13 Jul 17 Time: 1430

Signature: [Signature]



INSPECTION AND TESTING FORM

Date: 17-18th Jul 17

Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6241

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital

☐ Reverse Priority ☒ RF

☐ Other (Specify) _____

Control Unit Manufacturer: EST

Model No.: EST-3

Circuit Styles: B

Number of Circuits: Dark / NAC's / Pwr / Ann

Software Rev.: _____

PROPERTY NAME (USER)

Name: Oswego East High School
Address: 1525 Harvey Rd.
Owner Contact: Joe Makalajunes
Telephone: 630-327-1944

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly

☐ Semiannually ☒ Annually

☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>65</u>	<u>B</u>	<u>65</u>	Manual Fire Alarm Boxes
<u>144</u>	<u>B</u>	<u>144</u>	Ion Detectors
<u>35</u>	<u>B</u>	<u>35</u>	Photo Detectors
<u>9</u>	<u>B</u>	<u>9</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☒ disabled ☐ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>405</u>	<u>B</u>	<u>405</u>	Bells
			Horns / strobes
<u>52</u>	<u>B</u>	<u>52</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 60

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 2 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electric Rm E/SS
 Disconnecting Means Location: RP1B2 #42

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 40Ah
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: Building Generator

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joe	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 18 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 18 Jul 17 Time: 1430

Signature: S CDG

Name of Owner or Representative: _____ Date: 18 Jul 17 Time: 1430

Signature: Joseph M. King

INSPECTION AND TESTING FORM

Date: 19 Jul 17 Time: 0600

SERVICE ORGANIZATION

Name: Sound Inc
Address: 1550 Shore Rd.
Representative: Hal Hauser
License No.: 124-000429
Telephone: 630-369-2900

MONITORING ENTITY

Contact: Infinity
Telephone: 847-879-8500
Monitoring Account Ref. No.: 99-6240

TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☒ RF
☐ Other (Specify) _____
Control Unit Manufacturer: Notifier
Model No.: 2-640
Circuit Styles: B
Number of Circuits: Data / NAC's / Ann / Pwr
Software Rev.: _____

PROPERTY NAME (USER)

Name: Traugher Jr. High
Address: 570 Colechester
Owner Contact: Gary Warren
Telephone: 630-636-0869

APPROVING AGENCY

Contact: Oswego FD
Telephone: 630-554-2110

SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify) _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>39</u>	<u>B</u>	<u>39</u>	Manual Fire Alarm Boxes
<u>35</u>	<u>B</u>	<u>35</u>	Ion Detectors
<u>10</u>	<u>B</u>	<u>10</u>	Photo Detectors
<u>4</u>	<u>B</u>	<u>4</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): _____

Alarm verification feature is ☐ disabled ☒ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>154</u>	<u>B</u>	<u>154</u>	Bells
			Horns <u>154</u> Strobes
<u>29</u>	<u>B</u>	<u>29</u>	Chimes
			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 29

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): FACP Rm
 Disconnecting Means Location: EMP1 #10

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-12VDC 55AH

Calculated capacity in _____ Amp-Hrs to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		ok
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS


Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1400	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gary	1400
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infinity	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

System restored to normal operation:

Date: 19 Jul 17 Time: 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Sean Donnelly Date: 19 Jul 17 Time: 1430

Signature: S CDJ

Name of Owner or Representative: _____ Date: 19 Jul 17 Time: 1430

Signature: Gary Warren



Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-282

Company: Bednarcik Jr High Contact: _____ Company: _____
On-site address: 3025 Heggs Rd. Office Phone: _____ Billing address: _____
City/St/ZIP: Aurora IL, 60503 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2013
Cyl. 2 Size: 3 gal	Last Serviced Date: 2014
Cyl. 3 Size: --	Last Serviced Date: _____
Cyl. 4 Size: --	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

- | | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Alarm system called out of service for testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. System armed and pressure gauge operational on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nozzle caps in place on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nozzles clean and free of grease buildup? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping and cylinder securely fastened to structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appliances in same position since last inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pull station located between 42-48 inches above floor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pull station accessible and located in a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pull station clearly identifies the hazard protected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pull station tamper seal intact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Filters present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Overall physical condition and cleanliness of hood: <u>Good</u> | | | |

C. Operations Test

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Cartridge removed and weight checked within .5 ounce? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cartridge size: <u>LTA-101-30</u> | | | |
| 3. Remote pull station tested and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operation of automatic detection verified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Operations Test (cont.)

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 5. Operation of gas shutoff verified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Operation of micro switch verified and electrical appliances shut down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Bursting disk in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Powder or liquid checked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Blow out lines/pipe integrity test completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer offered pipe integrity test but declined: | <input type="checkbox"/> | | |

D. Component Check/Replace

Link type: K	Quantity: 5	Degrees: 360	Date: 2017
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 6

E. Post-inspection

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Tension placed back on system for automatic operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gas valve reset/pilots relit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Breaker reset for electric appliances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Pull station tamper seal replaced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cartridge <u>reinstalled</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alarm called back into service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Type K portable fire extinguisher present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Extinguisher placarded as backup extinguishment means? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Extinguisher is within thirty feet of suppression system and on a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Bob Spencer Sign Bob Spencer Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

CTS Fire & Safety
1556 Crescent Lake Dr
Montgomery, IL 60538

630.892.2355
service@ctsfireandsafety.com
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Inspection and Service Report
Pre-Engineered System
Inspector: J McElroy
Date: June 6, 2017
Job#: F&S17-283

Company: Boulderhill Elementary Contact: Mike Baar Company: Oswego CUSD 308
On-site address: 163 Boulderhill Pass Office Phone: _____ Billing address: _____
City/St/ZIP: Montgomery IL, 60538 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-600
Type: Wet Chem

Cyl. 1 Size: <u>6 Gal</u>	Last Serviced Date: <u>2017</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____

Phone: _____

Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

- | | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Alarm system called out of service for testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. System armed and pressure gauge operational on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nozzle caps in place on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nozzles clean and free of grease buildup? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping and cylinder securely fastened to structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appliances in same position since last inspection? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Pull station located between 42-48 inches above floor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pull station accessible and located in a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pull station clearly identifies the hazard protected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pull station tamper seal intact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Filters present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Overall physical condition and cleanliness of hood: <u>Good</u> | | | |

C. Operations Test

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Cartridge removed and weight checked within .5 ounce? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cartridge size: <u>16 gram CO2</u> | | | |
| 3. Remote pull station tested and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operation of automatic detection verified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Operations Test (cont.)

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 5. Operation of gas shutoff verified? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Operation of micro switch verified and electrical appliances shut down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Bursting disk in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Powder or liquid checked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Blow out lines/pipe integrity test completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer offered pipe integrity test but declined: | <input type="checkbox"/> | | |

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>2</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled? Yes ☐ No ☐ N/A ☒ Qty: 8

E. Post-inspection

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Tension placed back on system for automatic operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gas valve reset/pilots relit? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Breaker reset for electric appliances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Pull station tamper seal replaced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cartridge <u>replace</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alarm called back into service? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Type K portable fire extinguisher present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Extinguisher placarded as backup extinguishment means? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Extinguisher is within thirty feet of suppression system and on a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print _____ Sign _____ Print Joe McElroy Sign [Signature] License# 1870-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

CTS Fire & Safety
1556 Crescent Lake Dr
Montgomery, IL 60538

630.892.2355
service@ctsfireandsafety.com
www.ctsfireandsafety.com

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-284

Company: Churchill Elementary Contact: _____ Company: _____
On-site address: 520 Secretariat Ln Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2005</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

- | | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Alarm system called out of service for testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. System armed and pressure gauge operational on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nozzle caps in place on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nozzles clean and free of grease buildup? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping and cylinder securely fastened to structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appliances in same position since last inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pull station located between 42-48 inches above floor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pull station accessible and located in a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pull station clearly identifies the hazard protected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pull station tamper seal intact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Filters present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Overall physical condition and cleanliness of hood: <u>Good</u> | | | |

C. Operations Test

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Cartridge removed and weight checked within .5 ounce? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cartridge size: <u>LT 30R</u> | | | |
| 3. Remote pull station tested and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operation of automatic detection verified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Operations Test (cont.)

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 5. Operation of gas shutoff verified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Operation of micro switch verified and electrical appliances shut down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Bursting disk in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Powder or liquid checked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Blow out lines/pipe integrity test completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer offered pipe integrity test but declined? | <input type="checkbox"/> | | |

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>450</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Tension placed back on system for automatic operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gas valve reset/pilots relit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Breaker reset for electric appliances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Pull station tamper seal replaced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cartridge <u>reinstalle</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alarm called back into service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Type K portable fire extinguisher present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Extinguisher placarded as backup extinguishment means? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Extinguisher is within thirty feet of suppression system and on a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Exchanged current tank with hydro tested tank

Print Mike Hosler Sign Mike Hosler Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-285

Company: East View Elementary Contact: _____ Company: _____
On-site address: 4209 Route 71 Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2016
Cyl. 2 Size: --	Last Serviced Date: _____
Cyl. 3 Size: --	Last Serviced Date: _____
Cyl. 4 Size: --	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

- | | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Alarm system called out of service for testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. System armed and pressure gauge operational on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nozzle caps in place on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nozzles clean and free of grease buildup? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping and cylinder securely fastened to structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appliances in same position since last inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pull station located between 42-48 inches above floor? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Pull station accessible and located in a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pull station clearly identifies the hazard protected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pull station tamper seal intact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Filters present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Overall physical condition and cleanliness of hood: <u>Good</u> | | | |

C. Operations Test

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Cartridge removed and weight checked within .5 ounce? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cartridge size: <u>101-20</u> | | | |
| 3. Remote pull station tested and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operation of automatic detection verified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Operations Test (cont.)

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 5. Operation of gas shutoff verified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Operation of micro switch verified and electrical appliances shut down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Bursting disk in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Powder or liquid checked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Blow out lines/pipe integrity test completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer offered pipe integrity test but declined: | <input type="checkbox"/> | | |

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 360	Date: 2017
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Tension placed back on system for automatic operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gas valve reset/pilots relit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Breaker reset for electric appliances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Pull station tamper seal replaced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cartridge <u>reinstalled</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alarm called back into service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Type K portable fire extinguisher present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Extinguisher placarded as backup extinguishment means? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Extinguisher is within thirty feet of suppression system and on a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Mark Cozior Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-286

Company: Fox Chase Elementary Contact: _____ Company: _____
On-site address: 260 Fox Chase Dr. N Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2012</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>			

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>			
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>		

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>2</u>	Degrees: <u>450</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 5

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Gavin Brown Sign Ben Assell Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-287

Company: Grande Park Elementary Contact: _____ Company: _____
On-site address: 26933 Grande Park Blvd. Office Phone: _____ Billing address: _____
City/St/ZIP: Plainfield IL, 60586 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2006</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

- | | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Alarm system called out of service for testing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. System armed and pressure gauge operational on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nozzle caps in place on arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nozzles clean and free of grease buildup? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping and cylinder securely fastened to structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Appliances in same position since last inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pull station located between 42-48 inches above floor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pull station accessible and located in a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pull station clearly identifies the hazard protected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pull station tamper seal intact? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Filters present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Overall physical condition and cleanliness of hood: <u>Good</u> | | | |

C. Operations Test

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Cartridge removed and weight checked within .5 ounce? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cartridge size: <u>101-20</u> | | | |
| 3. Remote pull station tested and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operation of automatic detection verified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Operations Test (cont.)

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 5. Operation of gas shutoff verified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Operation of micro switch verified and electrical appliances shut down? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Bursting disk in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Powder or liquid checked? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Blow out lines/pipe integrity test completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Customer offered pipe integrity test but declined: | <input type="checkbox"/> | | |

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 5

E. Post-inspection

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Tension placed back on system for automatic operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Gas valve reset/pilots relit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Breaker reset for electric appliances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Pull station tamper seal replaced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cartridge <u>reinstalled</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alarm called back into service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Type K portable fire extinguisher present? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Extinguisher placarded as backup extinguishment means? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Extinguisher is within thirty feet of suppression system and on a path of egress? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Maureen Bergan Sign Maureen Bergan Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-288

Company: Homestead Elementary Contact: _____ Company: _____
On-site address: 2830 Hillsboro Blvd. Office Phone: _____ Billing address: _____
City/St/ZIP: Aurora IL, 60504 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2014HT</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>2</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 5

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Darrin Tackitt Sign Darrin Tackitt Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-289

Company: Hunt Club Elementary Contact: _____ Company: _____
On-site address: 4001 Hunt Club Dr. Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 1.5 gal	Last Serviced Date: 2006
Cyl. 2 Size: --	Last Serviced Date: --
Cyl. 3 Size: --	Last Serviced Date: --
Cyl. 4 Size: --	Last Serviced Date: --

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood:	Good		

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>1010-10</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined:	<input type="checkbox"/>		

D. Component Check/Replace

Link type: K	Quantity: 2	Degrees: 360	Date: 2017
Link type: --	Quantity: --	Degrees: --	Date: --
Link type: --	Quantity: --	Degrees: --	Date: --
Link type: --	Quantity: --	Degrees: --	Date: --

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 3

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Nick Sanderson Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-290

Company: Lakewood Creek Elementary Contact: _____ Company: _____
On-site address: 2301 Lakewood Creek Blvd Office Phone: _____ Billing address: _____
City/St/ZIP: Montgomery IL, 60538 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2016HT</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>LT 20R</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>2</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Hood fan inop

Print Jose Gallegos Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-291

Company: Long Beach Elementary Contact: _____ Company: _____
On-site address: 67 Long Beach Rd Office Phone: _____ Billing address: _____
City/St/ZIP: Montgomery IL, 60538 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2010</u>
Cyl. 2 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>—</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>LT 20R</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Greg Mason Sign Greg Mason Print Ben Assell Sign Ben Assell License# 2013-12
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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-292

Company: Murphy Jr High Contact: _____ Company: _____
On-site address: 26923 W Grande Park Blvd. Office Phone: _____ Billing address: _____
City/St/ZIP: Plainfield IL, 60585 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2008
Cyl. 2 Size: —	Last Serviced Date: _____
Cyl. 3 Size: —	Last Serviced Date: _____
Cyl. 4 Size: —	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 450	Date: 2017
Link type: K	Quantity: 2	Degrees: 360	Date: 2017
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 6

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalle</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-293

Company: Old Post Elementary Contact: _____ Company: _____
On-site address: 100 Old Post Rd Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2014
Cyl. 2 Size: —	Last Serviced Date: —
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>(none)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 360	Date: 2016
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 3

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Steve Hinz Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-303

Company: Oswego 308 Center Contact: Mike Rohrer Company: _____
On-site address: 61 Franklin Office Phone: 630-3907 Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: 383-6169 City/St/ZIP: _____
Phone: _____ Email: Mrohrer@sd308.org Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-300
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2016</u>
Cyl. 2 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>--</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>--</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>			

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>16 gram CO2</u>			
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Bursting disk in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined:	<input type="checkbox"/>		

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>360</u>	Date: <u>2016</u>
Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>450</u>	Date: <u>2017</u>
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____
Link type: <u>--</u>	Quantity: _____	Degrees: <u>--</u>	Date: _____

1. Blow off caps reinstalled? Yes ☒ No ☐ N/A ☐ Qty: 10

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>replaced</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-294

Company: Oswego East High School Contact: _____ Company: _____
On-site address: 1525 Harvey Rd Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-460
Type: Wet Chem

Cyl. 1 Size: 4.6 gal	Last Serviced Date: 2004
Cyl. 2 Size: —	Last Serviced Date: —
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>16 gram CO2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: ML	Quantity: 3	Degrees: 450	Date: 2017
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 8

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>replaced</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-294

Company: Oswego East High School Contact: _____ Company: _____
On-site address: 1525 Harvey Rd Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-460
Type: Wet Chem

Cyl. 1 Size: 4.5 gal	Last Serviced Date: 2005
Cyl. 2 Size: —	Last Serviced Date: —
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>12 gram CO2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 4	Degrees: 450	Date: 2017
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 6

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>replaced</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-294

Company: Oswego East High School Contact: _____ Company: _____
On-site address: 1525 Harvey Rd Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-300
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2004
Cyl. 2 Size: —	Last Serviced Date: _____
Cyl. 3 Size: —	Last Serviced Date: _____
Cyl. 4 Size: —	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>12 gram CO2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 2	Degrees: 450	Date: 2017
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 5

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>replaced</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-295

Company: Oswego High School Contact: _____ Company: _____
On-site address: 4250 Rt 71 Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2012
Cyl. 2 Size: 3 gal	Last Serviced Date: 2012
Cyl. 3 Size: 3 gal	Last Serviced Date: 2012
Cyl. 4 Size: 3 gal	Last Serviced Date: 2012

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>			

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>2 Double Tanks</u>			
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>		

D. Component Check/Replace

Link type: ML	Quantity: 6	Degrees: 360	Date: 2016
Link type: K	Quantity: 3	Degrees: 450	Date: 2017
Link type: --	Quantity: --	Degrees: --	Date: --
Link type: --	Quantity: --	Degrees: --	Date: --

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 23

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalle</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print John Barnes Sign John Barnes Print Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-295

Company: Oswego High School Contact: _____ Company: _____
On-site address: 4250 Rt. 71 Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2016
Cyl. 2 Size: 3 gal	Last Serviced Date: 2016
Cyl. 3 Size: —	Last Serviced Date: _____
Cyl. 4 Size: —	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>LT 30R</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 4	Degrees: 450	Date: 2017
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 7

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print John Barnes Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-295

Company: Oswego High School Contact: _____ Company: _____
On-site address: 4250 Rt. 71 Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 1.5 gal	Last Serviced Date: 2016
Cyl. 2 Size: —	Last Serviced Date: —
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>LT 20R</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 450	Date: 2017
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 1

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalle</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print John Barnes Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-296

Company: Plank Jr High Contact: _____ Company: _____
On-site address: 510 Secretariat Ln. Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2006
Cyl. 2 Size: 3 gal	Last Serviced Date: 2006
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-30</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 3	Degrees: 450	Date: 2017
Link type: K	Quantity: 1	Degrees: 360	Date: 2017
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 8

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Owner/Agent Owner/Agent Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-297

Company: Prairie Point Elementary Contact: _____ Company: _____
On-site address: 3650 Grove Rd. Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2005
Cyl. 2 Size: —	Last Serviced Date: —
Cyl. 3 Size: —	Last Serviced Date: —
Cyl. 4 Size: —	Last Serviced Date: —

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>LT 30R</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 360	Date: 2017
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —
Link type: —	Quantity: —	Degrees: —	Date: —

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Exchanged tank due for hydro test replaced CO2 Cartridge

Print Steve Whitlock Sign Steve Whitlock Ben Assell Sign Ben Assell License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-298

Company: Southbury Elementary Contact: _____ Company: _____
On-site address: 820 Preston Dr. Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2008
Cyl. 2 Size: --	Last Serviced Date: _____
Cyl. 3 Size: --	Last Serviced Date: _____
Cyl. 4 Size: --	Last Serviced Date: _____

Monitoring Company: _____

Phone: _____

Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 450	Date: 2017
Link type: ML	Quantity: 2	Degrees: 360	Date: 2016
Link type: --	Quantity: _____	Degrees: --	Date: _____
Link type: --	Quantity: _____	Degrees: --	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-299

Company: Wheatlands Elementary Contact: _____ Company: _____
On-site address: 2290 Barrington Dr. W Office Phone: _____ Billing address: _____
City/St/ZIP: Aurora IL, 60503 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: 3 gal	Last Serviced Date: 2014
Cyl. 2 Size: —	Last Serviced Date: _____
Cyl. 3 Size: —	Last Serviced Date: _____
Cyl. 4 Size: —	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 2	Degrees: 360	Date: 2017
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 5

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Larry Byrnes Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-300

Company: Thompson Jr. High Contact: _____ Company: _____
On-site address: 440 Boulder Hill Pass Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Pyrochem
Model: PCL-300
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2016</u>
Cyl. 2 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>—</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accucon: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>16 gram CO2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>2</u>	Degrees: <u>450</u>	Date: <u>2017</u>
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____

1. Blow off caps reinstalled ? Yes ☐ No ☐ N/A ☐ Qty: 8

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>replaced</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-301

Company: Traughber Jr High Contact: _____ Company: _____
On-site address: 570 Colchester Dr Office Phone: _____ Billing address: _____
City/St/ZIP: Oswego IL, 60543 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: (none)

Cyl. 1 Size: 3 gal	Last Serviced Date: 2008
Cyl. 2 Size: —	Last Serviced Date: _____
Cyl. 3 Size: —	Last Serviced Date: _____
Cyl. 4 Size: —	Last Serviced Date: _____

Monitoring Company: _____

Phone: _____

Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: K	Quantity: 1	Degrees: 450	Date: 2017
Link type: K	Quantity: 2	Degrees: 360	Date: 2016
Link type: —	Quantity: _____	Degrees: —	Date: _____
Link type: —	Quantity: _____	Degrees: —	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 6

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

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Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-302

Company: Wolfs Crossing Elementary Contact: _____ Company: _____
On-site address: 3015 Heggs Rd. Office Phone: _____ Billing address: _____
City/St/ZIP: Aurora IL, 60503 Cell Phone: _____ City/St/ZIP: _____
Phone: _____ Email: _____ Phone: _____

A. System Information

Manufacturer: Ansul
Model: R-102
Type: Wet Chem

Cyl. 1 Size: <u>3 gal</u>	Last Serviced Date: <u>2005</u>
Cyl. 2 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 3 Size: <u>—</u>	Last Serviced Date: _____
Cyl. 4 Size: <u>—</u>	Last Serviced Date: _____

Monitoring Company: _____
Phone: _____
Accuation: Manual ☐ Auto ☐ Both ☒

B. Pre-inspection

	Y	N	N/A
1. Alarm system called out of service for testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System armed and pressure gauge operational on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nozzle caps in place on arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nozzles clean and free of grease buildup?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping and cylinder securely fastened to structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appliances in same position since last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pull station located between 42-48 inches above floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pull station accessible and located in a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pull station clearly identifies the hazard protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pull station tamper seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Filters present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall physical condition and cleanliness of hood: <u>Good</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test

	Y	N	N/A
1. Cartridge removed and weight checked within .5 ounce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cartridge size: <u>101-20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Remote pull station tested and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Operation of automatic detection verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Operations Test (cont.)

	Y	N	N/A
5. Operation of gas shutoff verified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Operation of micro switch verified and electrical appliances shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bursting disk in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Powder or liquid checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blow out lines/pipe integrity test completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Customer offered pipe integrity test but declined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Component Check/Replace

Link type: <u>K</u>	Quantity: <u>1</u>	Degrees: <u>360</u>	Date: <u>2017</u>
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____
Link type: <u>—</u>	Quantity: _____	Degrees: <u>—</u>	Date: _____

1. Blow off caps reinstalled ? Yes ☒ No ☐ N/A ☐ Qty: 4

E. Post-inspection

	Y	N	N/A
1. Tension placed back on system for automatic operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas valve reset/pilots relit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breaker reset for electric appliances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pull station tamper seal replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cartridge <u>reinstalled</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alarm called back into service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Type K portable fire extinguisher present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Extinguisher placarded as backup extinguishment means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Extinguisher is within thirty feet of suppression system and on a path of egress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that the above equipment was inspected and left in operating condition in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.

Notes:

Print Bill Lehmann Sign [Signature] Print Ben Assell Sign [Signature] License# 2013-12
Owner/Agent Owner/Agent Inspector Inspector Inspector

CTS Fire & Safety
1556 Crescent Lake Dr
Montgomery, IL 60538

630.892.2355
service@ctsfireandsafety.com
www.ctsfireandsafety.com

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X ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/28/2017

DATE

IN170045/42919

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Boulder Hill Elementary

ADDRESS:

ADDRESS: 163 Boulder Hill Pass

CITY:

STATE:

CITY: Oswego

STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: x Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						OSY		IBV	
No. of Valves	2						2		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

YES	N/A	NO
		x
	x	
	x	
	x	
x		
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	65	>				
Residual Pressure	45	>				
Static Pressure After	55	>				
Waterflow Time (Sec.)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

ADDRESS 163 Boulder Hill Pass, Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170045/42919

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

YES	N/A	NO	
	<input checked="" type="checkbox"/>		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 _____ 2 _____ 3 _____ 4 _____
			1. Have all the antifreeze systems been tested?
			TEMP: 1 _____ 2 _____ 3 _____ 4 _____
			G) ALARMS
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?
			H) SPRINKLERS - PIPING
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
<input checked="" type="checkbox"/>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2015</u>
<input checked="" type="checkbox"/>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2015</u>
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
<input checked="" type="checkbox"/>			2. Is the air pressure and priming water levels normal?
<input checked="" type="checkbox"/>			3. Did the air compressor operate satisfactorily?
<input checked="" type="checkbox"/>			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
<input checked="" type="checkbox"/>			5. Did all quick opening devices operate satisfactorily?
<input checked="" type="checkbox"/>			6. Did the low air alarm operate satisfactorily?
<input checked="" type="checkbox"/>			7. Did all dry valves operate satisfactorily during this inspection?
<input checked="" type="checkbox"/>			8. Do dry valves appear to be protected from freezing?

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

*Replace out dated system pressure gauges. (Over 5 years old / x2 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - (Maintenance / Engineer)
PRINT NAME6/28/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

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FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

7/13/2017

DATE

IN170046/43213

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD 308

PROPERTY: Brokaw Early Learning Center

ADDRESS:

ADDRESS: 1000 Fifth St

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: Sound Incorporated POS # 99-6223

OPERATOR OUT: Caroline OPERATOR IN: Christine

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection	Pump	Sectional	System
Type	OSY			OSY
No. of Valves	1			1
Yes / No	Y N	Y N	Y N	Y N
Easily Accessible	x			x
Signs	x			x
Valve Open	x			x
Secured	x			x
Sealed		x		x
Locked		x		x
Supervised	x			x
Supervision Operational	x			x

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 4" Riser with Flow Detection
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	Main				
Test Pipe Location	@Riser				
Size Test Pipe	2"				
Static Pressure Before	60				
Residual Pressure	45				
Static Pressure After	50				
Waterflow Time (Sec.)	w/in 60				
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

ADDRESS 1000 Fifth St**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**7/13/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170046/43213

JOB NUMBER

YES	N/A	NO	
	<u>x</u>		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 _____ 2 _____ 3 _____ 4 _____
			1. Have all the antifreeze systems been tested?
			TEMP: 1 _____ 2 _____ 3 _____ 4 _____
			G) ALARMS
<u>x</u>			1. Did water flow alarm devices operate properly?
<u>x</u>			2. Did the electric alarms operate properly?
<u>x</u>			3. Did the valve supervisory switches operate properly?
<u>x</u>			4. Are all alarm devices free of physical damage?
			H) SPRINKLERS - PIPING
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
		<u>x</u>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>Unknown</u>
		<u>x</u>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>Unknown</u>
		<u>x</u>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
<u>x</u>			2. Is the air pressure and priming water levels normal?
<u>x</u>			3. Did the air compressor operate satisfactory?
<u>x</u>			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
<u>x</u>			5. Did all quick opening devices operate satisfactorily?
<u>x</u>			6. Did the low air alarm operate satisfactorily?
<u>x</u>			7. Did all dry valves operate satisfactorily during this inspection?
<u>x</u>			8. Do dry valves appear to be protected from freezing?

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

5YR Internal Inspection and Gauge Replacement Due.

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

N/A

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

Norma Erickson
OWNER / REPRESENTATIVE SIGNATURENorma
PRINT NAME7/13/2017
DATE

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

Brandon Wakefield
INSPECTOR SIGNATUREBrandon Wakefield
PRINT NAME113268
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/28/2017

DATE

IN170047/42920

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Churchill Elementary

ADDRESS:

ADDRESS: 520 Secretariat Lane

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						OSY		IBV	
No. of Valves	2						2		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x					x		x	
Locked		x					x		x	
Supervised	x						x		x	
Supervision Operational	x						x		x	

YES	N/A	NO
		x
	x	
	x	
	x	
x		
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	75	>				
Residual Pressure	55	>				
Static Pressure After	65	>				
Waterflow Time (Sec.)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

ADDRESS 520 Secretariat Ln., Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170047/42920

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<u>x</u>			G) ALARMS						
<u>x</u>			1. Did water flow alarm devices operate properly?						
<u>x</u>			2. Did the electric alarms operate properly?						
<u>x</u>			3. Did the valve supervisory switches operate properly?						
<u>x</u>			4. Are all alarm devices free of physical damage?						
<u>x</u>			H) SPRINKLERS - PIPING						
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
		<u>x</u>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>Unk.</u>						
		<u>x</u>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>Unk.</u>						
		<u>x</u>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<u>x</u>		1. Number of systems _____ Make and Model _____ Date of last trip test: _____						
	<u>x</u>		2. Is the air pressure and priming water levels normal?						
	<u>x</u>		3. Did the air compressor operate satisfactory?						
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?						
	<u>x</u>		6. Did the low air alarm operate satisfactorily?						
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?						
	<u>x</u>		8. Do dry valves appear to be protected from freezing?						

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

*Perform 5 year internal inspection on system piping and FDC / check valve. (No tags or signs of previously being done) (4"-GxG)

*Replace out dated system pressure gauges. (Over 5 years old / x2 / 2009)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - (Maintenance / Engineer)
PRINT NAME6/28/2017
DATE

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

X
INSPECTOR SIGNATUREManual Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/27/2017

DATE

IN170048/42921

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: East View Elementary

ADDRESS:

ADDRESS: 4209 Route 71

CITY:

STATE:

CITY: Plainfield

STATE: IL

MONITORING AGENCY:

Acadian

POS #

996224

OPERATOR OUT:

Caroline

OPERATOR IN:

Katy

YES	N/A	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other: ☐

CONTROL VALVES	City Connection		Pump		Sectional		System	
Type	OSY				IBV		OSY	
No of Valves	1				1		1	
Yes / No	Y	N	Y	N	Y	N	Y	N
Easily Accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Valve Open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sealed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervision Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SYSTEM #	1	2			
Test Pipe Location	@Base of Riser	>			
Size Test Pipe	2"	>			
Static Pressure Before	65	>			
Residual Pressure	40	>			
Static Pressure After	50	>			
Waterflow Time (Sec.)	w/in 60	w/in 60			
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

YES	N/A	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI: _____
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 4" Riser & (1) Sectional Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 4209 Route 71, Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/27/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170048/42921

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<input checked="" type="checkbox"/>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<input checked="" type="checkbox"/>			G) ALARMS						
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?						
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?						
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?						
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?						
<input checked="" type="checkbox"/>			H) SPRINKLERS - PIPING						
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
		<input checked="" type="checkbox"/>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>Unk</u>						
		<input checked="" type="checkbox"/>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>Unk</u>						
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<input checked="" type="checkbox"/>		1. Number of systems _____ Make and Model _____						
	<input checked="" type="checkbox"/>		Date of last trip test: _____						
	<input checked="" type="checkbox"/>		2. Is the air pressure and priming water levels normal?						
	<input checked="" type="checkbox"/>		3. Did the air compressor operate satisfactory?						
	<input checked="" type="checkbox"/>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<input checked="" type="checkbox"/>		5. Did all quick opening devices operate satisfactorily?						
	<input checked="" type="checkbox"/>		6. Did the low air alarm operate satisfactorily?						
	<input checked="" type="checkbox"/>		7. Did all dry valves operate satisfactorily during this inspection?						
	<input checked="" type="checkbox"/>		8. Do dry valves appear to be protected from freezing?						

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

*Perform 5 year internal inspection on system piping and FDC / check valve. (No tags or signs of previously done) (4"-GxG)

*Replace out dated system pressure gauges. (Over 5 years old / x2 / 2008)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Chip (Maintenance / Engineer)
PRINT NAME6/27/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (830) 761-3168
facsimile (830) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/29/2017

DATE

IN170049/42922

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Fox Chase Elementary

ADDRESS:

ADDRESS: 260 Fox Chase Drive

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: POS # OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System	
Type	OSY				IBV		IBV	
No of Valves	2				1		2	
Yes / No	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x				x		x	
Signs	x				x		x	
Valve Open	x				x		x	
Secured	x				x		x	
Sealed		x				x		x
Locked		x				x		x
Supervised	x				x		x	
Supervision Operational	x				x		x	

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	60	>				
Residual Pressure	40	>				
Static Pressure After	50	>				
Waterflow Time (Sec)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec)						

YES	N/A	NO
		x
	x	
	x	
	x	
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PS:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size (1)-4" & (1)-3" Riser Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

YES	N/A	NO
x		



ADDRESS 260 Fox Chase Dr., Oswego

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/29/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170049/42922

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	X		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
X			G) ALARMS					
X			1. Did water flow alarm devices operate properly?					
X			2. Did the electric alarms operate properly?					
X			3. Did the valve supervisory switches operate properly?					
X			4. Are all alarm devices free of physical damage?					
X			H) SPRINKLERS - PIPING					
X			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
X			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
X			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
X			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
		X	5. Has the piping in all systems been checked for obstructive materials within the last 5 years?					Last inspected: Unk
		X	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?					Last inspected: Unk
		X	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	X		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	X		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems	Make and Model				
			Date of last trip test:					
	X		2. Is the air pressure and priming water levels normal?					
	X		3. Did the air compressor operate satisfactory?					
	X		4. Were all auxiliary drains drained during this inspection?					If yes, how many?
	X		5. Did all quick opening devices operate satisfactorily?					
	X		6. Did the low air alarm operate satisfactorily?					
	X		7. Did all dry valves operate satisfactorily during this inspection?					
	X		8. Do dry valves appear to be protected from freezing?					

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

*Found approx. (10) Central "GB" type sprinklers in use (Previously recalled) in misc. areas such as restrooms, vestibules, meeting room, etc. These heads are not yet showing signs of leaking or corrosion but should still be replaced. (Possibly more Central "GB's" in locked areas such as closets)

*Perform 5 year internal inspection on system piping and FDC / check valve (No tags or signs of previously being done)

*Replace out dated system pressure gauges. (Over 5 years old / x3 / 2009)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)

PRINT NAME

6/29/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



ADDRESS 26933 W. Grande Park Blvd.

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/27/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170050/42923

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

YES	N/A	NO	
	<input checked="" type="checkbox"/>		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 _____ 2 _____ 3 _____ 4 _____
			1. Have all the antifreeze systems been tested?
			TEMP: 1 _____ 2 _____ 3 _____ 4 _____
<input checked="" type="checkbox"/>			G) ALARMS
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?
<input checked="" type="checkbox"/>			H) SPRINKLERS - PIPING
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
		<input checked="" type="checkbox"/>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: Unk.
		<input checked="" type="checkbox"/>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: Unk.
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
<input checked="" type="checkbox"/>			2. Is the air pressure and priming water levels normal?
<input checked="" type="checkbox"/>			3. Did the air compressor operate satisfactory?
<input checked="" type="checkbox"/>			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
<input checked="" type="checkbox"/>			5. Did all quick opening devices operate satisfactorily?
<input checked="" type="checkbox"/>			6. Did the low air alarm operate satisfactorily?
<input checked="" type="checkbox"/>			7. Did all dry valves operate satisfactorily during this inspection?
<input checked="" type="checkbox"/>			8. Do dry valves appear to be protected from freezing?

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

*Perform 5 year internal inspection on system piping and FDC / check valve (No tags or signs of previously done) (4"-GxG)

*Replace out dated system pressure gauges. (Over 5 years old / x2 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)

PRINT NAME

6/27/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
Telephone (830) 761-3168
Facsimile (830) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/27/2017

DATE

IN170051/42980

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Homestead Elementary

ADDRESS:

ADDRESS: 2830 Hillsboro Blvd.

CITY:

STATE:

CITY: Aurora

STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System			
Type	OSY						OSY / IBV			
No. of Valves	1						1 & 1			
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x			
Signs	x						x			
Valve Open	x						x			
Secured	x						x			
Sealed		x						x		
Locked		x						x		
Supervised	x						x			
Supervision Operational	x						x			

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	55	>				
Residual Pressure	45	>				
Static Pressure After	55	>				
Waterflow Time (Sec.)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 2830 Hillsboro Blvd., Aurora,**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/27/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170051/42980

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<input checked="" type="checkbox"/>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<input checked="" type="checkbox"/>			G) ALARMS						
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?						
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?						
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?						
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?						
<input checked="" type="checkbox"/>			H) SPRINKLERS - PIPING						
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
<input checked="" type="checkbox"/>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2016</u>						
<input checked="" type="checkbox"/>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2016</u>						
	<input checked="" type="checkbox"/>		7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<input checked="" type="checkbox"/>		1. Number of systems _____ Make and Model _____ Date of last trip test: _____						
	<input checked="" type="checkbox"/>		2. Is the air pressure and priming water levels normal?						
	<input checked="" type="checkbox"/>		3. Did the air compressor operate satisfactory?						
	<input checked="" type="checkbox"/>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<input checked="" type="checkbox"/>		5. Did all quick opening devices operate satisfactorily?						
	<input checked="" type="checkbox"/>		6. Did the low air alarm operate satisfactorily?						
	<input checked="" type="checkbox"/>		7. Did all dry valves operate satisfactorily during this inspection?						
	<input checked="" type="checkbox"/>		8. Do dry valves appear to be protected from freezing?						

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

*None

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

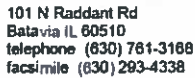
*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Darren (Maintenance / Engineer)
PRINT NAME6/27/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



6/28/2017

DATE _____

JOB NUMBER

CONFERRER WITH

PHONE NUMBER

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2				
Test Pipe Location	Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	85	>				
Residual Pressure	55	>				
Static Pressure After	65	>				
Waterflow Time (Sec.)	w/in 60	w/in 60				

SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						



ADDRESS 4001 Hunt Club Dr. Oswego,

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/29/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170052/42924

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	x		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
x			G) ALARMS						
x			1. Did water flow alarm devices operate properly?						
x			2. Did the electric alarms operate properly?						
x			3. Did the valve supervisory switches operate properly?						
x			4. Are all alarm devices free of physical damage?						
x			H) SPRINKLERS - PIPING						
x			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
x			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
x			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
x			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
x			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: 2015						
x			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: 2015						
	x		7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	x		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	x		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
			1. Number of systems _____ Make and Model _____						
			Date of last trip test: _____						
x			2. Is the air pressure and priming water levels normal?						
x			3. Did the air compressor operate satisfactory?						
x			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
x			5. Did all quick opening devices operate satisfactorily?						
x			6. Did the low air alarm operate satisfactorily?						
x			7. Did all dry valves operate satisfactorily during this inspection?						
x			8. Do dry valves appear to be protected from freezing?						

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

*Replace out dated system pressure gauges (Over 5 years old / x2 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)

PRINT NAME

6/29/2017

DATE

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

X

INSPECTOR SIGNATURE

Manuel Rivera

PRINT NAME

#124498

NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

X ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

7/25/2017

DATE

IN170053/42981

JOB NUMBER

Rob A. Jose
CONFERRED WITH

630-401-7887

PHONE NUMBER

REPORT TO: Oswego CUSD 308

PROPERTY: Lakewood Creek Elementary School

ADDRESS:

ADDRESS: 2301 Lakewood Creek Dr

CITY:

STATE:

CITY: Montgomery

STATE: IL

MONITORING AGENCY:

Sound Inc.

POS #

99-6229

OPERATOR OUT:

#4906

OPERATOR IN:

Karen

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? X First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? X First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector? (Maintain min. 18" Clearance)
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: 6" Other:

CONTROL VALVES	City Connection		Pump		Sectional		System			
Type	OS&Y						IBV			
No. of Valves	2						3			
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	X						X			
Signs	X						X			
Valve Open	X						X			
Secured	X						X			
Sealed										
Locked										
Supervised	X						X			
Supervision Operational	X						X			

SYSTEM #	MAIN	GYM	New Addition			
Test Pipe Location	@ Riser	@ Riser	@ Riser			
Size Test Pipe	2"	2"	2"			
Static Pressure Before	80	80	80			
Residual Pressure	50	50	50			
Static Pressure After	60	60	60			
Waterflow Time (Sec.)	All	Within	60 sec.			
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI: N/A
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 3 Size 4" RISERS w/ FLOW DETECTION
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 2301 Lakewood Creek Dr**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**7/25/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170053/42981

JOB NUMBER

YES N/A NO
X**F) ANTIFREEZE SYSTEMS**

AREA OF PROTECTION:

1 2 3 4

1. Have all the antifreeze systems been tested?

TEMP: 1 2 3 4 **G) ALARMS**

1. Did water flow alarm devices operate properly?
2. Did the electric alarms operate properly?
3. Did the valve supervisory switches operate properly?
4. Are all alarm devices free of physical damage?

X
X
X
X**H) SPRINKLERS - PIPING**

1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
2. Do sprinklers generally appear to be free of loading or visible obstruction?
3. Are the proper number of extra sprinklers and wrenches available on the premises?
4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: 2015
6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: UNK
7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?

X
X
X
X
X
X
X
X
X**I) DRY SYSTEMS**

1. Number of systems NONE Make and Model N/A
Date of last trip test:
2. Is the air pressure and priming water levels normal?
3. Did the air compressor operate satisfactory?
4. Were all auxiliary drains drained during this inspection? If yes, how many?
5. Did all quick opening devices operate satisfactorily?
6. Did the low air alarm operate satisfactorily?
7. Did all dry valves operate satisfactorily during this inspection?
8. Do dry valves appear to be protected from freezing?

X
X
X
X
X
X
X
X

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

None at this time

(NOTE: Suggest 5yr internal inspection of piping, check valves and fire department connection be performed in 2020)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Tested and inspected fire sprinkler system, per NFPA Codes.

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

OWNER / REPRESENTATIVE SIGNATURE

Jose
PRINT NAME7/25/2017
DATE

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

INSPECTOR SIGNATURE

Chris T.
PRINT NAME122419
NICET #

**WEEKLY**

7/13/2017

DATE

IN170054/42925

JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD 308

PROPERTY: Long Beach Elementary

ADDRESS:

ADDRESS: 67 Long Beach Rd

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY	Handled	POS #	By	OPERATOR OUT:	Staff	OPERATOR IN:	
-------------------	---------	-------	----	---------------	-------	--------------	--

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied _____

2. Has the occupancy classification and hazard of contents remained the same since the last inspection? X First Inspection

3. Are all fire protection systems in service? _____

4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? X First Inspection

5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? _____

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other: ☐

CONTROL VALVES	City Connection		Pump		Sectional		System			
Type	OSY						OSY			
No. of Valves	1						1			
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x			
Signs	x						x			
Valve Open	x						x			
Secured	x						x			
Sealed		x						x		
Locked		x						x		
Supervised	x						x			
Supervision Operational	x						x			

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:		(Sec.)					
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?							
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?							
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?							
5. Are fire dept. connections in satisfactory condition couplings free, caps, or plugs in place and check valves not leaking?							

E) WET SYSTEMS

1. Number of Systems	1	Size	4" Riser with Flow Detection
----------------------	---	------	------------------------------

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	Main					
Test Pipe Location	@Riser					
Size Test Pipe	2"					
Static Pressure Before	55					
Residual Pressure	40					
Static Pressure After	50					
Waterflow Time (Sec.)	w/in 60					
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

ADDRESS 67 Long Beach**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**7/13/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170054/42925

JOB NUMBER

YES	N/A	NO	
	<input checked="" type="checkbox"/>		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 _____ 2 _____ 3 _____ 4 _____
			1. Have all the antifreeze systems been tested?
			TEMP: 1 _____ 2 _____ 3 _____ 4 _____
			G) ALARMS
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?
			H) SPRINKLERS - PIPING
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
		<input checked="" type="checkbox"/>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>Unknown</u>
		<input checked="" type="checkbox"/>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>Unknown</u>
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
	<input checked="" type="checkbox"/>		2. Is the air pressure and priming water levels normal?
	<input checked="" type="checkbox"/>		3. Did the air compressor operate satisfactorily?
	<input checked="" type="checkbox"/>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
	<input checked="" type="checkbox"/>		5. Did all quick opening devices operate satisfactorily?
	<input checked="" type="checkbox"/>		6. Did the low air alarm operate satisfactorily?
	<input checked="" type="checkbox"/>		7. Did all dry valves operate satisfactorily during this inspection?
	<input checked="" type="checkbox"/>		8. Do dry valves appear to be protected from freezing?

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

5YR Internal Inspection and Gauge Replacement Due.

Please note this is a partial coverage system only

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

N/A

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

OWNER / REPRESENTATIVE SIGNATURE

PRINT NAME

7/13/2017

DATE

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

INSPECTOR SIGNATURE

Brandon Wakefield
PRINT NAME113268
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (830) 761-3168
facsimile (830) 293-4338

x ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/28/2017

DATE

IN170055/42926

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Old Post Elementary

ADDRESS:

ADDRESS: 100 Old Post Rd.

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: x Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev	
Type	OSY				OSY		OSY		IBV	
No. of Valves	1				2		1		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x				x		x		x	
Signs	x				x		x		x	
Valve Open	x				x		x		x	
Secured	x				x		x		x	
Sealed		x				x		x		x
Locked		x				x		x		x
Supervised	x				x		x		x	
Supervision Operational	x				x		x		x	

SYSTEM #	Main	1	2			
Test Pipe Location	@Base of Riser	>	>			
Size Test Pipe	2"	>	>			
Static Pressure Before	75	>	>			
Residual Pressure	50	>	>			
Static Pressure After	65	>	>			
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60			
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

YES	N/A	NO
		x
	x	
	x	
	x	
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 4" Riser & (2) Sectionals Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

YES	N/A	NO
x		



ADDRESS 100 Old Post Rd., Oswego

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170055/42926

JOB NUMBER

YES	N/A	NO	
	X		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 _____ 2 _____ 3 _____ 4 _____
			1. Have all the antifreeze systems been tested?
			TEMP: 1 _____ 2 _____ 3 _____ 4 _____
			G) ALARMS
X			1. Did water flow alarm devices operate properly?
X			2. Did the electric alarms operate properly?
X			3. Did the valve supervisory switches operate properly?
X			4. Are all alarm devices free of physical damage?
			H) SPRINKLERS - PIPING
X			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
X			2. Do sprinklers generally appear to be free of loading or visible obstruction?
X			3. Are the proper number of extra sprinklers and wrenches available on the premises?
X			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
X			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: 2015
X			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: 2015
		X	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	X		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	X		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
X			2. Is the air pressure and priming water levels normal?
X			3. Did the air compressor operate satisfactory?
X			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
X			5. Did all quick opening devices operate satisfactorily?
X			6. Did the low air alarm operate satisfactorily?
X			7. Did all dry valves operate satisfactorily during this inspection?
X			8. Do dry valves appear to be protected from freezing?

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

*Replace out dated system pressure gauges (Over 5 years old / x3 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)

PRINT NAME

6/28/2017

DATE

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

X
INSPECTOR SIGNATURE

Manuel Rivera
PRINT NAME

#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/29/2017

DATE

IN170056/42927

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Prairie Point

ADDRESS:

ADDRESS: 3650 Grove Rd.

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: POS # OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						OSY		IBV	
No. of Valves	1						1		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

SYSTEM #	1				
Test Pipe Location	@Base of Riser				
Size Test Pipe	2"				
Static Pressure Before	80				
Residual Pressure	50				
Static Pressure After	65				
Waterflow Time (Sec.)	w/in 60				
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

YES	N/A	NO
		x
	x	
	x	
	x	
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 4" Riser Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

YES	N/A	NO
x		



ADDRESS 3650 Grove Rd., Oswego

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/29/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170056/42927

JOB NUMBER

YES	N/A	NO	
	X		F) ANTIFREEZE SYSTEMS
			AREA OF PROTECTION: 1 2 3 4
			1. Have all the antifreeze systems been tested?
			TEMP: 1 2 3 4
X			G) ALARMS
X			1. Did water flow alarm devices operate properly?
X			2. Did the electric alarms operate properly?
X			3. Did the valve supervisory switches operate properly?
X			4. Are all alarm devices free of physical damage?
X			H) SPRINKLERS - PIPING
X			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
X			2. Do sprinklers generally appear to be free of loading or visible obstruction?
X			3. Are the proper number of extra sprinklers and wrenches available on the premises?
X			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
X			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: 2015
X			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: 2015
X			7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
	X		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
	X		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?
			I) DRY SYSTEMS
			1. Number of systems _____ Make and Model _____
			Date of last trip test: _____
X			2. Is the air pressure and priming water levels normal?
X			3. Did the air compressor operate satisfactory?
X			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
X			5. Did all quick opening devices operate satisfactorily?
X			6. Did the low air alarm operate satisfactorily?
X			7. Did all dry valves operate satisfactorily during this inspection?
X			8. Do dry valves appear to be protected from freezing?

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

*None

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)
PRINT NAME

6/29/2017
DATE

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

X
INSPECTOR SIGNATURE

Manuel Rivera
PRINT NAME

#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

x ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/28/2017

DATE

IN170057/42928

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Southbury Elementary

ADDRESS:

ADDRESS: 820 Preston Dr.

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: POS # OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: x Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						IBV		IBV	
No. of Valves	2						2		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

YES	N/A	NO
		x
	x	
	x	
	x	
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	90	>				
Residual Pressure	60	>				
Static Pressure After	80	>				
Waterflow Time (Sec.)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

ADDRESS 820 Preston Dr., Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170057/42928

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<u>x</u>			G) ALARMS						
<u>x</u>			1. Did water flow alarm devices operate properly?						
<u>x</u>			2. Did the electric alarms operate properly?						
<u>x</u>			3. Did the valve supervisory switches operate properly?						
<u>x</u>			4. Are all alarm devices free of physical damage?						
<u>x</u>			H) SPRINKLERS - PIPING						
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
<u>x</u>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2015</u>						
<u>x</u>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2015</u>						
	<u>x</u>		7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
		<u>x</u>	I) DRY SYSTEMS						
			1. Number of systems _____ Make and Model _____						
	<u>x</u>		Date of last trip test: _____						
	<u>x</u>		2. Is the air pressure and priming water levels normal?						
	<u>x</u>		3. Did the air compressor operate satisfactory?						
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?						
	<u>x</u>		6. Did the low air alarm operate satisfactorily?						
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?						
	<u>x</u>		8. Do dry valves appear to be protected from freezing?						

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

*Replace out dated system pressure gauges. (Over 5 years old / x2 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Rob (Maintenance / Engineer)
PRINT NAME6/28/2017
DATE

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

X
INSPECTOR SIGNATUREManual Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Belavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/27/2017

DATE

IN170058/42787

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: The Wheatlands Elementary

ADDRESS:

ADDRESS: 2290 Barrington Dr.

CITY: STATE:

CITY: Aurora STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES	N/A	NO
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System			
Type	OSY						IBV			
No. of Valves	2						3			
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Signs	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Valve Open	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Secured	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Sealed		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Locked		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Supervised	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Supervision Operational	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			

SYSTEM #	1	2	3		
Test Pipe Location	@Base of Riser	>	>		
Size Test Pipe	2"	>	>		
Static Pressure Before	55	>	>		
Residual Pressure	30	>	>		
Static Pressure After	40	>	>		
Waterflow Time (Sec)	w/in 60	w/in 60	w/in 60		
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec)					

YES	N/A	NO
		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 3 Size (2)-4" & (1)-3" Riser Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 2290 Barrington Dr., Aurora**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/27/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170058/42787

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	<input checked="" type="checkbox"/>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
<input checked="" type="checkbox"/>			G) ALARMS					
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?					
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?					
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?					
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?					
<input checked="" type="checkbox"/>			H) SPRINKLERS - PIPING					
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
		<input checked="" type="checkbox"/>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years?	Last inspected:				Unk.
		<input checked="" type="checkbox"/>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?	Last inspected:				Unk.
<input checked="" type="checkbox"/>			7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems _____ Make and Model _____					
			Date of last trip test: _____					
<input checked="" type="checkbox"/>			2. Is the air pressure and priming water levels normal?					
<input checked="" type="checkbox"/>			3. Did the air compressor operate satisfactory?					
<input checked="" type="checkbox"/>			4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
<input checked="" type="checkbox"/>			5. Did all quick opening devices operate satisfactorily?					
<input checked="" type="checkbox"/>			6. Did the low air alarm operate satisfactorily?					
<input checked="" type="checkbox"/>			7. Did all dry valves operate satisfactorily during this inspection?					
<input checked="" type="checkbox"/>			8. Do dry valves appear to be protected from freezing?					

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

*Perform 5 year internal inspection on system piping and FDC / check valve (No tags or signs of previously being done) (4"-GxG@10'ft)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Larry (Maintenance / Engineer)
PRINT NAME6/27/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #

ADDRESS 3015 Heggs Rd. Aurora**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/26/2017

DATE

**VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168**IN170059/42929

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<u>x</u>			G) ALARMS						
<u>x</u>			1. Did water flow alarm devices operate properly?						
<u>x</u>			2. Did the electric alarms operate properly?						
<u>x</u>			3. Did the valve supervisory switches operate properly?						
<u>x</u>			4. Are all alarm devices free of physical damage?						
<u>x</u>			H) SPRINKLERS - PIPING						
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
<u>x</u>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2016</u>						
<u>x</u>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2016</u>						
		<u>x</u>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<u>x</u>		1. Number of systems _____ Make and Model _____ Date of last trip test: _____						
	<u>x</u>		2. Is the air pressure and priming water levels normal?						
	<u>x</u>		3. Did the air compressor operate satisfactory?						
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?						
	<u>x</u>		6. Did the low air alarm operate satisfactorily?						
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?						
	<u>x</u>		8. Do dry valves appear to be protected from freezing?						

THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: *(these suggestions are not the result of an engineering survey)**Replace out dated system pressure gauges (Over 5 years old X2 / 2011)**MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:***None**INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:**X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Bill (Maintenance/ Engineer)
PRINT NAME6/26/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/26/2017

DATE

IN170061/42930

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Bednarcik Jr. High School

ADDRESS:

ADDRESS: 3025 Heggs Rd.

CITY:

STATE:

CITY: Aurora

STATE: IL

MONITORING AGENCY:

Sound Inc.

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied ☒ First Inspection
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY				IBV		IBV		IBV	
No. of Valves	2				1		5		1	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x				x		x		x	
Signs	x				x		x		x	
Valve Open	x				x		x		x	
Secured	x				x		x		x	
Sealed		x				x		x		x
Locked		x				x		x		x
Supervised	x				x		x		x	
Supervision Operational	x				x		x		x	

SYSTEM #	FEED	1	2	3	4	5
Test Pipe Location	@Base of Riser	>	>	>	>	>
Size Test Pipe	2"	>	>	>	>	>
Static Pressure Before	55	>	>	>	>	>
Residual Pressure	45	>	>	>	>	>
Static Pressure After	50	>	>	>	>	>
Waterflow Time (Sec.)	N/A	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 5 Size (5)-6" Risers Equipped with Waterflow Detection & (1)-6" Feed.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 3025 Heggs Rd., Aurora**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/26/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170061/42930

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	<input checked="" type="checkbox"/>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
<input checked="" type="checkbox"/>			G) ALARMS					
<input checked="" type="checkbox"/>			1. Did water flow alarm devices operate properly?					
<input checked="" type="checkbox"/>			2. Did the electric alarms operate properly?					
<input checked="" type="checkbox"/>			3. Did the valve supervisory switches operate properly?					
<input checked="" type="checkbox"/>			4. Are all alarm devices free of physical damage?					
<input checked="" type="checkbox"/>			H) SPRINKLERS - PIPING					
<input checked="" type="checkbox"/>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
<input checked="" type="checkbox"/>			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
<input checked="" type="checkbox"/>			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
<input checked="" type="checkbox"/>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
<input checked="" type="checkbox"/>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years?					
<input checked="" type="checkbox"/>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?					
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems _____ Make and Model _____					
			Date of last trip test: _____					
	<input checked="" type="checkbox"/>		2. Is the air pressure and priming water levels normal?					
	<input checked="" type="checkbox"/>		3. Did the air compressor operate satisfactory?					
	<input checked="" type="checkbox"/>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
	<input checked="" type="checkbox"/>		5. Did all quick opening devices operate satisfactorily?					
	<input checked="" type="checkbox"/>		6. Did the low air alarm operate satisfactorily?					
	<input checked="" type="checkbox"/>		7. Did all dry valves operate satisfactorily during this inspection?					
	<input checked="" type="checkbox"/>		8. Do dry valves appear to be protected from freezing?					

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

*Replace out dated system pressure gauges (Over 5 years old / x6/ 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Bob (Maintenance / Engineer)
PRINT NAME6/26/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
 Batavia IL 60510
 telephone (630) 761-3168
 facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

6/27/2017

DATE

IN170062/42931

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Murphy Jr. High

ADDRESS:

ADDRESS: 26923 W. Grande Park Blvd.

CITY:

STATE:

CITY: Plainfield

STATE: IL

MONITORING AGENCY:

Sound Inc.

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied ☒ First Inspection
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service? ☒ First Inspection
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection	Pump	Sectional	System	Elev.
Type	OSY			IBV	IBV
No. of Valves	2			3	
Yes / No	Y N	Y N	Y N	Y N	Y N
Easily Accessible	x			x	x
Signs	x			x	x
Valve Open	x			x	x
Secured	x			x	x
Sealed		x		x	x
Locked		x		x	x
Supervised	x			x	x
Supervision Operational	x			x	x

SYSTEM #	1	2	3		
Test Pipe Location	@Base of Riser	>	>		
Size Test Pipe	2"	>	>		
Static Pressure Before	65	>	>		
Residual Pressure	45	>	>		
Static Pressure After	55	>	>		
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60		
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI: ☒
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 3 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?



ADDRESS 26923 W. Grande Park Blvd

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/27/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170062/42931

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	x		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
x			G) ALARMS					
x			1. Did water flow alarm devices operate properly?					
x			2. Did the electric alarms operate properly?					
x			3. Did the valve supervisory switches operate properly?					
x			4. Are all alarm devices free of physical damage?					
x			H) SPRINKLERS - PIPING					
x			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
x			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
x			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
x			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
		x	5. Has the piping in all systems been checked for obstructive materials within the last 5 years?					Last inspected: Unk
		x	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?					Last inspected: Unk
		x	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	x		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	x		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
	x		1. Number of systems _____ Make and Model _____					
	x		Date of last trip test: _____					
	x		2. Is the air pressure and priming water levels normal?					
	x		3. Did the air compressor operate satisfactory?					
	x		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
	x		5. Did all quick opening devices operate satisfactorily?					
	x		6. Did the low air alarm operate satisfactorily?					
	x		7. Did all dry valves operate satisfactorily during this inspection?					
	x		8. Do dry valves appear to be protected from freezing?					

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

*Perform 5 year internal inspection on system piping and FDC / check valve. (No tags or signs of previously done.) (4"-GxG)

*Replace out dated system pressure gauges. (Over 5 years old / x3 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - Dave (Maintenance / Engineer)

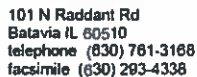
PRINT NAME

6/27/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



6/28/2017

DATE _____

IN170063/42779

JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRER WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Plank Jr. High

ADDRESS:

ADDRESS: 510 Secretariat Lane

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY:	Acadian	POS #	OPERATOR OUT:	Handled By	OPERATOR IN:	Bldg Staff
--------------------	---------	-------	---------------	------------	--------------	------------

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

X

1. Is the building occupied? Tenant spaces not currently occupied

1. Is the building occupied? Tenant spaces not currently occupied _____

2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection

3. Are all fire protection systems in service? _____

4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection

5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? _____

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: ☐ City: ☒ Other: ☐

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						IBV		IBV	
No. of Valves	2						3		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI: _____	(Sec)						
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?							
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?							
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?							
5. Are fire dept. connections in satisfactory condition couplings free, caps, or plugs in place and check valves not leaking?							

E) WET SYSTEMS

1. Number of Systems	3	Size (1)-6" & (2)-4" Risers Equipped with Waterflow Detection.
----------------------	---	--

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2	3			
Test Pipe Location	@Base of Riser	>	>			
Size Test Pipe	2"	>	>			
Static Pressure Before	70	>	>			
Residual Pressure	55	>	>			
Static Pressure After	65	>	>			
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60			

ADDRESS 510 Secretariat Ln., Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170063/42779

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<u>x</u>			G) ALARMS						
<u>x</u>			1. Did water flow alarm devices operate properly?						
<u>x</u>			2. Did the electric alarms operate properly?						
<u>x</u>			3. Did the valve supervisory switches operate properly?						
<u>x</u>			4. Are all alarm devices free of physical damage?						
<u>x</u>			H) SPRINKLERS - PIPING						
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
<u>x</u>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2015</u>						
<u>x</u>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2015</u>						
	<u>x</u>	<u>x</u>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<u>x</u>		1. Number of systems _____ Make and Model _____						
	<u>x</u>		Date of last trip test: _____						
	<u>x</u>		2. Is the air pressure and priming water levels normal?						
	<u>x</u>		3. Did the air compressor operate satisfactory?						
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?						
	<u>x</u>		6. Did the low air alarm operate satisfactorily?						
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?						
	<u>x</u>		8. Do dry valves appear to be protected from freezing?						

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

*Replace out dated system pressure gauges (Over 5 years old / x3 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - Derrick (Maintenance / Engineer)

PRINT NAME

6/28/2017

DATE

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

X

INSPECTOR SIGNATURE

Manuel Rivera

PRINT NAME

#124498

NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

x ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/28/2017

DATE

IN170064/42932

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Thompson Jr. High

ADDRESS:

ADDRESS: 440 Boulder Hill Pass

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY:

POS #

OPERATOR OUT:

Handled By

OPERATOR IN:

Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
		x
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: x Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						IBV		IBV	
No. of Valves	2						2		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

SYSTEM #	1	2				
Test Pipe Location	@Base of Riser	>				
Size Test Pipe	2"	>				
Static Pressure Before	80	>				
Residual Pressure	55	>				
Static Pressure After	65	>				
Waterflow Time (Sec)	w/in 60	w/in 60				
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec)						

YES	N/A	NO
		x
	x	
	x	
	x	
x		
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 440 Boulder Hill Pass, Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/28/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170064/42932

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
<u>x</u>			G) ALARMS					
<u>x</u>			1. Did water flow alarm devices operate properly?					
<u>x</u>			2. Did the electric alarms operate properly?					
<u>x</u>			3. Did the valve supervisory switches operate properly?					
			4. Are all alarm devices free of physical damage?					
<u>x</u>			H) SPRINKLERS - PIPING					
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
<u>x</u>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2015</u>					
<u>x</u>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2015</u>					
	<u>x</u>		7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
		<u>x</u>	I) DRY SYSTEMS					
			1. Number of systems _____ Make and Model _____					
	<u>x</u>		Date of last trip test: _____					
	<u>x</u>		2. Is the air pressure and priming water levels normal?					
	<u>x</u>		3. Did the air compressor operate satisfactory?					
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?					
	<u>x</u>		6. Did the low air alarm operate satisfactorily?					
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?					
	<u>x</u>		8. Do dry valves appear to be protected from freezing?					

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

*Replace out dated system pressure gauges (Over 5 years old / x2 / 2011)

(Please Note: Partial coverage system only)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - (Maintenance / Engineer)

PRINT NAME

6/28/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (830) 761-3168
facsimile (830) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

6/29/2017

DATE

IN170065/42933

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Traugher Jr. High

ADDRESS:

ADDRESS: 570 Colchester Dr.

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY

POS #

OPERATOR OUT

Handled By

OPERATOR IN

Bldg Staff

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY						IBV		IBV	
No. of Valves	2						3		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 3 Size 4" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	1	2	3			
Test Pipe Location	@Base of Riser	>	>			
Size Test Pipe	2"	>	>			
Static Pressure Before	90	>	>			
Residual Pressure	55	>	>			
Static Pressure After	70	>	>			
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60			
SYSTEM #						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						

ADDRESS 570 Colchester Dr., Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**6/29/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170065/42933

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4	
	<u>x</u>		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4	
<u>x</u>			G) ALARMS						
<u>x</u>			1. Did water flow alarm devices operate properly?						
<u>x</u>			2. Did the electric alarms operate properly?						
<u>x</u>			3. Did the valve supervisory switches operate properly?						
<u>x</u>			4. Are all alarm devices free of physical damage?						
<u>x</u>			H) SPRINKLERS - PIPING						
<u>x</u>			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?						
<u>x</u>			2. Do sprinklers generally appear to be free of loading or visible obstruction?						
<u>x</u>			3. Are the proper number of extra sprinklers and wrenches available on the premises?						
<u>x</u>			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?						
<u>x</u>			5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: <u>2015</u>						
<u>x</u>			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: <u>2015</u>						
	<u>x</u>	<u>x</u>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?						
	<u>x</u>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)						
	<u>x</u>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?						
			I) DRY SYSTEMS						
	<u>x</u>		1. Number of systems _____ Make and Model _____ Date of last trip test: _____						
	<u>x</u>		2. Is the air pressure and priming water levels normal?						
	<u>x</u>		3. Did the air compressor operate satisfactory?						
	<u>x</u>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____						
	<u>x</u>		5. Did all quick opening devices operate satisfactorily?						
	<u>x</u>		6. Did the low air alarm operate satisfactorily?						
	<u>x</u>		7. Did all dry valves operate satisfactorily during this inspection?						
	<u>x</u>		8. Do dry valves appear to be protected from freezing?						

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

*Replace out dated system pressure gauges. (Over 5 years old / x3 / 2011)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

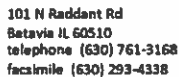
*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - (Maintenance / Engineer)
PRINT NAME6/29/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #

**WEEKLY**

DATE _____

JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRER WITH

PHONE NUMBER

PROPERTY: Oswego East High School

ADDRESS: 1525 Harvey Rd.

CITY: Oswego STATE: IL

Bldg Staff

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied

2. Has the occupancy classification and hazard of contents remained the same since the last inspection?

3. Are all fire protection systems in service?

4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections?

5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?

2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?

3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?

1. Are all sprinkler system main control valves and all other valves in the system open?
2. Are all control valves sealed, supervised or locked in open position?

3. Have all control valves been operated through full range and returned to normal position?

4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other: ☐

SYSTEM #	6" Main (E154)	A	B	C (#1)	C (#2)	D
Test Pipe Location	@Base of Riser	v	v	v	v	v
Size Test Pipe	2"	v	v	v	v	v
Static Pressure Before	65	v	v	v	v	v
Residual Pressure	45	v	v	v	v	v
Static Pressure After	55	v	v	v	v	v
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
SYSTEM #	4" Main (H101)	E	F	G	K	Annex.
Test Pipe Location	@Base of Riser	v	v	v	v	v
Size Test Pipe	2"	v	v	v	v	v
Static Pressure Before	70	v	v	v	v	v
Residual Pressure	45	v	v	v	v	v
Static Pressure After	55	v	v	v	v	v
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

TANKS, PUMPS, FIRE DEPT

1. Fire Pump on Site? PSI: _____ (Sec.) w/in 60 w/in 60 w/in 60 w/in 60 w/in 60

2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?

2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow

3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?

4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?

5. Are fire dept

NET SYSTEMS

1. Number of Systems **2** Size **6" & 4" Riser & (10) Sectionals Equipped with Waterflow Detection.**

1. Number of Systems 2 Size 6" & 4" Riser & (10)



ADDRESS 1525 Harvey Rd., Oswego

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

7/14/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170066/42934

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	x		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
x			G) ALARMS					
x			1. Did water flow alarm devices operate properly?					
x			2. Did the electric alarms operate properly?					
x			3. Did the valve supervisory switches operate properly?					
x			4. Are all alarm devices free of physical damage?					
x			H) SPRINKLERS - PIPING					
x			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
x			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
x			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
x			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
		x	5. Has the piping in all systems been checked for obstructive materials within the last 5 years?	Last inspected:				Unk.
		x	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?	Last inspected:				Unk.
		x	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	x		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	x		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems _____ Make and Model _____					
			Date of last trip test: _____					
	x		2. Is the air pressure and priming water levels normal?					
	x		3. Did the air compressor operate satisfactory?					
	x		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
	x		5. Did all quick opening devices operate satisfactorily?					
	x		6. Did the low air alarm operate satisfactorily?					
	x		7. Did all dry valves operate satisfactorily during this inspection?					
	x		8. Do dry valves appear to be protected from freezing?					

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

*Perform 5 year internal inspection on system piping and FDC / check valve. (No tags or signs of previously being done.)

*Replace all out dated system pressure gauges. (All over 5 years old.) (x12)

*Recommend fire sprinkler systems drawing / blue prints be located / provided in order to verify all control valves & and waterflow switches have been accounted for. (No previous reports or drawings on-site at time of inspection.)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - Joe (Maintenance - Engineer)

PRINT NAME

7/14/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

☒ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY ☐ WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

7/14/2017

DATE

IN170066/42934

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Oswego East High School

ADDRESS:

ADDRESS: 1525 Harvey Rd.

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: Sound Inc. / Acadian POS #

OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? ☒ First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: ☒ Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev.	
Type	OSY		N/A		IBV		OSY		IBV	
No. of Valves	2		N/A		10		2		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Signs	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Valve Open	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Secured	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Sealed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Locked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Supervised	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Supervision Operational	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 2 Size 6" & 4" Riser & (10) Sectionals Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

SYSTEM #	6" Main (E154)	A	B	C (#1)	C (#2)	D
Test Pipe Location	@Base of Riser	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Size Test Pipe	2"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Static Pressure Before	65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residual Pressure	45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Static Pressure After	55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
SYSTEM #	4" Main (H101)	E	F	G	K	Annex.
Test Pipe Location	@Base of Riser	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Size Test Pipe	2"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Static Pressure Before	70	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residual Pressure	45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Static Pressure After	55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waterflow Time (Sec.)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60

ADDRESS 1525 Harvey Rd., Oswego**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**7/14/2017

DATE

**VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168**IN170066/42934

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	<input checked="" type="checkbox"/>		1. Have all the antifreeze systems been tested?					
				TEMP:	1	2	3	4
	<input checked="" type="checkbox"/>		G) ALARMS					
	<input checked="" type="checkbox"/>		1. Did water flow alarm devices operate properly?					
	<input checked="" type="checkbox"/>		2. Did the electric alarms operate properly?					
	<input checked="" type="checkbox"/>		3. Did the valve supervisory switches operate properly?					
	<input checked="" type="checkbox"/>		4. Are all alarm devices free of physical damage?					
	<input checked="" type="checkbox"/>		H) SPRINKLERS - PIPING					
	<input checked="" type="checkbox"/>		1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
	<input checked="" type="checkbox"/>		2. Do sprinklers generally appear to be free of loading or visible obstruction?					
	<input checked="" type="checkbox"/>		3. Are the proper number of extra sprinklers and wrenches available on the premises?					
	<input checked="" type="checkbox"/>		4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
		<input checked="" type="checkbox"/>	5. Has the piping in all systems been checked for obstructive materials within the last 5 years?					Last inspected: <u>Unk.</u>
		<input checked="" type="checkbox"/>	6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?					Last inspected: <u>Unk.</u>
		<input checked="" type="checkbox"/>	7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
	<input checked="" type="checkbox"/>		8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
	<input checked="" type="checkbox"/>		9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems _____ Make and Model _____					
			Date of last trip test: _____					
	<input checked="" type="checkbox"/>		2. Is the air pressure and priming water levels normal?					
	<input checked="" type="checkbox"/>		3. Did the air compressor operate satisfactorily?					
	<input checked="" type="checkbox"/>		4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____					
	<input checked="" type="checkbox"/>		5. Did all quick opening devices operate satisfactorily?					
	<input checked="" type="checkbox"/>		6. Did the low air alarm operate satisfactorily?					
	<input checked="" type="checkbox"/>		7. Did all dry valves operate satisfactorily during this inspection?					
	<input checked="" type="checkbox"/>		8. Do dry valves appear to be protected from freezing?					

THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: *(these suggestions are not the result of an engineering survey)**Perform 5 year internal inspection on system piping and FDC / check valve. (No tags or signs of previously being done)*Replace all out dated system pressure gauges. (All over 5 years old) (x12)*Recommend fire sprinkler systems drawing / blue prints be located / provided in order to verify all control valves & and waterflow switches have been accounted for. (No previous reports or drawings on-site at time of inspection)**MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:***None**INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:**X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)

OWNER / REPRESENTATIVE SIGNATURE

P.O.C - Joe (Maintenance - Engineer)

PRINT NAME

7/14/2017

DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (830) 761-3168
facsimile (830) 283-4338

X ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

6/26/2017
DATE

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

CONFERRED WITH

PHONE NUMBER

REPORT TO: Oswego CUSD #308

PROPERTY: Oswego High School

ADDRESS:

ADDRESS: 4250 Route 71

CITY: STATE:

CITY: Oswego STATE: IL

MONITORING AGENCY: Sound Inc. POS #

OPERATOR OUT: Handled By OPERATOR IN: Bldg Staff

YES	N/A	NO
x		
	x	
x		
	x	
	x	
x		
x		
x		
x		
x		
x		

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: x Other:

CONTROL VALVES	City Connection		Pump		Sectional		System		Elev	
Type	OSY / IBV						IBV		IBV	
No of Valves	8 & 1						11		2	
Yes / No	Y	N	Y	N	Y	N	Y	N	Y	N
Easily Accessible	x						x		x	
Signs	x						x		x	
Valve Open	x						x		x	
Secured	x						x		x	
Sealed		x						x		x
Locked		x						x		x
Supervised	x						x		x	
Supervision Operational	x						x		x	

SYSTEM #	1	2	3	4	5	6
Test Pipe Location	@Base of Riser	>	>	>	>	>
Size Test Pipe	2"	>	>	>	>	>
Static Pressure Before	70	>	>	60	>	>
Residual Pressure	50	>	>	50	>	>
Static Pressure After	60	>	>	60	>	>
Waterflow Time (Sec)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
SYSTEM #	7	8	9	10	11	
Test Pipe Location	@Base of Riser	>	@Base of Riser	>	>	
Size Test Pipe	1.5"	>	2"	>	>	
Static Pressure Before	70	>	75	65	>	
Residual Pressure	50	>	55	50	>	
Static Pressure After	65	>	70	60	>	
Waterflow Time (Sec)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	

YES	N/A	NO
		x
	x	
	x	
	x	
x		

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI:
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 11 Size (1)-6", (8)-4", & (2)-3" Risers Equipped with Waterflow Detection.
2. Is hydraulic name plate, if provided, securely attached to riser and legible?



ADDRESS 4250 Route 71, Oswego

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/26/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170067/42776

24-HOUR EMERGENCY SERVICE (630) 761-3168

JOB NUMBER

YES	N/A	NO
	X	

F) ANTIFREEZE SYSTEMS

AREA OF PROTECTION:

1

2

3

4

1. Have all the antifreeze systems been tested?

TEMP:

1

2

3

4

G) ALARMS

1. Did water flow alarm devices operate properly?

2. Did the electric alarms operate properly?

3. Did the valve supervisory switches operate properly?

4. Are all alarm devices free of physical damage?

H) SPRINKLERS - PIPING

1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?

2. Do sprinklers generally appear to be free of loading or visible obstruction?

3. Are the proper number of extra sprinklers and wrenches available on the premises?

4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?

5. Has the piping in all systems been checked for obstructive materials within the last 5 years?

Last inspected: 2015

6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?

Last inspected: 2015

7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?

8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)

9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?

I) DRY SYSTEMS

1. Number of systems: _____ Make and Model: _____

Date of last trip test: _____

2. Is the air pressure and priming water levels normal?

3. Did the air compressor operate satisfactorily?

4. Were all auxiliary drains drained during this inspection?

If yes, how many? _____

5. Did all quick opening devices operate satisfactorily?

6. Did the low air alarm operate satisfactorily?

7. Did all dry valves operate satisfactorily during this inspection?

8. Do dry valves appear to be protected from freezing?

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

*None

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

*None

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)
OWNER / REPRESENTATIVE SIGNATUREP.O.C - Eric (Maintenance / Engineer)
PRINT NAME6/26/2017
DATE

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

X
INSPECTOR SIGNATUREManuel Rivera
PRINT NAME#124498
NICET #



101 N Raddant Rd
Batavia IL 60510
telephone (630) 761-3168
facsimile (630) 293-4338

X ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

7/25/2017

DATE

IN170060/42775

JOB NUMBER

Rob A.

CONFERRED WITH

630-401-7887

PHONE NUMBER

REPORT TO: Oswego CUSD 308

PROPERTY: Operations Building

ADDRESS:

ADDRESS: 71 Stonehill Rd

CITY:

STATE:

CITY: Oswego

STATE:

IL

MONITORING AGENCY:

Sound Inc.

POS #

99-6244

OPERATOR OUT:

Katie

OPERATOR IN:

#4906

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? X First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? X First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings?
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector? (Maintain min 18" Clearance)
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City: 6" Other:

CONTROL VALVES	City Connection	Pump	Sectional	System
Type	IBV			IBV
No. of Valves	1			1
Yes / No	Y N	Y N	Y N	Y N
Easily Accessible	X			X
Signs	X			X
Valve Open	X			X
Secured	X			X
Sealed				
Locked				
Supervised	X			X
Supervision Operational	X			X

SYSTEM #	MAIN				
Test Pipe Location	@ Riser				
Size Test Pipe	2"				
Static Pressure Before	84				
Residual Pressure	60				
Static Pressure After	75				
Waterflow Time (Sec.)	25				
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI: N/A
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 6" RISER w/ FLOW DETECTION
2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS 71 Stonehill Rd Oswego, IL**FIRE SPRINKLER INSPECTION REPORT (PAGE 2)**7/25/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170060/42775

JOB NUMBER

YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	X		1. Have all the antifreeze systems been tested?	TEMP:	1	2	3	4
X			G) ALARMS					
X			1. Did water flow alarm devices operate properly?					
X			2. Did the electric alarms operate properly?					
X			3. Did the valve supervisory switches operate properly?					
X			4. Are all alarm devices free of physical damage?					
X			H) SPRINKLERS - PIPING					
X			1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?					
X			2. Do sprinklers generally appear to be free of loading or visible obstruction?					
X			3. Are the proper number of extra sprinklers and wrenches available on the premises?					
X			4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?					
X			5. Has the piping in all systems been checked for obstructive materials within the last 5 years?					
X			6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years?					
X			7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?					
		X	8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)					
		X	9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?					
			I) DRY SYSTEMS					
			1. Number of systems	NONE	Make and Model		N/A	
	X		Date of last trip test:					
	X		2. Is the air pressure and priming water levels normal?					
	X		3. Did the air compressor operate satisfactorily?					
	X		4. Were all auxiliary drains drained during this inspection?		If yes, how many?			
	X		5. Did all quick opening devices operate satisfactorily?					
	X		6. Did the low air alarm operate satisfactorily?					
	X		7. Did all dry valves operate satisfactorily during this inspection?					
	X		8. Do dry valves appear to be protected from freezing?					

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

None at this time.

(NOTE- Suggest 5yr internal inspection of piping, check valves and fire department connection be performed in 2021.)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Tested and inspected fire sprinkler system, per NFPA Codes.

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

OWNER / REPRESENTATIVE SIGNATUREKathy
PRINT NAME7/25/2017
DATE

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

INSPECTOR SIGNATUREChris T.
PRINT NAME122419
NICET #



101 N Raddant Rd
Batavia IL 60510
Telephone (630) 761-3168
Facsimile (630) 293-4338

X ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

24-HOUR EMERGENCY SERVICE (630) 761-3168

7/25/2017

DATE

IN170068/42935

JOB NUMBER

Rob A. Mike

CONFERRED WITH

630-401-7887

PHONE NUMBER

REPORT TO: Oswego CUSD 308

PROPERTY: Oswego 308 Center/Opportunity School

ADDRESS:

ADDRESS: 61 Franklin St

CITY:

STATE:

CITY: Oswego

STATE:

IL

MONITORING AGENCY:

Sound Inc.

POS #

99-8243

OPERATOR OUT:

Caroline

OPERATOR IN:

Stephanie

YES N/A NO

A) GENERAL (To be answered by the Owner or Owner's representative)

1. Is the building occupied? Tenant spaces not currently occupied
2. Has the occupancy classification and hazard of contents remained the same since the last inspection? X First Inspection
3. Are all fire protection systems in service?
4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? X First Inspection
5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?

B) GENERAL (To be answered by the Inspector)

1. Have the sprinkler systems been extended to all visible areas of the buildings? (New Addition Only as approved by AHJ)
2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector? (Maintain min. 18" Clearance)
3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?

C) CONTROL VALVES

1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
2. Are all control valves sealed, supervised or locked in open position?
3. Have all control valves been operated through full range and returned to normal position?
4. Is there a Backflow Preventer on the Sprinkler System?

MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTION

Water Supply Source: City 6" Other:

CONTROL VALVES	City Connection	Pump	Sectional	System	
Type	OS&Y			OS&Y	
No. of Valves	1			1	
Yes / No	Y N	Y N	Y N	Y N	Y N
Easily Accessible	X			X	
Signs	X			X	
Valve Open	X			X	
Secured	X			X	
Sealed					
Locked					
Supervised	X			X	
Supervision Operational	X			X	

SYSTEM #					
Test Pipe Location	@ RISER				
Size Test Pipe	2"				
Static Pressure Before	50				
Residual Pressure	40				
Static Pressure After	45				
Waterflow Time (Sec.)					
SYSTEM #					
Test Pipe Location					
Size Test Pipe					
Static Pressure Before					
Residual Pressure					
Static Pressure After					
Waterflow Time (Sec.)					

YES N/A NO

D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS

1. Fire Pump on Site? PSI N/A
2. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the last 12 months?
3. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
4. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?

E) WET SYSTEMS

1. Number of Systems 1 Size 4" RISER w/ FLOW DETECTION
2. Is hydraulic name plate, if provided, securely attached to riser and legible?



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

ADDRESS 61 Franklin St Oswego, IL7/25/2017

DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168IN170068/42935

JOB NUMBER

YES N/A NO
X

F) ANTIFREEZE SYSTEMS

AREA OF PROTECTION:

1 2 3 4

1. Have all the antifreeze systems been tested?

TEMP: 1 2 3 4

G) ALARMS

1. Did water flow alarm devices operate properly?
2. Did the electric alarms operate properly?
3. Did the valve supervisory switches operate properly?
4. Are all alarm devices free of physical damage?

X
X
X
X

H) SPRINKLERS - PIPING

1. Do sprinklers generally appear to be in good external condition and free of paint or corrosion?
2. Do sprinklers generally appear to be free of loading or visible obstruction?
3. Are the proper number of extra sprinklers and wrenches available on the premises?
4. Does the exterior condition of the piping, hangers, drain valves, and check valves appear to be satisfactory?
5. Has the piping in all systems been checked for obstructive materials within the last 5 years? Last inspected: UNK
6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected: UNK
7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 5 years?
8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended for such sprinklers)
9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older?

X
X
X
X
X
X
X
X
X

I) DRY SYSTEMS

1. Number of systems NONE Make and Model N/A
Date of last trip test: _____
2. Is the air pressure and priming water levels normal?
3. Did the air compressor operate satisfactorily?
4. Were all auxiliary drains drained during this inspection? _____ If yes, how many? _____
5. Did all quick opening devices operate satisfactorily?
6. Did the low air alarm operate satisfactorily?
7. Did all dry valves operate satisfactorily during this inspection?
8. Do dry valves appear to be protected from freezing?

X
X
X
X
X
X
X
X

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

Suggest replacing (1) 0-300psi water gauge that is over 5 years old.

(NOTE- Suggest 5yr internal inspection of piping, check valves and fire department connection be performed.)

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Tested and inspected fire sprinkler system, per NFPA Codes.

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

Chris T. Richards
OWNER / REPRESENTATIVE SIGNATUREMike
PRINT NAME7/25/2017
DATE

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

Chris T. Richards
INSPECTOR SIGNATUREChris T.
PRINT NAME122419
NICET #



CTS of Illinois, Inc.
1556 Crescent Lake Dr
Montgomery, IL 60538
630-892-2355

Invoice

Date	Invoice #
11/20/2017	F&S17-757

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

308 Center

Due Date
12/20/2017

Quantity	Description	Rate	Amount
	EXTINGUISHER SERVICE		
1	Service Charge	60.00	60.00
2	Annual Inspection of Stored Pressure Fire Extinguisher	7.75	15.50
1	Recharge 5# ABC Dry Chem Fire Extinguisher	22.50	22.50
1	Valve Stem	12.75	12.75
1	O-Ring	3.54	3.54
1	Service Collar	1.25	1.25

20-2540-00-52-000-323

Michael A. M

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$115.54



Phone:

More Solutions. More Service. More Satisfaction.



Integrated Technologies

1550 Shore Road Naperville, IL 60563 Phone (630) 369-2900 Fax (630) 369-1211

INVOICE #R149716

DATE: 6/12/2017

BILL TO:

CUST ID: 19198

JOB ADDRESS:

LOC ID: 38868

Attention: Accounts Payable
CUSD308
4175 Route 71
Oswego IL 60543

Maintenance Building SD308
71 Stonehill
Oswego IL 60543

Phone: 630-636-3080 Fax: (630)554-2168

TERMS: DUE UPON	CUSTPO:	OUR CALL #: 0	DEPT: FA/Insp	TYPE: AUTOBILL 99591
ORDERED BY:				

<u>SITE VISIT</u>	<u>QUANTITYU/M</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>
	1.00	Annual Fire Alarm Inspection for the period July 1, 2017 through June 30, 2018. Locations: Bednarcik Jr. High Boulder Hill Elementary Brokaw Early Learning Center Churchill Elementary East View Elementary Fox Chase Elementary Grande Park Elementary Homestead Elementary Hunt Club Elementary Lakewood Creek Elementary Long Beach Elementary Murphy Jr. High Old Post Elementary Oswego High School Oswego Community Unit School District 308 Oswego East High School Plank Jr. High Prairie Point Elementary Southbury Elementary The Wheatlands Elementary Thompson Jr. High Traughber Jr. High Wolf's Crossing Elementary	\$0.00	\$0.00
	1.00	Annual Fire Alarm Inspection at Oswego East High School	\$2,652.80	\$2,652.80
	1.00	Annual Fire Alarm Inspection at Oswego High School	\$2,456.80	\$2,456.80



Integrated Technologies

1550 Shore Road Naperville, IL 60563 Phone (630) 369-2900 Fax (630) 369-1211

INVOICE #R149716

DATE: 6/12/2017

1.00	Annual Fire Alarm Inspection at Oswego 308 Center	\$1,144.40	\$1,144.40
1.00	Annual Fire Alarm Inspection at (New) Traughber Jr. High	\$1,152.00	\$1,152.00
1.00	Annual Fire Alarm Inspection at Thompson Jr. High	\$1,244.40	\$1,244.40
1.00	Annual Fire Alarm Inspection at Plank Jr. High	\$1,152.00	\$1,152.00
1.00	Annual Fire Alarm Inspection at Murphy Jr. High	\$1,152.00	\$1,152.00
1.00	Annual Fire Alarm Inspection at Bernarcik Jr. High	\$1,005.60	\$1,005.60
1.00	Annual Fire Alarm Inspection at Boulder Hill Elementary	\$1,102.80	\$1,102.80
1.00	Annual Fire Alarm Inspection at Churchill Elementary	\$786.00	\$786.00
1.00	Annual Fire Alarm Inspection at Brokaw Early Learning Ctr	\$500.00	\$500.00
1.00	Annual Fire Alarm Inspection at East View Elementary	\$879.60	\$879.60
1.00	Annual Fire Alarm Inspection at Fox Chase Elementary	\$1,129.20	\$1,129.20
1.00	Annual Fire Alarm Inspection at Grande Park Elementary	\$577.20	\$577.20
1.00	Annual Fire Alarm Inspection at Homestead Elementary	\$883.20	\$883.20
1.00	Annual Fire Alarm Inspection at Hunt Club Elementary	\$577.20	\$577.20
1.00	Annual Fire Alarm Inspection at Lakewood Creek Elementary	\$1,077.66	\$1,077.66
1.00	Annual Fire Alarm Inspection at Long Beach Elementary	\$829.20	\$829.20
1.00	Annual Fire Alarm Inspection at Old Post Elementary	\$754.80	\$754.80
1.00	Annual Fire Alarm Inspection at Prairie Point Elementary	\$720.00	\$720.00
1.00	Annual Fire Alarm Inspection at Southbury Elementary	\$584.40	\$584.40
1.00	Annual Fire Alarm Inspection at The Wheatlands Elementary	\$1,208.40	\$1,208.40
1.00	Annual Fire Alarm Inspection at Wolf's Crossing Elementary	\$763.20	\$763.20

SUB TOTAL:	\$24,332.86
TAXABLE	\$0.00
TAX [7.75%]	\$0.00
TOTAL:	\$24,332.86



20-2540-00-52-000-320

8202



1550 Shore Road Naperville, IL 60563
Phone (630) 369-2900 Fax (630) 369-1211

INVOICE #R149761

DATE: 6/12/2017

BILL TO:

CUST ID: 15226

JOB ADDRESS:


LOC ID: 15200

Attention: Mike Barr ; Kathy DeRose
CUSD308
71 Stonehill Rd.
Oswego IL 60543

Oswego High School
4250 Route 71
Oswego IL 60543

Phone: 630-636-3170 Fax:

TERMS:	CUSTPO:	OUR CALL # 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				

 20-2540-00-52-000-320
Raj

SITE VISIT	QUANTITYU/M	DESCRIPTION	UNIT PRICE	TOTAL
	3.00 Ea	Monitoring Charge for the Fire Alarm and Elevator for the period July 1, 2017 through September 30, 2017.	\$940.00	\$2,820.00
			SUB TOTAL:	\$2,820.00
			TAXABLE	\$0.00
			TAX (0.0%)	\$0.00
			TOTAL:	\$2,820.00

Amount subject to a 2% service charge after 30 days
We sincerely appreciate your business



**sound
incorporated**

Integrated Technologies

1550 Shore Road Naperville, IL 60563
Phone (630) 369-2900 Fax (630) 369-1211

INVOICE #R152982

DATE: 12/12/2017

BILL TO:

CUST ID: 15226

JOB ADDRESS:

LOC ID: 15200

Attention: Mike Barr ; Kathy DeRose
CUSD308
71 Stonehill Rd.
Oswego IL 60543

Oswego High School
4250 Route 71
Oswego IL 60543

District

Phone: 630-636-3170 Fax:

TERMS:	CUSTPO:	OUR CALL #: 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				



20-2540-00-52-000-320

<u>SITE VISIT</u>	<u>QUANTITYU/M</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>
	3.00 Ea	Monitoring Charge for the Fire Alarm and Elevator for the period January 1, 2018 through March 31, 2018.	\$940.00	\$2,820.00
SUB TOTAL:				\$2,820.00
TAXABLE				\$0.00
TAX [0.0%]				\$0.00
TOTAL:				\$2,820.00

Amount subject to a 2% service charge after 30 days

We sincerely appreciate your business



1550 Shore Road Naperville, IL 60563
Phone (630) 369-2900 Fax (630) 369-1211

8200
INVOICE #R146460

DATE: 12/13/2016

BILL TO:

CUST ID: 15226

JOB ADDRESS:

LOC ID: 15200

Attention: Mike Barr ; Kathy DeRose
CUSD308
71 Stonehill Rd.
Oswego IL 60543

Oswego High School
4250 Route 71
Oswego IL 60543

Phone: 630-636-3170 Fax:

TERMS:	CUSTPO:	OUR CALL #: 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				

SITE VISIT	QUANTITYU/M	DESCRIPTION	UNIT PRICE	TOTAL
	3.00 Ea	Monitoring Charge for the Fire Alarm and Elevator for the period January 1, 2017 through March 31, 2017.	\$940.00	\$2,820.00
			SUB TOTAL:	\$2,820.00
			TAXABLE	\$0.00
			TAX (0.0%)	\$0.00
			TOTAL:	\$2,820.00

Amount subject to a 2% service charge after 30 days
We sincerely appreciate your business

PA

20-2540-00-52-000-320

8202

**sound
incorporated**
Integrated Technologies

1550 Shore Road Naperville, IL 60563
Phone (630) 369-2900 Fax (630) 369-1211

INVOICE #R148125

DATE: 3/13/2017

BILL TO: CUST ID: 15226

JOB ADDRESS: LOC ID: 15200

Attention: Mike Barr ; Kathy DeRose
CUSD308
71 Stonehill Rd.
Oswego IL 60543

Oswego High School
4250 Route 71
Oswego IL 60543

Phone: 630-636-3170 Fax:

TERMS:	CUSTPO:	OUR CALL #: 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				

20-2540-00-52-000-320

SITE VISIT	QUANTITYU/M	DESCRIPTION	UNIT PRICE	TOTAL
	3.00 Ea	Monitoring Charge for the Fire Alarm and Elevator for the period April 1, 2017 through June 30, 2017.	\$940.00	\$2,820.00
SUB TOTAL:				\$2,820.00
TAXABLE				\$0.00
TAX [0.0%]				\$0.00
TOTAL:				\$2,820.00

Amount subject to a 2% service charge after 30 days
We sincerely appreciate your business



Invoice

Invoice No.
141659

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Long Beach Elementary
67-Long Beach Rd
Montgomery, IL 60539

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/17/2017	Net 30	8/16/2017	141659	IN170054

PURCHASE ORDER NO:

DATE OF SERVICE: 7/13/2017

ORDER: 42925 FIELD TICKET: 26438

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00



20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141661

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Brokaw Early Learning Center
1000 Fifth Street
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/17/2017	Net 30	8/16/2017	141661	IN170046

PURCHASE ORDER NO:

DATE OF SERVICE: 7/13/2017

ORDER: 43213 FIELD TICKET: 26439

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00

DK.
20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

Invoice

Invoice No.
142403

20882

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Operations
71 Stonehill Rd.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	8/4/2017	Net 30	9/3/2017	142403	IN170060

PURCHASE ORDER NO:

DATE OF SERVICE: 7/25/2017

ORDER: 42775 FIELD TICKET: 26761

BFP Insp.

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT \$160.00

P.K.
20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
142404

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Lakewood Creek Elementary
2301 Lakewood Creek Blvd.
Montgomery, IL 60538

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	8/4/2017	Net 30	9/3/2017	142404	IN170053

PURCHASE ORDER NO:

DATE OF SERVICE: 7/25/2017

ORDER: 42981 FIELD TICKET: 26763

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00

D.A.



20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
142405

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Oswego 308 Center
61 Franklin
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	8/4/2017	Net 30	9/3/2017	142405	IN170068

PURCHASE ORDER NO:

DATE OF SERVICE: 7/25/2017

ORDER: 42935 FIELD TICKET: 26762

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00

D.H.



20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141078

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

20882

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Boulder Hill Elementary
163 Boulder Hill Pass
Montgomery, IL 60538

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/6/2017	Net 30	8/5/2017	141078	IN170045

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42919 FIELD TICKET: 25931

Annual Sprinkler
Insps.

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320
RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141079

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Churchill Elementary
520 Secretariat Lane
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/6/2017	Net 30	8/5/2017	141079	IN170047

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42920 FIELD TICKET: 25932

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320

CA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141036

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE East View Elementary
4209 Route 71
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141036	IN170048

PURCHASE ORDER NO:

DATE OF SERVICE: 6/26/2017

ORDER: 42921 FIELD TICKET: 25732

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00



20-2540-00-52-000-320

AA

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141258

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Fox Chase Elementary
—260 Fox Chase Drive North
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141258	IN170049

PURCHASE ORDER NO:

DATE OF SERVICE: 6/29/2017

ORDER: 42922 FIELD TICKET: 25997

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320
RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141051

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Grande Park Elementary
26933 Grande Blvd.
Plainfield, IL 60586

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141051	IN170050

PURCHASE ORDER NO:

DATE OF SERVICE: 6/27/2017

ORDER: 42923 FIELD TICKET: 25733

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT \$200.00

20-2540-00-52-000-320

CA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141053

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Homestead Elementary
2830 Hillsboro Blvd.
Aurora, IL 60504

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141053	IN170051

PURCHASE ORDER NO:

DATE OF SERVICE: 6/27/2017

ORDER: 42980 FIELD TICKET: 25735

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*
	1	Aurora Inspection Report Submittal Fee	12.99	12.99*

TOTAL AMOUNT

\$172.99

20-2540-00-52-000-320
RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice-No.
141259

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Hunt Club Elementary
4001 Hunt Club Dr.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141259	IN170052

PURCHASE ORDER NO:

DATE OF SERVICE: 6/29/2017

ORDER: 42924 FIELD TICKET: 25998

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141245

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Old Post Elementary
100 Old Post Rd.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141245	IN170055

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42926 FIELD TICKET: 25933

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	240.00	240.00*

TOTAL AMOUNT

\$240.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice-No.
141260

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Prairie Point Elementary
3650 Grove Rd.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141260	IN170056

PURCHASE ORDER NO:

DATE OF SERVICE: 6/29/2017

ORDER: 42927 FIELD TICKET: 25999

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00

 20-2540-00-52-000-320

PA

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141246

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Southbury Elementary
-820 Preston Dr.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141246	IN170057

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42928 FIELD TICKET: 25934

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*

TOTAL AMOUNT

\$200.00



20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141049

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE The Wheatlands Elementary
2290 Barrington Dr
Oswego CUSD 308
Aurora, IL 60503

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141049	IN170058

PURCHASE ORDER NO:

DATE OF SERVICE: 6/27/2017

ORDER: 42787 FIELD TICKET: 25731

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*
	1	Aurora Inspection Report Submittal Fee	12.99	12.99*

TOTAL AMOUNT

\$212.99

20-2540-00-52-000-320
RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141038

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Wolfs Crossing Elementary
3015 Heggs Rd.
Aurora, IL 60503

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141038	IN170059


PURCHASE ORDER NO:

DATE OF SERVICE: 6/26/2017

ORDER: 42929 FIELD TICKET: 25729

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	200.00	200.00*
	1	Inspection Report Submittal Fee	12.99	12.99*

TOTAL AMOUNT **\$212.99**

 20-2540-00-52-000-320
EA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141039

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Bednarcik Jr. High
3025 Heggs Rd
Aurora, IL 60503

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141039	IN170061

PURCHASE ORDER NO:

DATE OF SERVICE: 6/26/2017

ORDER: 42930 FIELD TICKET: 25730

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	320.00	320.00*
	1	Inspection Report Submittal Fee	12.99	12.99*

TOTAL AMOUNT **\$332.99**

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection

PLEASE REMIT PAYMENT TO:

101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141052

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Murphy Jr. High
26923 W. Grande Park Blvd.
Plainfield, IL 60585

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141052	IN170062

PURCHASE ORDER NO:

DATE OF SERVICE: 6/27/2017

ORDER: 42931 FIELD TICKET: 25734

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	240.00	240.00*

TOTAL AMOUNT \$240.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141244

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Plank Jr High
510 Secretariat Ln.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141244	IN170063

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42779 FIELD TICKET: 25930

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	240.00	240.00*

TOTAL AMOUNT

\$240.00

20-2540-00-52-000-320

CA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141247

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Thompson Jr. high
440 Boulder Hill Pass
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141247	IN170064

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42932 FIELD TICKET: 25935

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System Inspection	160.00	160.00*

TOTAL AMOUNT

\$160.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141261

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Traugher Jr. High
570 Colchester Dr.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/10/2017	Net 30	8/9/2017	141261	IN170065

PURCHASE ORDER NO:

DATE OF SERVICE: 6/29/2017

ORDER: 42933 FIELD TICKET: 26000

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	240.00	240.00*

TOTAL AMOUNT

\$240.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141752

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Oswego East High School
1525 Harvey Rd.
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/18/2017	Net 30	8/17/2017	141752	IN170066

PURCHASE ORDER NO:

DATE OF SERVICE: 7/14/2017

ORDER: 42934 FIELD TICKET: 26510

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	400.00	400.00*

TOTAL AMOUNT

\$400.00

20-2540-00-52-000-320

RA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice No.
141033

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego CUSD 308
2290 Barrington Drive
Aurora, IL 60503

SITE Oswego High School
4250 Rt. 71
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905	7/5/2017	Net 30	8/4/2017	141033	IN170067

PURCHASE ORDER NO:

DATE OF SERVICE: 6/26/2017

ORDER: 42776 FIELD TICKET: 25728

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System Inspection	400.00	400.00*

TOTAL AMOUNT

\$400.00

20-2540-00-52-000-320

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



Invoice

Invoice-No.
141435

Valley Fire Protection Services, LLC
101 N Raddant Rd
Batavia IL 60510
Telephone 630.761.3168
Facsimile 630.293.4338
www.valleyfire.com

CUST Oswego Community Unit District
#308
4175 Route 71
Oswego, IL 60543

List.
SITE Wolfs Crossing
4175 Route 71
Wolfs Crossing
Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011898	7/13/2017	Net 30	8/12/2017	141435	IN401659

PURCHASE ORDER NO:

DATE OF SERVICE: 6/26/2017

ORDER: 42164 FIELD TICKET: 25853

AsFP Insp.

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
39	89	Certify back flow preventer	75.00	6,675.00*
61	89	Backflow Submittal Fee	12.95	1,152.55*

TOTAL AMOUNT **\$7,827.55**

20-2540-00-52-000-320
TRA

Thank You for Choosing Valley Fire Protection
PLEASE REMIT PAYMENT TO:
101 N. Raddant Rd., Batavia, IL 60510



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date
12/29/2016

Invoice #
F&S16-505

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Boulder Hill Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

RA
20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-507

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Churchill Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTIONS			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

RD

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-508

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

East View

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTIONS			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date
12/29/2016

Invoice #
F&S16-509

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Fox Chase Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-510

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Grande Park
26933 Grande Park Blvd
Plainfield, IL 60585

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00


 20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-511

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Homestead Elementary
2830 Hillsboro Blvd
Aurora, IL 60503

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00


 20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr, Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

Invoice #

12/29/2016

F&S16-512

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Hunt Club Elementary
4001 Hunt Club Dr
Oswego, IL 60543

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

PA

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-513

Bill To

Oswego Comm. Unit School District #308
71 Stonchill Rd
Oswego, IL 60543

Ship To

Lakewood Creek Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

CA

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr, Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-514

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Long Beach Elementary

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

RA
20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-516

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Old Post Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-520

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Prairie Point

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

CA

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-521

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Southbury Glen Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00


 20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date
12/29/2016

Invoice #
F&S16-522

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Wheatlands Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00


20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-525

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Wolf's Crossing Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

RA

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-504

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Bednarcik Junior High

Due Date

1/28/2017

Quantity

Description

Rate

Amount

KITCHEN SYSTEM INSPECTION

1 Service Charge

60.00

60.00

1 Semi Annual Inspection

125.00

125.00

RA



20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

Invoice #

12/29 2016

F&S16-515

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Robinson B. Murphy Junior High
26923 Grande Park Blvd
Plainfield, IL 60585

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

Invoice #

12/29/2016

F&S16-519

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Plank Junior High

Due Date

1/28/2017

Quantity

Description

Rate

Amount

KITCHEN SYSTEM INSPECTION

1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320 RA

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-523

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Thompson

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00

20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr, Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-524

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Traugher JH

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00



20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$185.00



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

Invoice #

12/29/2016

F&S16-517

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

Oswego East High School
1525 Harvey Road
Oswego IL 60543

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
3	Semi Annual Inspection	125.00	375.00
1	Metal Cap	4.50	4.50
3	Placard	15.77	47.31




Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$486.81



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date	Invoice #
12/29/2016	F&S16-526

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

308 Center

Due Date

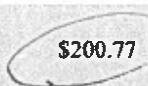
1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
1	Semi Annual Inspection	125.00	125.00
1	Placard	15.77	15.77


 20-2540-00-52-000-320

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr, Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total


\$200.77



CTS of Illinois, Inc.
P.O. Box 1420
Aurora, IL 60507-1420
630-892-2355

Invoice

Date

12/29/2016

Invoice #

F&S16-518

Bill To

Oswego Comm. Unit School District #308
71 Stonehill Rd
Oswego, IL 60543

Ship To

OSWEGO HIGH SCHOOL
4250 ILLINOIS 71
OSWEGO, IL 60543

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KITCHEN SYSTEM INSPECTION			
1	Service Charge	60.00	60.00
3	Semi Annual Inspection	125.00	375.00

Please make all checks payable to CTS of Illinois, Inc. Contact via phone at 630-892-2355 or email service@ctsfireandsafety.com with billing questions. Business located at: 1556 Crescent Lake Dr. Montgomery IL 60538 Terms: Net Due 30 Days. Prices reflect a cash/check payment. Please add 3.5% for credit card payments. All overdue accounts will be charged 1.5%, 18% APR. Also liable for legal and collection fees.

Total

\$435.00

20-2340-00-52-000-320