

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



W DIABRON OF MITTAL	PROFESTION SERVICES, LAC		
		6/26/2017 DATE	
CUSTOMER:	Boulder Hill Elementary		IN170
PROPERTY:	462.0 11 101.0	IN401659-42164 JOB NUMBER	(14110
ADDRESS:	163 Boulder Hill Pass	100 100 110	
CITY, STATE:	Montgomery,IL	CONFERRED WITH	•
			1
BACKFLOW DEVICE CERT	TIFICATION: RP x RPD	A DC DCDA	
MANUFACTURER:		Watts	
MODEL:		909	· 653
SERIAL NUMBER:		215952	01
SIZE:		4"	
LOCATION OF DEVICE:		rage room	
RETEST DATE:	ь/	/26/2018	
FIRE PROTECTION	FP BYPASS DCW X	RRIGATION OTHER	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	
	INITIAL TEST		
LEAKED	LEAKED	OPENED AT: 2.1	ı
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN	111
PSI: <u>6.3</u>	PSI: <u>1.9</u>		
CLEANED	CLEANED	CLEANED	
REPLACED	REPLACED	REPLACED	
DISC	DISC	DISC	
DISC HOLDER	DISC HOLDER	DISC HOLDER	
STEM	STEM	STEM	
RETAINER	RETAINER	SPRING	
O-RINGS	O-RINGS	DIAPHRAM	
SEAT	SEAT	SEAT	
SPRING	SPRING	SPACER	
GUIDE	GUIDE	OTHER(SEE BELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY	
		PRESSURE: 50 PSI	
SPECIAL COMMENTS:			
DIRECTION OF FL	OW TEST X VALVES I	LEFT AS FOUND X	
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT	
PASSED	x FAILED		
THE ABOVE INFORMATION IS	-130-	VCE226	



CUSTOMER: Boulder Hill Elementary PROPERTY: IN401659-4216 ADDRESS: 163 Boulder Hill Pass IOB NUMBER CITY, STATE: Montgomery,IL 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 X DCW IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT X DID NOT OPEN PSI: 2.9 PSI: 3.2 CLEANED CLEANED CLEANED	
PROPERTY: ADDRESS: 163 Boulder Hill Pass CITY, STATE: Montgomery,IL CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: MODEL: SERIAL NUMBER: SERIAL NUMBER: H011777 SIZE: 3/4" LOCATION OF DEVICE: Storage room RETEST DATE: FIRE PROTECTION FP BYPASS X DCW IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT X DID NOT OPEN PSI: 2.9 CLEANED CLEANED CLEANED CLEANED CLEANED	
ADDRESS: CITY, STATE: Montgomery, IL CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: MODEL: SERIAL NUMBER: SERIAL NUMBER: LOCATION OF DEVICE: STORAGE FOOM RETEST DATE: CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE CLEANED CLEANED CLEANED CLEANED CLEANED CONFERRED WITH CO	
CITY, STATE: Montgomery, IL	_
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 X DCW IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT X DID NOT OPEN PSI: 2.9 PSI: 3.2 CLEANED CLEANED CLEANED	_
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SERIAL NUMBER: SIZE: LOCATION OF DEVICE: RETEST DATE: FP BYPASS X DCW RRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED OPENED AT: NA CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 2.9 CLEANED CLEANED CLEANED CLEANED CLEANED CLEANED	
SIZE: LOCATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS X DCW IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 2.9 CLEANED	
LOCATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE CHECK VALVE #1 CHECK VALVE #2 CLEAKED CLOSED TIGHT PSI: 2.9 CLEANED	
FIRE PROTECTION FP BYPASS X DCW IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE INITIAL TEST LEAKED OPENED AT: NA CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 2.9 CLEANED CLEANED CLEANED	
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LEAKED CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 3.2 CLEANED CLEANED CLEANED	
LEAKED CLOSED TIGHT PSI: 2.9 CLEANED CLEANED CLEANED CLEANED CLEANED CLEANED CLEANED CLEANED CLEANED COPENED AT: NA DID NOT OPEN CLEANED CLEANED	
CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 3.2 CLEANED CLEANED CLEANED	
CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 3.2 CLEANED CLEANED CLEANED	
CLEANED CLEANED CLEANED	
REPLACED REPLACED REPLACED	
DISC DISC DISC	
DISC HOLDER DISC HOLDER	
STEM STEM STEM	_
RETAINER SPRING	_
O-RINGS DIAPHRAM	_
SEAT SEAT SEAT	_
SPRING SPRING SPACER	_
GUIDE OTHER(SEE BELOW)	
OTHER(SEE BELOW) SUPPLY	
PRESSURE:50	SI
SPECIAL COMMENTS:	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X	
FINALTEST	$\overline{}$
CLOSED TIGHT PSI OPENED AT	- 1
DACCED CONTRACTOR CONT	2
PASSED x FAILED	



	_				6/2	26/2017 DATE	<u>' </u>
CUSTOMER:	Bou	lder Hill Eleme	entary				
PROPERTY:						1659-421	
ADDRESS:	16	3 Boulder Hill	Pass		308	NUMBER	
CITY, STATE:		Montgomery,	<u>IL</u>				
					CONF	ERRED WI	TH
BACKFLOW DEVICE C	ERTIFICATION:	RP	RPDA	DC		CDA	х
MANUFACTURER:			Febc	0			
MODEL:			856	- <u></u>			
SERIAL NUMBER: SIZE:	34		N070313 4"	0227			
LOCATION OF DEVICE	:		storage r	oom			
RETEST DATE:			6/26/2				

FIRE PROTECTION X	FP BYPASS [DCW	IRRIGA	ATION		OTHER	
CHECK VALVE #1	(CHECK VALVE	#2	ı	RELIEF V	ALVE	
		INITIAL TES	T	er en en en en en en			
LEAKED	LEA	KED		OPENE	AT:	NA	
CLOSED TIGHT X	CLO	SED TIGHT	x	DID NO	T OPEN		
PSI: 2.2	PSI:	2.4					
	-						
CLEANED	CLEA	ANED	Ш	CLEANE)		
REPLACED	REPI	LACED		REPLACE	D		Ш
DISC	DISC	:	Ш	DISC			Ш
DISC HOLDER	DISC	HOLDER		DISC HO	LDER		Ш
STEM	STEM	М		STEM			Ш
RETAINER	RETA	AINER		SPRING			Ш
O-RINGS	O-RI	NGS	Ш	DIAPHRA	M		Ш
SEAT	SEAT	Γ	Ш	SEAT			Ш
SPRING	SPRI	NG		SPACER			Ш
GUIDE	GUIC	DE	Ш	OTHER(S	EE BELO	W)	
OTHER(SEE BELOW)	ОТН	ER(SEE BELOW)		SUPPLY			
				PRESSUR	E:	50	PSI
SPECIAL COMMENTS:							
DIRECTION OF	FLOW TEST	X V	ALVES LEFT A	AS FOUND	х		
		FINAL TEST					
CLOSED TIGHT PSI	CLOS	SED TIGHT	PSI	OPE	NED AT		
PASSE	D X		FAILED				
THE ABOVE INFORMATION IS							
CORRECT	_	20		_		XC53	26





			6	/27/2017
CUSTOMER:	CUSD	308		DATE
PROPERTY:	BROKAW LEAR	NING CENTER		64/IN401659
ADDRESS:	1000 FIFT	H STREET	J.	OB NUMBËR
CITY, STATE:	OSWEG	60, IL.		
			CON	IFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP	X RPDA	DC	DCDA
MANUFACTURER:		WILKIN	S	
MODEL:		375		
SERIAL NUMBER:		L35933	3	
SIZE:		4"		U
LOCATION OF DEVICE:		MECHANICAL		
RETEST DATE:		6/1/201	1.8	
FIRE PROTECTION	FP BYPASS DC	W X IRRIGAT	TION	OTHER
	INITLA	L TEST		
CHECK VALVE #1	CHECK V	ALVE #2	RELIEF	VALVE
LEAKED	LEAKED		OPENED AT:	2.9
CLOSED TIGHT X PSI: 6	CLOSED TIGH PSI:	T X 3.8	DID NOT OPEN	ı
CLEANED	CLEANED		CLEANED	
REPLACED	REPLACED		REPLACED	
DISC	DISC		DISC	
DISC HOLDER	DISC HOLDER		DISC HOLDER	11
STEM	STEM		STEM	1.0
RETAINER	RETAINER		SPRING	Ш
O-RINGS	O-RINGS		DIAPHRAM	
SEAT	SEAT		SEAT	
SPRING	SPRING	\vdash	SPACER	Н
GUIDE	GUIDE		OTHER(SEE BELO	ow)
OTHER(SEE BELOW)	OTHER(SEE BE	LOW)	SUPPLY PRESSURE:	58 PSI
SPECIAL COMMENTS:				
DIRECTION OF	FLOW TEST X	VALVES LEFT AS	FOUND X	
	FINAL	TEST		ps = 25 (1.52)
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	х	FAILED		
THE ABOVE INFORMATION IS CORRECT:				XC1329



				6/	/27/2017	
CUSTOMER:	CL	JSD 308			DATE	
PROPERTY:	BROKAW LE	ARNING CENTER		4216	54/IN4016	59
ADDRESS:	1000 F	IFTH STREET		JO	B NUMBER	
CITY, STATE:	OSV	VEGO, IL.				
	0.			CON	FERRED WIT	н
BACKFLOW DEVICE CER	TIFICATION: R	P RPDA		DC	DCDA	х
MANUFACTURER:		W	ILKINS			
MODEL:	·	9	50XL			
SERIAL NUMBER:			5522XLD			
SIZE:			.75"			
LOCATION OF DEVICE:			IICAL ROO	М		
RETEST DATE:		6/1	L/2018			
FIRE PROTECTION	FP BYPASS X	DCW IR	RIGATION		OTHER	
	INI	TIAL TEST				
CHECK VALVE #1	CHEC	K VALVE #2		RELIEF '	VALVE	
LEAKED	LEAKED		OPE	NED AT:	N/A	
CLOSED TIGHT X PSI: 1.7	CLOSED T PSI:	TIGHT X	DID	NOT OPEN	1	
CLEANED	CLEANED		CLEA	NED		
REPLACED	REPLACED	\Box		ACED		H
DISC	DISC		DISC			П
DISC HOLDER	DISC HOLD	DER	DISC	HOLDER		
STEM	STEM		STEN	Λ		
RETAINER	RETAINER		SPRI	NG		
O-RINGS	O-RINGS		DIAP	HRAM		Ш
SEAT	SEAT		SEAT	•		Ш
SPRING	SPRING	Ш	SPAC	ER		Ш
GUIDE	GUIDE	Ш		ER(SEE BELG	OW)	
OTHER(SEE BELOW)	OTHER(SE	E BELOW)	SUPF			
			PRES	SURE:	58	PSI
SPECIAL COMMENTS: _						
DIRECTION OF F	LOW TEST X	VALVES LE	FT AS FOL	ND X		
		VAL TEST		Operation in particular		
CLOSED TIGHT PSI _	CLOSED TI	GHT PSI_		OPENED AT		
PASSED	х	FAILED		.)		
THE ABOVE INFORMATION IS CORRECT:	tige of which the region of the time of time of the time of the time of the time of time of the time of time o	< -		>	XC13	29



T				6/27/2017
CUSTOMER:	CUSD 30	8		DATE
PROPERTY:	BROKAW LEARNII	NG CENTER	4	2164/IN401659
ADDRESS:	1000 FIFTH S	TREET		JOB NUMBER
CITY, STATE:	OSWEGO,	IL.		
				CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC	DCDA x
MANUFACTURER:		WILKI	NS	
MODEL:		350A	DA	
SERIAL NUMBER:		V142	75	1 %
SIZE:		4"		
LOCATION OF DEVICE:		MECHANICA		
RETEST DATE:		6/1/20	18	
FIRE PROTECTION X	FP BYPASS DCW	IRRIGA	ATION	OTHER
	INITIALT	EST		March College St. C. C. C.
CHECK VALVE #1	CHECK VALV	/E #2	RELI	EF VALVE
LEAKED	LEAKED		OPENED AT	: N/A
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OF	PEN
PSI: 3.4	PSI: 3.3			
CLEANED	CLEANED		CLEANED	
CLEANED REPLACED	CLEANED REPLACED	\vdash	CLEANED REPLACED	1 2/1
DISC	DISC	\vdash	DISC	
DISC HOLDER	DISC HOLDER	H	DISC HOLDER	
STEM	STEM	H	STEM	` H
RETAINER	RETAINER	\vdash	SPRING	
O-RINGS	O-RINGS	\vdash	DIAPHRAM	
SEAT	SEAT	\vdash	SEAT	
SPRING	SPRING	H	SPACER	H
GUIDE	GUIDE	Н	OTHER(SEE B	ELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOY	w H	SUPPLY	
, ,		· ·	PRESSURE:	58 PSI
SPECIAL COMMENTS:			•	11
DIRECTION OF F	LOW TEST X	VALVES LEFT A	AS EQUIND	Х
DIRECTION OF I	FINALTE		-3100ND	
CLOSED TICUT COS			OPENED	AT
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED	AI
PASSED	X	FAILED	11.0	
THE ABOVE INFORMATION IS	Aggree & F. C. Land Co. C.			



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	BROKAW LEARNING CENTER	42164/IN401659
ADDRESS:	1000 FIFTH STREET	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	•
•		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
MODEL:	975XL	
SERIAL NUMBER:	2723295	
SIZE:	75"	
LOCATION OF DEVICE:	MECHANICAL ROC	DM
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW IRRIGATION	OTHER X
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED		ENED AT: 2.4
CLOSED TIGHT X PSI: 10		NOT OPEN
PSI: 10	PSI: <u>2.8</u>	
CLEANED	CLEANED CLE	ANED
REPLACED	_	PLACED
DISC	DISC	
DISC HOLDER	H	C HOLDER
STEM	STEM STE	
RETAINER	RETAINER SPR	IING
O-RINGS	O-RINGS DIA	PHRAM
SEAT	SEAT SEA	т 📙
SPRING	SPRING SPA	ACER
GUIDE	GUIDE OTH	HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUF	PPLY
1.0	PRE	ESSURE: 58 PSI
SPECIAL COMMENTS:		
DIRECTION OF I	FLOW TEST X VALVES LEFT AS FO	UND X
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC1329



					8/1/2017	<u>'</u>
	CUSD 30	В			DATE	
CHURC	HILL ELEMENT	ARY SCHO	OL		P103670	
5:	520 SECRETARIAT LANE			J	OB NUMBER	ł
	OSWEGO,	IL.				
				COI	NFERRED W	TH
RTIFICATION:	RP X	RPDA		DC	DCDA	
		W	/ATTS			
		58	36754			
			.75"			
		ROO	M A140			
		6/1	L/2018			
1						
FP BYPASS	L DCW	IR	RIGATION		OTHER	X
	INITIALT	EST				
	CHECK VALV	E #2		RELIEF	VALVE	
] ιε	AKED	х	OPE	NED AT:		
] cı	OSED TIGHT		DID	NOT OPER		X
PS	il:					
,						
1						X
1						X
1		^				х
1						Н
•		-				Н
		X				x
1						
SP	RING		SPA	CER		П
GL	JIDE		отн	ER(SEE BEL	ow)	П
01	HER(SEE BELOV	v) 🔲	SUP	PLY		
_			PRE:	SSURE:	48	PSI
FLOW TEST	х	VALVES LE	FT AS FOL	JND X	7	
		ST		ME EST		
8.6 CL	OSED TIGHT	x PSI	2.9	OPENED AT	3.6	
		FAILED				
				>	XC13	329
	FP BYPASS LE CL PS CL RE DIS ST RE O- SE SP GL OT	CHURCHILL ELEMENT 520 SECRETARIA OSWEGO, ERTIFICATION: RP X INITIAL T CHECK VALV LEAKED CLOSED TIGHT PSI: CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOV FLOW TEST X FINAL TE 8.6 CLOSED TIGHT	S20 SECRETARIAT LANE OSWEGO, IL. RTIFICATION: RP X RPDA ROO 6/3 ROO 6/3 FP BYPASS DCW R INITIAL TEST CHECK VALVE #2 LEAKED X CLOSED TIGHT PSI: CLEANED X REPLACED X DISC X DISC X DISC X DISC HOLDER STEM RETAINER O-RINGS X SEAT SPRING GUIDE OTHER(SEE BELOW) FLOW TEST X VALVES LE FINAL TEST 8.6 CLOSED TIGHT X PSI PSI FLOW TEST X VALVES LE FINAL TEST 8.6 CLOSED TIGHT X PSI	CHURCHILL ELEMENTARY SCHOOL 520 SECRETARIAT LANE OSWEGO, IL. WATTS 909 586754 .75" ROOM A140 6/1/2018 FP BYPASS DCW IRRIGATION INITIAL TEST CHECK VALVE #2 LEAKED X OPE CLOSED TIGHT DID PSI: CLEANED X CLEARED X CLEARED CLOSED TIGHT DID PSI: CLEANED X PEPLOCED X PEPLOCE DISC X DISC DISC X DISC DISC HOLDER DISC STEM STEM RETAINER SPRING SEAT SEAT SPRING SPACE GUIDE OTH OTHER(SEE BELOW) SUP PRE: FLOW TEST X VALVES LEFT AS FOR	CUSD 308 CHURCHILL ELEMENTARY SCHOOL 520 SECRETARIAT LANE OSWEGO, IL. COMMAND WATTS 909 586754 .75" ROOM A140 6/1/2018 FP BYPASS DCW IRRIGATION INITIAL TEST CHECK VALVE #2 RELIEF CLEAKED X OPENED AT: CLOSED TIGHT DID NOT OPENED AT: CLEANED X REPLACED DISC X DISC DISC DISC HOLDER STEM STEM RETAINER SPRING O-RINGS X DIAPHRAM SEAT SPRING O-RINGS SPACER GUIDE OTHER(SEE BELOW) FINAL TEST 8.6 CLOSED TIGHT X PSI 2.9 OPENED AT TO X TABLED D X FAILED	CHURCHILL ELEMENTARY SCHOOL S20 SECRETARIAT LANE OSWEGO, IL. CONFERRED WI SETIFICATION: RP X RPDA DC DCDA WATTS 909 586754 .75" ROOM A140 6/1/2018 FP BYPASS DCW IRRIGATION OTHER INITIAL TEST CHECK VALVE #2 RELIEF VALVE LEAKED X OPENED AT: CLOSED TIGHT DID NOT OPEN PSI: CLEANED X REPLACED DISC

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		6/26/2017			
CUSTOMER:	Oswego Community Unit Di	istrict DATE			
PROPERTY:	4209 Route 71	MY SN401659-42164			
ADDRESS:	4175 Route 71	1 10 6 5 90B NUMBER			
CITY, STATE:	Oswego,IL 60543				
		CONFERRED WITH			
BACKFLOW DEVICE C	ERTIFICATION: RP RP	DA DC DCDA X			
MANUFACTURER:		Ames			
MODEL:	<u> </u>	2000B			
SERIAL NUMBER:		38446			
SIZE:		3/4"			
LOCATION OF DEVICE	sprinkler room				
RETEST DATE:		6/26/2018			
FIRE PROTECTION	FP BYPASS X DCW	IRRIGATION OTHER			
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE			
	INITIAL TEST				
LEAKED	LEAKED	OPENED AT: NA			
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN			
PSI: 2.1	PSI: <u>1.8</u>				
CLEANED	CLEANED	CLEANED			
REPLACED	REPLACED	REPLACED			
DISC	DISC	DISC			
DISC HOLDER	DISC HOLDER	DISC HOLDER			
STEM	STEM	STEM			
RETAINER O-RINGS	RETAINER O-RINGS	SPRING DIAPHRAM			
SEAT	SEAT	SEAT			
SPRING	SPRING	SPACER			
GUIDE	GUIDE	OTHER(SEE BELOW)			
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY			
		PRESSURE: 50 PS			
SPECIAL COMMENTS:					
	CLOW TEST VALUE	CLEET AS COUNTY			
DIRECTION OF		S LEFT AS FOUND X			
	FINAL TEST				
CLOSED TIGHT PSI	CLOSED TIGHTPSI	OPENED AT			
PASSEI) x FAILE	ED			
THE ABOVE INFORMATION IS					
CORRECT		XC5326			



		6/26/2017
CUSTOMER:	Oswego Community Unit District	DATE
PROPERTY:	4209 Route 71	— IN401659-42164
ADDRESS:	4175 Route 71	JOB NUMBER
CITY, STATE:	Oswego,IL 60543	-
,	03110807.2 003 13	CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA	DC DCDA x
MANUFACTURER:	Ames	
MODEL:	3000SS	
SERIAL NUMBER:	1342520504	
SIZE:	4"	
LOCATION OF DEVICE:	sprinkler room	<u>n</u>
RETEST DATE:	6/26/2018	·
FIRE PROTECTION x	FP BYPASS DCW RRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
I I I I I I I I I I I I I I I I I I I	INITIAL TEST	
LEAKED	LEAKED OF	PENED AT: NA
CLOSED TIGHT x PSI: 3.6		D NOT OPEN
PSI: 3.6	PSI: 3.8	
CLEANED	CLEANED CL	EANED
REPLACED		PLACED
DISC	DISC	
DISC HOLDER	N. 2704	SC HOLDER
STEM	10 1000	EM -
RETAINER	⊢	RING
O-RINGS	O-RINGS DIA	APHRAM
SEAT	SEAT SEA	AT T
SPRING	SPRING SP.	ACER
GUIDE	GUIDE OT	HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SU	PPLY
	PR	ESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVES LEFT AS FO	DUND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS		
THE MOONE HAT CHANNEL DIA 13		



		6/26/2017
CUSTOMER:	Oswego Community Unit District	DATE
PROPERTY:	4209 Route 71	IN401659-42164
ADDRESS:	4175 Route 71	JOB NUMBER
CITY, STATE:	Oswego,IL 60543	
		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP x RPDA	DC DCDA
MANUFACTURER:	Wilkins	
MODEL:	375A	
SERIAL NUMBER:	X15248 4"	
SIZE: LOCATION OF DEVICE:		
RETEST DATE:	6/26/2018	
REIEST DATE.	0/20/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED OP	ENED AT:
CLOSED TIGHT ×	. ⊢	NOT OPEN x
PSI: 8.2	PSI: 4.6	
CLEANED	CLEANED CLE	ANED
REPLACED	REPLACED REP	LACED
DISC	DISC	
DISC HOLDER	ł — — — — — — — — — — — — — — — — — — —	C HOLDER
STEM	STEM STE	
RETAINER		RING
O-RINGS		PHRAM
SEAT	SEAT SEA	
SPRING GUIDE	! 	ACER
OTHER(SEE BELOW)	. —	HER(SEE BELOW)
OTHERISCE BELOW)	· ' -	SSURE: 50 PSI
SPECIAL COMMENTS:	relief valve failed	
DIRECTION OF		OUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED		
THE ABOVE INFORMATION IS CORRECT:		XC5326



		6/26/2017
CUSTOMER:	Oswego Community Unit District	DATE
PROPERTY:	4209 Route 71	IN401659-42164
ADDRESS:	4175 Route 71	JOB NUMBER
CITY, STATE:	Oswego,IL 60543	
	86.17624	CONFERRED WITH
BACKFLOW DEVICE CERT	TIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	Watts	
MODEL:	909	
SERIAL NUMBER:	119354	1
SIZE:	3/4"	
LOCATION OF DEVICE:	boiler roo	· · · · · · · · · · · · · · · · · · ·
RETEST DATE:	6/26/20	18
FIRE PROTECTION	FP BYPASS DCW IRRIGAT	TION OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED	OPENED AT: 2.6
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN
PSI: 8.8	PSI: <u>3.1</u>	
CLEANED	CLEANED	CLEANED
RÉPLACED DISC	REPLACED DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF FL	OW TEST X VALVES LEFT A	S FOUND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC5326



								6/26/2	
CUSTOMER:		Oswego Co	mmunity	Unit D	District			DATE	
PROPERTY:		42	09 Route	71			II	N401659-	
ADDRESS:		41	75 Route	71				JOB NUM	IBER
CITY, STATE:		Osw	ego,IL 60	0543					
								CONFERRED	WITH
BACKFLOW DEVICE	CERTIFICAT	ΠΟΝ:	RP x	RI	PDA [DC	DCDA	<i>i</i>
MANUFACTURER:	•				Wilki	ns			
MODEL:					975)	(L			
SERIAL NUMBER: SIZE:	•								
LOCATION OF DEVIC	CE:			1	chiller r	oom			
RETEST DATE:					6/26/2	018			
FIRE PROTECTION	FP BY	PASS	DCW		IRRIG	ATION		тто	HER X
CHECK VALVE #1		CHE	CK VALV	E #2			RELI	EF VALV	E
	- reference o	li e	VITIAL TI	EST			(1/4	
LEAKED		LEAKED)	Г	7	OPE	NED AT	: 2.:	2
CLOSED TIGHT	х	CLOSED	TIGHT	×		DID	NOT OF	EN	$-\Box$
PSI: <u>8.4</u>		PSI:	1.9		_				
CLEANED [\neg	CLEANE	D		٦	CLE	ANED		
REPLACED	_	REPLACE			1		LACED		
DISC	7	DISC			7	DISC	2		П
DISC HOLDER		DISC HO	LDER		7	DISC	HOLDER	t	
STEM		STEM			7	STEI	м		
RETAINER		RETAINE	R		7	SPR	ING		
O-RINGS		O-RINGS	5		7	DIAI	PHRAM		
SEAT		SEAT			7	SEA	Γ		
SPRING		SPRING				SPA	CER		
GUIDE		GUIDE				OTH	ER(SEE 8	ELOW)	
OTHER(SEE BELOW)		OTHER(S	SEE BELOV	v) 🗌		SUP	PLY		
						PRE	SSURE:	50	PSI
SPECIAL COMMENT	5:								
DIRECTION	OF FLOW TE	ST X		VALVE	S LEFT	AS FO	UND	х	
Verange de verange de 18			INALTE	ST			i market		91222-21
CLOSED TIGHT P	PSI	CLOSED		PS	11		OPENED	AT	
PASS	ED	х		FAIL	.ED				
THE ABOVE INFORMATION	N IC			$\overline{}$					
CORRE			20			_ -		хс	C5326



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	Fox Chase Elem School	42164/IN401659
ADDRESS:	260 Fox Chase Drive	JOB NUMBER
CITY, STATE:	Oswego, IL	
	****	CONFERRED WITH
BACKFLOW DEVICE CEI	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
SERIAL NUMBER:	1173680	
MODEL:	975XL	
SIZE:	1.25"	
LOCATION OF DEVICE:	2ND Floor Mech Roo	m 189
RETEST DATE:	6/28/2018	
FIRE PROTECTION	FP BYPASS DCW IRRIGATION	OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED OPE	ENED AT: 3
CLOSED TIGHT X		NOT OPEN
PSI: 8	P51; 7.8	_
CLEANED	CLEANED CLE	ANED
REPLACED	REPLACED REP	LACED
DISC	DISC	:
DISC HOLDER	DISC HOLDER DISC	HOLDER
STEM	STEM STE	
RETAINER	RETAINER SPR	···
O-RINGS	-	PHRAM
SEAT	SEAT SEA	· H
SPRING GUIDE	SPRING SPA	— H
H	—	PER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUP	PLT SSURE: PSI
SPECIAL COMMENTS:	FINE	P31
-	LOW TEST WALNES LEST AS FOL	,
DIRECTION OF F		UND X
	FINAL TEST	
CLOSED TIGHT x PSI	8 CLOSED TIGHT x PSI 7.8	OPENED AT3
PASSED	x FAILED	
THE ABOVE		
THE ABOVE INFORMATION IS CORRECT:	Scot Girls sc3938	

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



6/28/2017 DATE CUSTOMER: **CUSD 308** PROPERTY: Fox Chase Elem School 42164/IN401659 JOB NUMBER ADDRESS: 260 Fox Chase Drive CITY, STATE: Oswego, 1L CONFERRED WITH **BACKFLOW DEVICE CERTIFICATION:** RP X **DCDA** RPDA MANUFACTURER: Wilkins SERIAL NUMBER: L01570 MODEL: 375 SIZE: 3" LOCATION OF DEVICE: mech room 6/28/2018 RETEST DATE: FIRE PROTECTION FP BYPASS x DCW **IRRIGATION** OTHER **CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE** INITIAL TEST LEAKED LEAKED **OPENED AT:** 2.6 **CLOSED TIGHT CLOSED TIGHT DID NOT OPEN** X PSI: PSI: **CLEANED** CLEANED **CLEANED** REPLACED REPLACED REPLACED DISC DISC DISC **DISC HOLDER** DISC HOLDER DISC HOLDER STEM STEM STEM RETAINER RETAINER **SPRING** O-RINGS **O-RINGS** DIAPHRAM SEAT SEAT **SEAT SPRING SPRING SPACER** GUIDE **GUIDE** OTHER(SEE BELOW) OTHER(SEE BELOW) OTHER(SEE BELOW) SUPPLY PRESSURE: PSI SPECIAL COMMENTS: **DIRECTION OF FLOW TEST VALVES LEFT AS FOUND FINAL TEST** CLOSED TIGHT | X PSI **CLOSED TIGHT** x PSI 9.2 OPENED AT 2.6 **PASSED FAILED** X THE ABOVE INFORMATION IS Scot Girls sc3938 CORRECT:

SCOT GIRLS XC3938 (LUNOIS PLUMBER LICENSE #058-126509



A DIVISION OF VALLEY FIRE PROTECTION WAVELES WE

			6/28/2017				
CUSTOMER:	CUSD 308		DATE				
PROPERTY:	Fox Chase Elem Sch	ool	42164/IN401659				
ADDRESS:	260 Fox Chase Drive						
CITY, STATE:	Oswego, IL						
			CONFERRED WITH				
BACKFLOW DEVICE CERTI	FICATION: RP X	RPDA DC	DCDA				
MANUFACTURER:		febco					
SERIAL NUMBER:		105101013					
MODEL:		860					
SIZE:		4"					
LOCATION OF DEVICE:		mech room					
RETEST DATE:		6/28/2018					
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATION	OTHER				
CHECK VALVE #1	CHECK VALVE #2	RI	LIEF VALVE				
	INITIAL TEST						
LEAKED	LEAKED	OPENED	AT: 2.8				
CLOSED TIGHT X	CLOSED TIGHT	x DID NOT					
PSI: 7.8	PSI: 7.4						
CLEANED	CLEANED	CLEANED					
REPLACED	REPLACED	REPLACED	·				
DISC	DISC	DISC					
DISC HOLDER	DISC HOLDER	DISC HOLE	DER				
STEM	STEM	STEM					
RETAINER	RETAINER	SPRING					
O-RINGS	O-RINGS	DIAPHRAN	^ <u>Н</u>				
SEAT	SEAT	SEAT					
SPRING	SPRING	SPACER					
GUIDE	GUIDE	OTHER(SE	E BELOW)				
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY					
SPECIAL COMMENTS:		PRESSURE	PSI PSI				
DIRECTION OF FLO	W TEST X VAL	VES LEFT AS FOUND	х				
	FINAL TEST						
CLOSED TIGHT x PSI 2	.8 CLOSED TIGHT X	PSI 2.4 OPEN	ED AT 2,8				
PASSED	X FA	ILED					
THE ABOVE							
THE ABOVE INFORMATION IS CORRECT:	Scot Girls	ec3038					

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

		6/28/2017							
CUSTOMER:	CUSD 308	DATE							
PROPERTY:	Fox Chase Elem School	42164/IN401659							
ADDRESS:	260 Fox Chase Drive	JOB NUMBER							
CITY, STATE:	Oswego, IL	_							
		CONFERRED WITH							
BACKFLOW DEVICE CE	ERTIFICATION: RP X RPDA	DC DCDA							
MANUFACTURER:	WILKINS								
SERIAL NUMBER:	3150566	3150566							
MODEL:	975XL								
SIZE:	1"								
LOCATION OF DEVICE:	2ND Floor Mech R	loom 189							
RETEST DATE:	6/28/201	8							
FIRE PROTECTION	FP BYPASS DCW RRIGATI	ON OTHER X							
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE							
	INITIAL TEST								
CLOSED TIGHT X	1 2 1 -1	OPENED AT: 3.2 DID NOT OPEN							
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF	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 FOUND X							
	FINAL TEST								
CLOSED TIGHT x PSI		OPENED AT 3.2							
PASSE	X FAILED								
THE ABOVE INFORMATION IS CORRECT:	Scot Girls sc393								



	6/28/2017
CUSTOMER:	DATE
PROPERTY:	GRANDE PARK ELEMENTARY SCHOOL 42164/IN401659 N 170051
ADDRESS:	26933 GRANDE PARK BLVD. JOB NUMBER
CITY, STATE:	PLAINFIELD, IL.
	CONFERRED WITH
BACKFLOW DEVICE	CERTIFICATION: RP X RPDA DC DCDA
MANUFACTURER:	WILKINS
MODEL:	375
SERIAL NUMBER:	L34422
SIZE:	3"
LOCATION OF DEVIC	
RETEST DATE:	6/1/2018
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION OTHER
	INITIALTEST
CHECK VALVE #1	CHECK VALVE #2 RELIEF VALVE
LEAKED	LEAKED OPENED AT: 2.3
	X CLOSED TIGHT X DID NOT OPEN
PSI: 8.5	PSI: <u>2.6</u>
CLEANED [CLEANED CLEANED
REPLACED	REPLACED REPLACED
DISC	DISC
DISC HOLDER	DISC HOLDER DISC HOLDER
STEM	STEM STEM
RETAINER	RETAINER SPRING
O-RINGS	O-RINGS DIAPHRAM
SEAT	SEAT SEAT
SPRING	SPRING SPACER
GUIDE	GUIDE OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY
	PRESSURE: 63 PSI
SPECIAL COMMENTS	i:
DIRECTION (OF FLOW TEST X VALVES LEFT AS FOUND X
	FINAL TEST
CLOSED TIGHT P	SI CLOSED TIGHT PSI OPENED AT
PASS	ED X FAILED
THE ABOVE INFORMATION	
	/\C13E3

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



			6/28/2017			
CUSTOMER:	CUSD 30	8	DATE			
PROPERTY:	GRANDE PARK ELEMEN	NTARY SCHOOL	 42164/IN401659			
ADDRESS:	26933 GRANDE P/	26933 GRANDE PARK BLVD.				
CITY, STATE:	PLAINFIELD	. IL.	_			
		,	CONFERRED WITH			
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DCDA X			
MANUFACTURER:		WILKINS				
MODEL:		350ADA				
SERIAL NUMBER:		V07539				
SIZE:		4"				
LOCATION OF DEVICE:		ROOM A-140)			
RETEST DATE:		6/1/2018	12			
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATIO	N OTHER			
	INITIALT	EST				
CHECK VALVE #1	CHECK VALV	/E #2	RELIEF VALVE			
LEAKED	LEAKED	o	PENED AT: N/A			
CLOSED TIGHT X	CLOSED TIGHT	X DI	D NOT OPEN			
PSI: 4.3	PSI: <u>3.5</u>					
CLEANED	CLEANED	Cr Cr	EANED			
REPLACED	REPLACED	RE	PLACED			
DISC	DISC	DI	sc			
DISC HOLDER	DISC HOLDER	DI	SC HOLDER			
STEM	STEM	ST	EM			
RETAINER	RETAINER	SP	RING			
O-RINGS	O-RINGS	DI	APHRAM			
SEAT	SEAT	SE	AT			
SPRING	SPRING	SP	ACER			
GUIDE	GUIDE	or	THER(SEE BELOW)			
OTHER(SEE BELOW)	OTHER(SEE BELOV	w) St	JPPLY			
		PF	RESSURE: 63 PSI			
SPECIAL COMMENTS:						
DIRECTION OF	FLOW TEST X	VALVES LEFT AS F	DUND X			
IIIM SULL MAIN SEE	FINALTE					
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT			
PASSED	<u> </u>	FAILED	7			
THE ABOVE INFORMATION IS CORRECT:			> V61330			
CONNECT			XC1329			



			6/28/	2017		
CUSTOMER:	CUSD 308	3	DA	TE		
PROPERTY:	GRANDE PARK ELEMEN	ITARY SCHOOL	42164/IN	V401659		
ADDRESS:	26933 GRANDE PA	ARK BLVD.	JOB NU	MBER		
CITY, STATE:	PLAINFIELD,	, IL.				
-			CONFERR	ED WITH		
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DCC	DA X		
MANUFACTURER:		WILKINS	5			
MODEL:						
SERIAL NUMBER:	2271611XLD					
SIZE:		.75"				
LOCATION OF DEVICE:		ROOM A-1				
RETEST DATE:		6/1/201	8			
FIRE PROTECTION	FP BYPASS X DCW	IRRIGAT	ION O	THER		
	INITIALT	EST		2020 N		
CHECK VALVE #1	CHECK VALV	E #2	RELIEF VAL	VE		
LEAKED	LEAKED		OPENED AT: N	N/A		
CLOSED TIGHT X	CLOSED TIGHT	х	DID NOT OPEN			
PSI: 2.6	PSI: <u>2.4</u>					
CLEANED	CLEANED		CIEANED			
CLEANED REPLACED	CLEANED REPLACED	H =	CLEANED REPLACED	-H		
DISC	DISC	-	DISC	-H		
DISC HOLDER	DISC HOLDER		DISC HOLDER	\vdash		
STEM	STEM		STEM	Н		
RETAINER	RETAINER		SPRING			
O-RINGS	O-RINGS		DIAPHRAM			
SEAT	SEAT		SEAT	Н		
SPRING	SPRING		SPACER			
GUIDE	GUIDE		OTHER(SEE BELOW)			
OTHER(SEE BELOW)	OTHER(SEE BELOW	v) 🔲	SUPPLY	_		
_			PRESSURE: 63	PSI		
SPECIAL COMMENTS:						
DIRECTION OF F	LOW TEST X	VALVES LEFT AS	FOUND X			
	FINALTE	ST				
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	Y _		
PASSED	х	FAILED				
THE ABOVE INFORMATION IS CORRECT:				····		
CORNECT			····	/C1320		

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



			_	6/28/2017 DATE			
CUSTOMER:	CUSD 3	CUSD 308					
PROPERTY:	GRANDE PARK ELEM	GRANDE PARK ELEMENTARY SCHOOL					
ADDRESS:	26933 GRANDE	PARK BLVD.		JOB NUMBER			
CITY, STATE:							
		CONFERRED WIT	Н				
BACKFLOW DEVICE CER	RTIFICATION: RP	K RPDA	DC	DCDA			
MANUFACTURER:		WILKINS					
MODEL:		975XL					
SERIAL NUMBER:		2379965					
SIZE:		1"					
LOCATION OF DEVICE:		ROOM A-1					
RETEST DATE:		6/1/2018					
FIRE PROTECTION	FP BYPASS DCW	IRRIGATI	ON _	OTHER	x		
e region m	INITIAL	TEST					
CHECK VALVE #1	CHECK VAI	LVE #2	REL	IEF VALVE			
LEAKED	LEAKED		OPENED A	T: 3.6			
CLOSED TIGHT X	CLOSED TIGHT	x	DID NOT O	PEN			
PSI: 9	PSI: <u>1.</u>	.9					
		 1					
CLEANED	CLEANED	\vdash	CLEANED		\vdash		
REPLACED	REPLACED	\vdash	REPLACED		$\vdash \vdash$		
DISC	DISC	\vdash	DISC	-	\vdash		
DISC HOLDER	DISC HOLDER	\vdash	DISC HOLDE	,R	Н		
STEM	STEM	-	STEM		H		
RETAINER	RETAINER	-	SPRING		\vdash		
O-RINGS SEAT	O-RINGS		DIAPHRAM		H		
SPRING	SEAT SPRING	-	SEAT SPACER		H		
GUIDE	GUIDE	\vdash	OTHER(SEE	BELOWA	H		
OTHER(SEE BELOW)	OTHER(SEE BELI	132	SUPPLY	DELOW			
OTHER(SEE BEEGW/	OTTEMSEE BEE		PRESSURE:	63	PSI		
		·			, 131		
SPECIAL COMMENTS:							
DIRECTION OF I	FLOW TEST X	VALVES LEFT AS	FOUND	х			
	FINAL	TEST					
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENE	TA C			
PASSED	х	FAILED [
THE ABOVE INFORMATION IS							
CORRECT	<		and the same of th	XC13	29		



									6	6/26/201	7
CUSTOMER:			C	USD 30	8					DATE	
PROPERTY:			HOMESTE	AD ELEI	MENTA	ARY		_	421	164/IN401	.659
ADDRESS:			2830 HI	LLSBOR	O BLV	D.				JOB NUMBEI	9
CITY, STATE:	_		Al	JRORA,	IL.			_			
	-							_	со	NFERRED W	ITH
BACKFLOW DE	/ICE CER	RTIFICATIO	N:	RP X] R	PDA		DC		DCDA	
MANUFACTURE	R:					Wil	KINS				
MODEL:		_				315	4339				
SERIAL NUMBE	₹:						4339			DH D	
SIZE:		_					1"				
LOCATION OF D	EVICE:						И 188A	•			
RETEST DATE:						6/1/	2018				
FIRE PROTECTION	v	FP BYPA	ss	DCW		IRR	IGATIO	N		OTHER	R X
			IN	ITIAL T	EST						
CHECK VALV	E #1		CHEC	CK VALV	E #2				RELIEF	VALVE	
LEAKED			LEAKED		П		O	PENE	D AT:	2.8	
CLOSED TIGHT PSI: 9.1	х		CLOSED PSI:	TIGHT 2.9		<	DI	D NO	T OPE	N	
CLEANED			CLEANED	20	Г	7	CL	.EANE	D =		
REPLACED			REPLACE	D		7	RE	PLAC	ED		
DISC			DISC			7 -	DI.	SC			
DISC HOLDER			DISC HOL	DER			DI	SC HC	DLDER		
STEM			STEM				ST	EM			
RETAINER			RETAINER	₹			SP	RING			Ш
O-RINGS			O-RINGS				DI	APHR.	AM		111
SEAT	\square		SEAT		\vdash		SE	AT			
SPRING			SPRING		\vdash	4		ACER			\square
GUIDE			GUIDE		.:. -	-			SEE BEL	.OW)	
OTHER(SEE BELO)	<u>ا ۱</u>		OTHER(S	EE BELOV	v) [JPPLY RESSU:	RE:	32	PSI
SPECIAL COMM	ENTS:						• • • •		_		_' ' '
DIRECTI	ON OF F	LOW TEST	х		VALVE	S LEF	T AS FO	שטטנ) [>	K	
			Fil	NAL TE	ST	- 11					
CLOSED TIGHT	PSI		CLOSED T	'IGHT	PS	ST		OPE	ENED A	т	
-	PASSED	Х	1110		FAII	.ED	ij				\Box
THE ABOVE INFORM	IATION IS			The state of the s		-	And the second		>	XC1	
,								AND DESCRIPTION OF THE PERSON		AL I	3/7



				6/26/201	7			
CUSTOMER:	CUSD 3		DATE					
PROPERTY:	HOMESTEAD EL	.EMENTARY		12164/IN401	659			
ADDRESS:	2830 HILLSBO	2830 HILLSBORO BLVD.						
CITY, STATE:	AURORA	AURORA, IL.						
dia .				CONFERRED W	TH			
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC	DCDA				
MANUFACTURER:		CONBR	ACO	11.				
MODEL:		40204	1A2					
SERIAL NUMBER:		IC66						
SIZE:		.75						
LOCATION OF DEVICE:		ROOM						
RETEST DATE:		6/1/2						
FIRE PROTECTION	FP BYPASS DCW	IRRIG	ATION	ОТНЕ	R X			
	INITIAL	TEST			2011/11/2			
CHECK VALVE #1	CHECK VA	LVE #2	REL	IEF VALVE				
LEAKED	LEAKED		OPENED AT	T: <u>2.5</u>	_ ,			
CLOSED TIGHT X	CLOSED TIGHT		DID NOT O	PEN				
PSI: 8.2	PSI:2	.3						
CLEANED	CLEANED		CLEANED					
REPLACED	REPLACED	\vdash	REPLACED		H			
DISC	DISC		DISC		H			
DISC HOLDER	DISC HOLDER	\Box	DISC HOLDE	R	\Box			
STEM	STEM		STEM					
RETAINER	RETAINER		SPRING					
O-RINGS	O-RINGS	-	DIAPHRAM					
SEAT	SEAT		SEAT					
SPRING	SPRING		SPACER					
GUIDE	GUIDE		OTHER(SEE!	BELOW)				
OTHER(SEE BELOW)	OTHER(SEE BEL	.ow)	SUPPLY					
			PRESSURE:	32	_PSI			
SPECIAL COMMENTS:			_					
DIRECTION OF	FLOW TEST X	VALVES LEFT	AS FOUND	X				
	FINAL	TEST	7 - N N					
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENE) AT				
PASSED	х	FAILED						
THE ABOVE INFORMATION IS		- Street - Street - Street - Street - Street		461	220			
CORRECT:		IGNATURE AND APPR	OVAL NUMBER	XC1	329			
	444017							



				6/26	5/2017		
CUSTOMER:		CUSD 30	D.	ATE			
PROPERTY: ADDRESS:		HOMESTEAD ELE	HOMESTEAD ELEMENTARY				
		2830 HILLSBOR	O BLVD.	JOB N	IUMBER		
CITY, STATE:		AURORA,	IL.				
				CONFER	RED WITH		
BACKFLOW D	EVICE CERTIF	FICATION: RP X	RPDA	DC DC	DA		
MANUFACTUR	RER:	10.10	WAT	TS			
MODEL:			909	9			
SERIAL NUMB	ER:		1661				
SIZE:			3"				
LOCATION OF	DEVICE:		ROOM A114				
RETEST DATE:			6/1/2	018			
FIRE PROTECTION	ON R	P BYPASS DCW		SATION (OTHER		
		INITIALT	EST				
CHECK VAL	VE #1	CHECK VALV	/E #2	RELIEF VA	LVE		
LEAKED		LEAKED	X = 111	OPENED AT:	2.3		
CLOSED TIGHT PSI: 7.2		CLOSED TIGHT PSI: 2.4	<u> </u>	DID NOT OPEN	H 74		
CLEANED		CLEANED		CLEANED			
REPLACED		REPLACED	154	REPLACED			
DISC		DISC		DISC			
DISC HOLDER		DISC HOLDER		DISC HOLDER			
STEM	Ш	STEM		STEM			
RETAINER		RETAINER		SPRING			
O-RINGS		O-RINGS		DIAPHRAM			
SEAT		SEAT		SEAT			
SPRING		SPRING	\vdash	SPACER	, H		
GUIDE		GUIDE		OTHER(SEE BELOW)	<i>,</i> —		
OTHER(SEE BELO	JW) []	OTHER(SEE BELO	w)	SUPPLY PRESSURE: 4	8 PSI		
SPECIAL COM	MENTS:						
DIRECT	TION OF FLO	W TEST X	VALVES LEFT	AS FOUND X			
		FINALTI	ST				
CLOSED TIGHT	PSI	CLOSED TIGHT	PSI	OPENED AT	Pile		
	PASSED	x	FAILED				
THE ABOVE INFOR	MATION IS	A second			XC1329		



					6/26/201	7
CUSTOMER:		CUSD 308			DATE	
PROPERTY:	НОМ	HOMESTEAD ELEMENTARY			42164/IN401659	
ADDRESS:	283	O HILLSBORO I	RO BLVD. JOB NUMBER			t
CITY, STATE:		AURORA, IL.				
					CONFERRED W	TH
BACKFLOW DEVICE CER	RTIFICATION:	RP	RPDA	DC _	DCDA	Х
MANUFACTURER:			AMES			
MODEL:			2000B			
SERIAL NUMBER:			24046			
SIZE:			.75"			
LOCATION OF DEVICE:			ROOM A1:			
RETEST DATE:			6/1/2018	3		
FIRE PROTECTION	FP BYPASS	X DCW	IRRIGATI	ON	ОТНЕ	· 🗀
		INITIAL TES	T			
CHECK VALVE #1	(CHECK VALVE	#2	REI	LIEF VALVE	
LEAKED	LEAI	KED		OPENED A	T: N/A	
CLOSED TIGHT X	=====	SED TIGHT	X	DID NOT C	PEN	
PSI: 2.2	PSI:	2.1	_			
CLEANED	CLEA	ANED		CLEANED		
REPLACED		LACED		REPLACED		H
DISC	DISC		\rightarrow	DISC		
DISC HOLDER	DISC	HOLDER		DISC HOLDI	ER	
STEM	STEN	vi		STEM		
RETAINER	RETA	AINER		SPRING		
O-RINGS	O-RI	NGS		DIAPHRAM		П
SEAT	SEAT	Γ		SEAT		
SPRING	SPRI	NG		SPACER		
GUIDE	GUI	DE		OTHER(SEE	BELOW)	
OTHER(SEE BELOW)	ОТН	ER(SEE BELOW)		SUPPLY		
				PRESSURE:	48	PSI
SPECIAL COMMENTS:						
DIRECTION OF I	FLOW TEST [x v	ALVES LEFT AS	FOUND	X	
		FINAL TES				
CLOSED TIGHT PSI	CLO:	SED TIGHT	PSI	OPENE	D AT	_
PASSED	х		FAILED			
THE ABOVE INFORMATION IS		<				
CORRECT		CCCDI SIGNA	TURE AND APPROVA	L NUMBER	XC1	329



		6/28/2017
CUSTOMER:	CUSD 308	DATE —
PROPERTY:	HUNT CLUB ELEMENTARY SCHOOL	42164/IN401659
ADDRESS:	4001 HUNT CLUB DRIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WATTS	
MODEL:	909	
SERIAL NUMBER:	489416	
SIZE:	1"	· ·
LOCATION OF DEVICE:	ROOM A140	
RETEST DATE:	6/1/2018	
FIRE PROTECTION		
FIRE PROTECTION	FP BYPASS DCW IRRIGATION	N OTHER X
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OF	PENED AT: 3.9
CLOSED TIGHT X	CLOSED TIGHT X DI	D NOT OPEN
PSI: 9.9	PSI: <u>2.1</u>	
CLEANED		EANED
REPLACED		PLACED
DISC	DISC	
DISC HOLDER		SC HOLDER
STEM		EM
RETAINER	\vdash	RING
O-RINGS		APHRAM
SEAT SPRING	SEAT SEAT SEA	
GUIDE		ACER THER(SEE BELOW)
OTHER(SEE BELOW)		PPLY
OTTIEN(SEE BEEOW)		ESSURE: 54 PSI
CDECIAL CONMENTS.	•••	F3
SPECIAL COMMENTS:		
DIRECTION OF F		DUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PS1	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		nator when
CORRECT:	The same of the sa	XC1329



			6/2	28/2017	
CUSTOMER:	CUSD 308			DATE	
PROPERTY:	HUNT CLUB ELEMENTAR	42164	4/IN40165	59	
ADDRESS:	4001 HUNT CLUB D	RIVE	JOE	B NUMBER	
CITY, STATE:	OSWEGO, IL.		,		
			CONF	ERRED WITH	7
BACKFLOW DEVICE CER	RTIFICATION: RP X	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 X	IRRIGATION		OTHER	
	INFINALTEST				
CHECK VALVE #1	CHECK VALVE #	2	RELIEF \	/ALVE	
LEAKED	LEAKED	OPI	ENED AT:	2.9	_
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN		Ш
PSI: 8.3	PSI: <u>1.9</u>				
	0.511150		****		
CLEANED	CLEANED		ANED		\vdash
REPLACED	REPLACED DISC	DISC	LACED		\vdash
DISC	-	 	C HOLDER		\vdash
DISC HOLDER	DISC HOLDER STEM	STE			Н
STEM	RETAINER	\vdash	ING		Н
O-RINGS	O-RINGS	\vdash	PHRAM		\vdash
SEAT SEAT	SEAT	SEA			\vdash
SPRING	SPRING	H	CER		H
GUIDE	GUIDE	\vdash	HER(SEE BELO)\A/\	\vdash
OTHER(SEE BELOW)	OTHER(SEE BELOW)	_	PLY	,	
OTTICK(SEE BEEGW)	Official Below,		SSURE:	70	PSI
CDECIAL COMMENTS					
SPECIAL COMMENTS:		-			
DIRECTION OF		LVES LEFT AS FO	UND X	<u> </u>	
	FINALTEST				
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT		
PASSED	X	FAILED]		
THE ABOVE INFORMATION IS CORRECT:				XC13:	29



				_	6/28/201	7
CUSTOMER:		CUSD 308	3		DATE	
PROPERTY:	HUN	IT CLUB ELEMENT	ARY SCHOOL		42164/IN401	659
ADDRESS:		4001 HUNT CLUB DRIVE JOB NUMBER			₹	
CITY, STATE:	OSWEGO,	L.			- 4	
					CONFERRED W	ITH
BACKFLOW DEVICE	CERTIFICATIO	N: RP	RPDA	DC _	DCDA	X
MANUFACTURER:	[24]		WILKIN	S	11 - 6	<u> </u>
MODEL:			950XL			
SERIAL NUMBER:			2883697	KLD		
SIZE:			.75"			
LOCATION OF DEVIC	CE: #		ROOM A			
RETEST DATE:			6/1/201	18		
FIRE PROTECTION	FP BYPAS	s X DCW	IRRIGA	TION [OTHER	
		INITIALTE	ST			
CHECK VALVE #1	<u> </u>	CHECK VALVI	E #2	RE	LIEF VALVE	
LEAKED		LEAKED		OPENED A	AT: N/A	
CLOSED TIGHT [PSI: 3	X	CLOSED TIGHT PSI: 0.7	X	DID NOT)PEN	Ш
CLEANED	\neg	CLEANED		CLEANED		
REPLACED	1 1	REPLACED		REPLACED		П
DISC		DISC		DISC		
DISC HOLDER		DISC HOLDER		DISC HOLD	ER	
STEM	SHIII	STEM		STEM		
RETAINER		RETAINER		SPRING		
O-RINGS	000	O-RINGS		DIAPHRAM	l	
SEAT		SEAT		SEAT		
SPRING		SPRING		SPACER		
GUIDE	1 1	GUIDE		OTHER(SEE	BELOW)	
OTHER(SEE BELOW)		OTHER(SEE BELOW	/) = [SUPPLY		
				PRESSURE:	70	PSI
SPECIAL COMMENTS	S:					
DIRECTION	OF FLOW TEST	X	VALVES LEFT A	FOUND	х	
		FINAL TES				
CLOSED TIGHT F	PSI	CLOSED TIGHT	PSI	OPENE	D AT	
PASS	SED X	-16-	FAILED		3	
THE ABOVE INFORMATION	N IS		1 Birthing and Market			
CORRE	:ст:				XC13	329



			6/28	/2017
CUSTOMER:	CUSD 308		DA	ATE
PROPERTY:	42164/I	N401659		
ADDRESS:	4001 HUNT CLUE	3 DRIVE	JOB NI	UMBER
CITY, STATE:	OSWEGO, I	L.	•	
- 88	CONFER	RED WITH		
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DC	DA X
MANUFACTURER:		WILKINS		
MODEL:		350ADA		
SERIAL NUMBER:		V17316		
SIZE:		4"		
LOCATION OF DEVICE:		ROOM A140		
RETEST DATE:		6/1/2018		
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATION		THER
	INITIALTE			WUW III
CHECK VALVE #1	CHECK VALVI	E #2	RELIEF VA	LVE
LEAKED	LEAKED	OP	ENED AT:	N/A
CLOSED TIGHT X	CLOSED TIGHT	X DIC	NOT OPEN	
PSI: 3.9	PSI: 4.3			
CLEANED	CLEANED	CIE CIE	ANED	
REPLACED	REPLACED		PLACED	H
DISC	DISC	DIS		
DISC HOLDER	DISC HOLDER	DIS	C HOLDER	
STEM	STEM	STE	M	
RETAINER	RETAINER	SPR	RING	
O-RINGS	O-RINGS	DIA	PHRAM	
SEAT	SEAT	SEA	\ Τ	
SPRING	SPRING	SPA	ACER	
GUIDE	GUIDE	ОТІ	HER(SEE BELOW)) [
OTHER(SEE BELOW)	OTHER(SEE BELOV	V) SUF	PPLY	
		PRE	SSURE: 7	O PSI
SPECIAL COMMENTS:				
DIRECTION OF F	FLOW TEST X	VALVES LEFT AS FO	UND X	
	FINALTE	51		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	X	FAILED]	
THE ABOVE INFORMATION IS		A Commence of the Commence of		
CORRECT:	ררנטו צופא	ATURE AND APPROVAL NL	IMBER	XC1329
		The second of th		



		6/26/2017
CUSTOMER:	Lakewood Creek Elementary	DATE
PROPERTY:		
ADDRESS:	2301 Lakewood Creek Dr	JOB NUMBER
CITY, STATE:	Montgomery,IL	<u> </u>
		CONFERRED WITH
BACKFLOW DEVICE CEI	RTIFICATION: RP x 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 X IRRIGATIO	ON OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED x	LEAKED O	PENED AT:
CLOSED TIGHT	CLOSED TIGHT D	ID NOT OPEN
PSI:	PSI:	_
CLEANED	CIEANED	LEANED
CLEANED REPLACED		EPLACED
DISC	· · · · · · · · · · · · · · · · · · ·	ISC
DISC HOLDER	⊢	ISC HOLDER
STEM		rem
RETAINER	\vdash	PRING
O-RINGS	O-RINGS DI	IAPHRAM
SEAT	SEAT SE	EAT
SPRING	SPRING SF	PACER
GUIDE	GUIDE 0	THER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SU	JPPLY
	PF	RESSURE: 60 PSI
SPECIAL COMMENTS:	1st checkvalve failed	<u> </u>
DIRECTION OF	FLOW TEST X VALVES LEFT AS F	OUND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	FAILED >	(
THE ABOVE INFORMATION IS CORRECT:	100	XC5326



		6/26/2017					
CUSTOMER:	Lakewood Creek Elementary	DATE					
PROPERTY:		IN401659-42164					
ADDRESS:	2301 Lakewood Creek Dr	JOB NUMBER					
CITY, STATE:	Montgomery,IL						
·	-	CONFERRED WITH					
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA	DC DCDA x					
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 X DCW IRRIGATION	OTHER					
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE					
	INITIAL TEST						
LEAKED	LEAKED OPE	NED AT: NA					
CLOSED TIGHT X	CLOSED TIGHT X DID	NOT OPEN					
PSI: 2.2	PSI: 2.5						
CLEANED	elemen 🗆 our						
CLEANED	<u></u>	WED					
REPLACED DISC	REPLACED REPL DISC DISC	ACED					
DISC HOLDER		HOLDER					
STEM	STEM STEN						
RETAINER	RETAINER SPRII	-					
O-RINGS		HRAM					
SEAT	SEAT SEAT	H-1					
SPRING	SPRING SPAC	⊢					
GUIDE	GUIDE OTHI	ER(SEE BELOW)					
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPP						
	PRES	SURE: 60 PSI					
SPECIAL COMMENTS:							
DIRECTION OF I	FLOW TEST X VALVES LEFT AS FOU	IMP [::]					
DIRECTIONOF		JND X					
CLOSED TIGHT DES	FINALTEST						
CLOSED TIGHT PSI	CLOSED TIGHT PSI (OPENED AT					
PASSED	x FAILED						
THE ABOVE INFORMATION IS CORRECT:		XC5326					
		VC7250					



				_	6/26/201	L7		
CUSTOMER:		Lakewood Creek	Elementary		DATE			
PROPERTY:			= = =	IN401659-42164				
ADDRESS:		2301 Lakewoo			JOB NUMBER			
CITY, STATE:		Montgome	ery,IL					
		_			CONFERRED W	/ITH		
BACKFLOW DEVI	CE CERTIFI	CATION: RP	RPDA	DC	DCDA	х		
MANUFACTURER	•		_ Will	kins				
MODEL:			350	DA				
SERIAL NUMBER:			N12062					
SIZE:			4					
LOCATION OF DE	VICE:		room					
RETEST DATE:			6/26/	2018				
FIRE PROTECTION	X FF	BYPASS DCW	IRRI	GATION [ОТНЕ	R 🔲		
CHECK VALVE	#1	CHECK VAL	.VE #2	RE	ELIEF VALVE			
		INITIAL	TEST			- 9		
LEAKED		LEAKED		OPENED.	AT: NA			
CLOSED TIGHT	×	CLOSED TIGHT	×	DID NOT	OPEN			
PSI: 4.1	_	PSI: 3.	8					
CLEANED	\square	CLEANED	H	CLEANED				
REPLACED	H	REPLACED		REPLACED		Н		
DISC DISC HOLDER		DISC	\vdash	DISC	200	\vdash		
STEM	\vdash	DISC HOLDER STEM		DISC HOLD)ER	H		
RETAINER	H	RETAINER	\vdash	SPRING		\vdash		
O-RINGS	H	O-RINGS	\vdash	DIAPHRAN	A	Н		
SEAT	\vdash	SEAT	\vdash	SEAT	•	Н		
SPRING	H	SPRING	\Box	SPACER		Н		
GUIDE		GUIDE		OTHER(SE	E BELOW)	H		
OTHER(SEE BELOW)	OTHER(SEE BELO	ow)	SUPPLY	·			
				PRESSURE	60	PSI		
SPECIAL COMME	VTS:					- 4000		
DIRECTIO	N OF FLOW	V TEST X	VALVES LEFT	T AS FOUND	х			
		FINALT	EST		Will some			
CLOSED TIGHT	PSI	CLOSED TIGHT	PSI	OPEN	ED AT			
PA	SSED	x	FAILED					
THE ABOVE INFORMAT	TION IS	-03	>					
LUI	MECT.				XC5	476		



					6/2	26/2017	7
CUSTOMER:		Lakewood Creek E	lementary			DATE	
PROPERTY:					IN401	1659-421	164
ADDRESS:		2301 Lakewood Creek Dr			JOB	NUMBER	1
CITY, STATE:		Montgomer	y, <mark>IL</mark>				
		Name and	G-		CONF	ERRED WI	TH
BACKFLOW DEVICE	CERTIFICAT	ION: RP x	RPDA [DC		OCDA	
MANUFACTURER:	_		Wilki	ns			
MODEL:	_		975)	<u>(L</u>			
SERIAL NUMBER:	_		17529	980			
SIZE:			2"				
LOCATION OF DEVIC	TE: _		room				
RETEST DATE:	_		6/26/2	2018			
FIRE PROTECTION	FP BYI	PASS DCW	IRRIG	ATION		OTHER	х
CHECK VALVE #1		CHECK VALV	E #2		RELIEF V	'ALVE	
	11 255	INITIALT	EST				
LEAKED		LEAKED		OPENE	D AT:	2.6	0 3
CLOSED TIGHT	х	CLOSED TIGHT	х	DID NO	T OPEN		
PSI: 9.2		PSI: <u>2.7</u>	17				
CLEANED F	_	CLEANED		C1 5 4 1 1 5			
CLEANED		CLEANED	H	CLEANE			\vdash
REPLACED DISC	\dashv	REPLACED DISC	Н	REPLACI DISC	:0		H
DISC HOLDER	\dashv	DISC HOLDER	-	DISC HO	I DER		H
STEM	\dashv	STEM	Н	STEM	LULK		H
RETAINER	\dashv	RETAINER	Н	SPRING			H
O-RINGS	- 	O-RINGS	\vdash	DIAPHR	ΔΜ		H
SEAT	\neg	SEAT	\vdash	SEAT			H
SPRING		SPRING		SPACER			\vdash
GUIDE	_	GUIDE	H	OTHER(SEE BELO	W)	Н
OTHER(SEE BELOW)		OTHER(SEE BELOV	v)	SUPPLY			
	_			PRESSUI	RE:	60	PSI
SPECIAL COMMENT	S:						
DIRECTION	0490	ST X	VALVES LEFT	AS FOUNT) х		
Kara are mere and the		FINALTE		rs r oone	·		
CLOSED TIGHT F	rsi	CLOSED TIGHT	PSI	OPE	NED AT		
PASS		x	FAILED				_
1,735							
THE ABOVE INFORMATION		0.0)	-		XC53	326



					6/2	26/201	7
CUSTOMER:		Lakewood Cree	k Elementary			DATE	
PROPERTY:					IN401	1659-42	164
ADDRESS:		2301 Lakewo	od Creek Dr		JOB	NUMBER	t
CITY, STATE:		Montgon	nery,IL				
					CONF	ERRED WI	ТН
BACKFLOW DEVICE	CERTIFICAT	TION: RP	x RPDA	DC		CDA	
MANUFACTURER:	_		Wa	tts			
MODEL:			919	QT			
SERIAL NUMBER:			126	11			
SIZE:	_		1	PI			
LOCATION OF DEVI	CE:		room				
RETEST DATE:	_		6/26/	2018			
FIRE PROTECTION	FP BY	PASS DCV	V IRRIG	SATION		OTHER	x
CHECK VALVE #1	ı	CHECK VA	LVE #2		RELIEF V	ALVE	
		INITIA	TEST	100			
LEAKED		LEAKED		OPENE	D AT:	3	
CLOSED TIGHT	х	CLOSED TIGH	Т	DID NO	T OPEN		
PSI: <u>8.3</u>		PSI:2	2.2				
	_						
CLEANED	_	CLEANED	<u> </u>	CLEANE			Ш
REPLACED	_	REPLACED		REPLAC	ED		Н
DISC	_	DISC	-	DISC			Н
DISC HOLDER	_	DISC HOLDER	Н	DISC HO	ILDER		Н
STEM	_	STEM		STEM			Н
RETAINER	-	RETAINER		SPRING			Н
O-RINGS	_	O-RINGS		DIAPHR	AM		Н
SEAT SPRING		SEAT SPRING		SEAT			H
GUIDE	\dashv	GUIDE	H	SPACER		1471	H
OTHER(SEE BELOW)		OTHER(SEE BEI	OW/ -	SUPPLY	SEE BELO\	/V)	Ш
O THE MICHELLO WAY		OTTEN(SEE BEI	.ow,	PRESSU	RE-	60	PSI
							. [3]
SPECIAL COMMENT	-		side cover is lea				
DIRECTION	OF FLOW TE	ST X	VALVES LEFT	AS FOUNI	×		
	a series de la companya de la compa	FINAL	TEST				
CLOSED TIGHT	PSI	CLOSED TIGHT	PSI	OP	NED AT		
PAS	SED [х	FAILED			_	
THE ABOVE INFORMATIO	N IS						
CORR	ECT:					XC53	26



		6/26/2017
CUSTOMER:	Lakewood Creek Elementary	DATE
PROPERTY:		IN401659-42164
ADDRESS:	2301 Lakewood Creek Dr	JOB NUMBER
CITY, STATE:	Montgomery,IL	
	***	CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP x RPDA	DC DCDA
MANUFACTURER:	Wilkins	
MODEL:	975XL	
SERIAL NUMBER:	3154336	
SIZE:	1"	
LOCATION OF DEVICE:		
RETEST DATE:	6/26/2018	
FIRE PROTECTION	FP BYPASS DCW RRIGATION	OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIALTEST	
LEAKED	LEAKED OPE	ENED AT: 2.6
CLOSED TIGHT x	CLOSED TIGHT X DID	NOT OPEN
PSI: 10.2	PSI: 2.8	1 3 T T T
CLEANED		ANED
REPLACED	I H	LACED
DISC	DISC	<u> </u>
DISC HOLDER	(2.873)	HOLDER
STEM RETAINER	STEM STEI	
O-RINGS	RETAINER SPRI	PHRAM
SEAT	SEAT SEAT	
SPRING	SPRING SPAI	
GUIDE	l ⊢ i	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUP	
		SSURE: 60 PSI
SPECIAL COMMENTS:		
27	5.4	
DIRECTION OF	FLOW TEST X VALVES LEFT AS FOI	UND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC5326



								7/	21/201	7
CUSTOMER:		CUSD 308				<u> </u>	DATE			
PROPERTY:		LAKEWOOD CREEK ELEMENTARY					4541	.0/P1036	561	
ADDRESS:		2301 ;AKE	WOOD 0	CREEK BL	VD.				B NUMBER	
CITY, STATE:			NTGOME							
,				,				CONF	ERRED WI	тн
BACKFLOW DEVICE C	ERTIFICA [*]	TION:	RP X	RP	DA 🗌		DC _] [OCDA	
MANUFACTURER:					WILKIN	NS.				
MODEL:					375					
SERIAL NUMBER:					L1628	4				
SIZE:					3"					
LOCATION OF DEVICE	•				IANICA		M			
RETEST DATE:					6/1/20	18				
	_	_	, §				_	3		
FIRE PROTECTION	FP BY	PASS	DCW	X	IRRIGA	TION			OTHER	<u>ا</u> ا
		fandska J	NITIAL T	EST			western		1793	Name of the last
CHECK VALVE #1			ECK VAL				REL	IEF \	/ALVE	
LEAKED X	٦	LEAKE)	х	1	OPE	NED AT	Γ:		
CLOSED TIGHT	┪		D TIGHT	<u> </u>	1		NOT O			
PSI:	_	PSt:			1					ш
CLEANED X	7	CLEANE	D	Х]	CLEA	NED			Х
REPLACED X	1	REPLAC	ED	х	1	REPL	ACED			х
DISC	7	DISC		х	1	DISC				X
DISC HOLDER		DISC HO	DLDER]	DISC	HOLDE	R		
STEM		STEM]	STEN	Л			
RETAINER		RETAIN	ER]	SPRI	NG			
O-RINGS X		O-RING	S	Х		DIAF	HRAM			X
SEAT]	SEAT]	SEAT	Γ			
SPRING	_	SPRING				SPAC	CER			
GUIDE]	GUIDE		L]	OTH	ER(SEE I	BELO	W)	
OTHER(SEE BELOW)		OTHER(SEE BELO	w)]	SUPI	PLY			
						PRES	SURE:		65	PSI
SPECIAL COMMENTS:										
DIRECTION OF	FLOW T	EST X	1	VALVES	LEFT A	S FOL	JND	х		
A DESTRUCTION OF SOME	No.		FINAL TI	EST	mer let	SWI	200		THE PROPERTY OF	# W-)
CLOSED TIGHT X PS	8.7	CLOSED		X PSI	1.9		OPENEC) AT	2.7	
PASSE	D	х		FAILE	D		· · · · · · · · · · · · · · · · · · ·			\neg
TUE ADOVE INCODE ANTION										
THE ABOVE INFORMATION I CORRECT		-					>		XC13	329



		6/26/2017	
CUSTOMER:	Longbeach Elementary School	DATE	1. 11-
PROPERTY:		IN401659-42164	MI
ADDRESS:	67 Longbeach	JOB NUMBER	
CITY, STATE:	Montgomery,IL		
	*	CONFERRED WITH	
BACKFLOW DEVICE CER	TIFICATION: RP RPDA x	DC DCDA	
MANUFACTURER:	Conbrac	00	
MODEL:	40204A	.2	
SERIAL NUMBER:	K1461		
SIZE:	3/4"		
LOCATION OF DEVICE:	sprinkler re		
RETEST DATE:	6/26/20	18	
FIRE PROTECTION	FP BYPASS X DCW IRRIGAT	TION OTHER	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	
	INITIAL TEST		
LEAKED	LEAKED	OPENED AT: 2.5	
CLOSED TIGHT X PSI: 7.7	CLOSED TIGHT X PSI: 1.8	DID NOT OPEN	
CLEANED	CLEANED	CLEANED	
REPLACED	REPLACED	REPLACED	
DISC	DISC	DISC	
DISC HOLDER	DISC HOLDER	DISC HOLDER	
STEM	STEM	STEM	
RETAINER	RETAINER	SPRING	
O-RINGS	O-RINGS	DIAPHRAM	
SEAT	SEAT	SEAT	
SPRING	SPRING	SPACER	
GUIDE	GUIDE	OTHER(SEE BELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY	
SPECIAL COMMENTS:		PRESSURE: 50 PSI	
_	LOWER TO THE MANAGEMENT AND ADDRESS OF THE PARTY OF THE P		
DIRECTION OF F		S FOUND X	
	FINALTEST		
CLOSED TIGHT PSI _	CLOSED TIGHT PSI	OPENED AT	
PASSED	x FAILED		
THE ABOVE INFORMATION IS CORRECT:	130	XC5326	



		6/26/2017
CUSTOMER:	Longbeach Elementary School	DATE
PROPERTY:		IN401659-42164
ADDRESS:	67 Longbeach	JOB NUMBER
CITY, STATE:	Montgomery,IL	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA x	DC DCDA
MANUFACTURER:	Ames	
MODEL:	5000SS	
SERIAL NUMBER:	5BK0754	
SIZE:	4"	
LOCATION OF DEVICE:	sprinkler room	1
RETEST DATE:	6/26/2018	
FIRE PROTECTION x	FP BYPASS DCW RRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
A CONTRACTOR OF THE CONTRACTOR	INITIAL TEST	
LEAKED	LEAKED OP	PENED AT: 2.1
CLOSED TIGHT X	CLOSED TIGHT x DII	D NOT OPEN
PSI: 9.9	PSI:3	
CIETANED	0.5.1150	
CLEANE D REPLACED		EANED
DISC		PLACED
DISC HOLDER		IC HOLDER
STEM	STEM STE	\vdash
RETAINER		RING
O-RINGS		APHRAM
SEAT	SEAT SEA	\vdash
SPRING	\vdash	ACER
GUIDE		HER(SEE BELOW)
OTHER(SEE BELOW)		PPLY
33		ESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FO	NUMB []
DIRECTION OF I		DUND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS	-13	
CORRECT	- Carrier of the Control of the Cont	XC5326



		6/26/2017
CUSTOMER:	Longbeach Elementary Scho	DATE DATE
PROPERTY:		IN401659-42164
ADDRESS:	67 Longbeach	JOB NUMBER
CITY, STATE:	Montgomery,IL	
_		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP x RPD	A DC DCDA
MANUFACTURER:		Wilkins
MODEL:		375
SERIAL NUMBER:	= <u>= = = = = = = = = = = = = = = = = = </u>	L18332
SIZE:		4"
LOCATION OF DEVICE:		nkler room
RETEST DATE:	6/	26/2018
FIRE PROTECTION	FP BYPASS DCW X	RRIGATION OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED	OPENED AT: 2
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN
PSI: <u>6.9</u>	PSI: 3.3	
CLEANED	CLEANED	CLEANED
REPLACED DISC	REPLACED DISC	REPLACED DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 50 PS
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES	LEFT AS FOUND x
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILEC	
THE ABOVE INFORMATION IS CORRECT:	100	XC5326



				6/	26/2017	,
CUSTOMER:	Longbeach	Elementary Sch	iool		DATE	
PROPERTY:				IN40	1659-421	.64
ADDRESS:	67 !	Longbeach		JOI	B NUMBER	-
CITY, STATE:	Mor	itgomery,IL				
				CONF	ERRED WIT	Н
BACKFLOW DEVICE	ERTIFICATION:	RP X RP	DA 🗌	DC I	DCDA	
MANUFACTURER:			Apollo			
MODEL:			RPLF4A			
SERIAL NUMBER:			670364			
SIZE:			1.5"			
LOCATION OF DEVIC	E:		oor boiler roo	om.		
RETEST DATE:			6/26/2018			
FIRE PROTECTION	FP BYPASS	DCW	IRRIGATION		OTHER	x
CHECK VALVE #1		K VALVE #2	_	RELIEF \	/ALVE	
	IN	ITIAL TEST				
LEAKED	LEAKED		OPE	NED AT:	2.4	
	k CLOSED	TIGHT X	DID	NOT OPEN		
PSI: 8.6	PSI: _	2.5				
	¬		1			
CLEANED	CLEANED	<u> </u>	1	NED		\square
REPLACED DISC	REPLACEI	' <u> </u>	1	.ACED		\vdash
DISC HOLDER	DISC HOL	DEB -	DISC			H
STEM	STEM	DEK -	STEN	HOLDER		\vdash
RETAINER	RETAINER	, 	SPRI			\vdash
O-RINGS	O-RINGS	` <u></u>		HRAM		H
SEAT	SEAT		SEAT			
SPRING	SPRING		SPAC			H
GUIDE	GUIDE		отн	ER(SEE BELO	W)	H
OTHER(SEE BELOW)	OTHER(SI	E BELOW)	SUPI	43947		
_	_		PRES	SURE:	50	PSI
SPECIAL COMMENTS	• =					
		VALVE	LEFT AS FOL	IND I	1	—
DIRECTION			LEFT AS FUL	JND X]	_
		NAL TEST				
CLOSED TIGHT P	CLOSED T	IGHT PSI		OPENED AT		
PASSI	ED x	FAILE	D 🗌			
THE ABOVE INFORMATION CORRECT					XC53	26



					6/26/201	.7
CUSTOMER:		Longbeach Eleme	ntary School		DATÉ	
PROPERTY:					IN401659-42	2164
ADDRESS:		67 Longbe	each		JOB NUMBE	R
CITY, STATE:		Montgome	ery,IL			
		-			CONFERRED W	/ITH
BACKFLOW DEVIC	E CERTIFICAT	TION: RP X	RPDA [DC	DCDA	
MANUFACTURER:			Wat	its		
MODEL:			90	9		,
SERIAL NUMBER:			4509 2'		**	
SIZE:			2nd floor be			
LOCATION OF DEV RETEST DATE:	ICE:		6/26/2			
RETEST DATE:	•		0/20/	\$019		
FIRE PROTECTION	FP BY	PASS DCW	IRRIG	TATION	ОТНЕ	R X
CHECK VALVE #	1	CHECK VAL	VE #2	RE	LIEF VALVE	
		INITIAL.	TEST			15 183
LEAKED		LEAKED		OPENED.	AT: 2.3	
CLOSED TIGHT	х	CLOSED TIGHT	x	DID NOT	OPEN	$\overline{}$
PSI: 8.9	•	PSI:2.4	1			
CI CANED		0.5445		0.5.1155		
CLEANED	H	CLEANED	\vdash	CLEANED		
REPLACED DISC	 -	REPLACED DISC	H	REPLACED DISC		\vdash
DISC HOLDER	H	DISC HOLDER		DISC HOLE	ne R	H
STEM		STEM		STEM	, E11	H
RETAINER	H	RETAINER	\vdash	SPRING		-
O-RINGS	Н	O-RINGS		DIAPHRAN	1	
SEAT		SEAT		SEAT		
SPRING		SPRING	П	SPACER		П
GUIDE		GUIDE		OTHER(SE	E BELOW)	
OTHER(SEE BELOW)		OTHER(SEE BELC	(w)	SUPPLY		
				PRESSURE	50	PSI
SPECIAL COMMEN	TS:					
DIRECTION	OF FLOW TE	ST X	VALVES LEFT	AS FOUND	x	
		FINALT	EST			
CLOSED TIGHT	PSI	CLOSED TIGHT	PSI	OPEN	ED AT	
PAS	SSED [х	FAILED			
THE ABOVE INFORMATION	ON IS		<u> </u>			
	RECT				XC5	326



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OLD POST ELEMENTARY SCHOOL	42164/IN401659 N 70
ADDRESS:	100 OLD POST ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
MODEL:	975XL	
SERIAL NUMBER:	500890	
SIZE:	1"	
LOCATION OF DEVICE:	MECHANICAL RO	OM
RETEST DATE:	6/1/2018	···
FIRE PROTECTION	FP BYPASS DCW RRIGATION	OTHER X
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OP	PENED AT:
CLOSED TIGHT X		O NOT OPEN
PSI: 9.8	PSI: <u>2.5</u>	
CLEANED		EANED
REPLACED DISC	REPLACED REF	PLACED
DISC HOLDER	H	C HOLDER
STEM	STEM STE	
RETAINER	H	RING
O-RINGS	O-RINGS DIA	APHRAM
SEAT	SEAT SEA	AT
SPRING	SPRING SPA	ACER
GUIDE	GUIDE OTI	HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUI	PPLY
	PRE	ESSURE: 58 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FO	UND X
	FINAL TEST	
CLOSED TIGHT PSI _	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		

XC1329

CORRECT:



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OLD POST ELEMENTARY SCHOOL	42164/IN401659
ADDRESS:	100 OLD POST ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	····
-		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA	C DC DCDA
MANUFACTURER:	CONBRA	ACO
MODEL:	40204	A2
SERIAL NUMBER:	BW41	10
SIZE:	.75"	· · · · · · · · · · · · · · · · · · ·
LOCATION OF DEVICE:	MECHANICA	L ROOM
RETEST DATE:	6/1/20	18
FIRE PROTECTION	FP BYPASS X DCW IRRIGA	ATION OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 2.1
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 8	PSI: <u>2.6</u>	_
CLEANED	CIEANED	CIENNED
REPLACED	CLEANED REPLACED	CLEANED
DISC	DISC	REPLACED DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	, , ,	PRESSURE: 65 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT A	AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT:		XC1329



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OLD POST ELEMENTARY SCHOOL	OL 42164/IN401659
ADDRESS:	100 OLD POST ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CERTIFIC	ATION: RP X RPDA	DC DCDA
MANUFACTURER:	w	ILKINS
MODEL:	9	75XL
SERIAL NUMBER:	53	37592
SIZE:		2"
LOCATION OF DEVICE:		IICAL ROOM
RETEST DATE:	6/3	1/2018
FIRE PROTECTION PP	BYPASS DCW IR	RIGATION OTHER X
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 3.4
CLOSED TIGHT X PSI: 7.7	CLOSED TIGHT X PSI: 3	DID NOT OPEN
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 58 PSI
SPECIAL COMMENTS:		
DIRECTION OF FLOW	TEST X VALVES LE	FT AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS	The second secon	XC1329
		701323

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



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OLD POST ELEMENTARY SCHOOL	42164/IN401659
ADDRESS:	100 OLD POST ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA X	DC DCDA
MANUFACTURER:	AMES	
MODEL:	5000SS	
SERIAL NUMBER:	5DM1211	
SIZE:	4"	
LOCATION OF DEVICE:	MECHANICAL ROC	OM
RETEST DATE:	6/1/2018	
FIRE PROTECTION X	FP BYPASS DCW IRRIGATION	OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OP	ENED AT: 2.2
CLOSED TIGHT X		NOT OPEN
PSI: 10.5	PSI: <u>2.11</u>	
CLEANED	CLEANED CLE	ANED
REPLACED		LACED
DISC	DISC	—
DISC HOLDER		CHOLDER
STEM	STEM STE	— — — — — — — — — — — — — — — — — — —
RETAINER	· 	ING H
O-RINGS	——————————————————————————————————————	PHRAM
SEAT	SEAT SEA	H
SPRING	SPRING SPA	CER
GUIDE	GUIDE OTH	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUP	
_	PRE	SSURE: 65 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	NOW TEST V VALVES LETT AS FOL	
DIRECTION OF F		UND X
CLOSED TIGHT DOG	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		>
CORRECT:		XC1329



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OLD POST ELEMENTARY SCHOOL	42164/IN401659
ADDRESS:	100 OLD POST ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	•
•		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
MODEL:	975	
SERIAL NUMBER:	B17724	
SIZE:	4"	
LOCATION OF DEVICE:	MECHANICAL ROC	<u>M</u>
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	ENED AT: 2.3
CLOSED TIGHT X	CLOSED TIGHT X DID	NOT OPEN
PSI: <u>6.5</u>	PSI: <u>2.1</u>	<u> </u>
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS:	REPLACED DISC DISC DISC DISC DISC DISC DISC DIS	C HOLDER M ING PHRAM T CER IER(SEE BELOW) PLY SSURE: 65 PSI
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOL	מאר 🔀
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC1329
	CCCDI SIGNATURE AND APPROVAL NUI	



								6/26/201	7
CUSTOMER:	_		CUSD :	308				DATE	
PROPERTY:	_	PR₽	AIRIE POINT E	LEMEM	ΓARY		42	2164/IN401	659
ADDRESS:			3650 GROV	/E ROAD				JOB NUMBER	ł
CITY, STATE:	_		OSWEG	O, IL.					
							C	ONFERRED WI	TH
BACKFLOW DE	VICE CER	TIFICATION:	RP [X R	PDA _		DC	DCDA	
MANUFACTURE	R:				FEBC	0			
MODEL:					860				
SERIAL NUMBER	R:	_			H1181				
SIZE:					.75"				
LOCATION OF D	EVICE:				ROOM A				
RETEST DATE:					6/1/20	18			
FIRE PROTECTION	v 🗀	FP BYPASS	DCW	<i>'</i> 🔲	IRRIGA	TION		OTHER	x
			INITIAL	, TEST					
CHECK VALV	E#1		CHECK VA	LVE #2			RELIE	F VALVE	
LEAKED		L	EAKED		<u> </u>	OPE	NED AT:	2.3	
CLOSED TIGHT PSI: 9.4	X		LOSED TIGHT SI: 3	г <u>)</u> .2	(DID	NOT OP	EN	
CLEANED		С	LEANED	Г	٠ -	CLEA	NED		
REPLACED	\Box		EPLACED		_		ACED		H
DISC	\Box	D	ISC		_	DISC			\Box
DISC HOLDER		D	ISC HOLDER			DISC	HOLDER		П
STEM		S	TEM			STEN	1		
RETAINER		R	ETAINER			SPRII	٧G		
O-RINGS	Ш	0	-RING5	Ĺ		DIAP	HRAM		
SEAT	Ш	S	EAT		┙	SEAT			Ш
SPRING		SF	PRING		_	SPAC	ER.		Ш
GUIDE	Ш	_	UIDE	<u> </u>	4	OTHE	ER(SEE BE	LOW)	
OTHER(SEE BELOV	W)	0	THER(SEE BEL	.ow) [_	_	SUPP			
						PRES	SURE: -	61	_PSI
SPECIAL COMM	ENTS: _								
DIRECTI	ON OF F	LOW TEST	х	VALVE	S LEFT A	S FOU	DO	х	
			FINAL	TEST					
CLOSED TIGHT	PSI	cı	LOSED TIGHT	PS	<u> </u>	(OPENED A	AT	
1	PASSED	Х	1111	FAII	.ED				
THE ABOVE INFORM		nger	No. of Assessment			-			-
	ORRECT:						-	XC13	129



		6/26/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	PRAIRIE POINT ELEMEMTARY	42164/IN401659
ADDRESS:	3650 GROVE ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
· ·		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	FEBCO)
MODEL:	860	
SERIAL NUMBER:	F041119	153
SIZE:	3"	<u> </u>
LOCATION OF DEVICE:	ROOM A	
RETEST DATE:	6/1/20	18
FIRE PROTECTION	FP BYPASS DCW X IRRIGA	TION OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 3
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 7.4	PSI: 1.8	
	_	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY 50 pc
		PRESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVES LEFT A	AS FOUND X
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC1329
COMILET		VC1372



					6/26/2017	7
CUSTOMER:		CUSD 30)8		DATE	
PROPERTY:		PRAIRIE POINT ELI	EMEMTARY	42	2164/IN401	559
ADDRESS:		3650 GROVE	ROAD		JOB NUMBER	
CITY, STATE:		OSWEGO,	, IL.			
				C	ONFERRED WI	TH
BACKFLOW DEV	ICE CERTIFICA	ATION: RP	RPDA	DC	DCDA	X
MANUFACTURE	₹:		AM	ES		
MODEL:			MAXIM 3	300-GV		
SERIAL NUMBER	•		EL-04	123		
SIZE:			4"			
LOCATION OF DE	VICE;		ROOM			
RETEST DATE:		1000	6/1/2	018		
FIRE PROTECTION	X FP 6	BYPASS DCW	IRRIG	ATION	OTHER	
	2 4 5 5	INITIALT	EST			
CHECK VALVE	#1	CHECK VALV	/E #2	RELIE	F VALVE	
LEAKED		LEAKED		OPENED AT:	N/A	
CLOSED TIGHT	х	CLOSED TIGHT	х	DID NOT OPE	EN	
PSI: 3.3		PSI: <u>3</u>				_
CLEANED		CLEANED		CLEANED		
REPLACED	H	REPLACED	\vdash	REPLACED		H
DISC	H	DISC	H_{-}	DISC		
DISC HOLDER	H	DISC HOLDER	\vdash	DISC HOLDER		Н
STEM	\vdash	STEM		STEM		
RETAINER	H	RETAINER	\vdash	SPRING		H
O-RINGS		O-RINGS		DIAPHRAM		\vdash
SEAT	H	SEAT	H	SEAT		Н
SPRING	Н	SPRING		SPACER		Н
GUIDE		GUIDE		OTHER(SEE BE	LOW)	П
OTHER(SEE BELOV	<i>n</i>	OTHER(SEE BELO	w)	SUPPLY		
				PRESSURE:	50	PSI
SPECIAL COMME	NTS:				_	•
DIRECTIO	ON OF FLOW	TEST X	VALVES LEFT	AS FOUND	х	
DEX NO		FINALTI	ST	LEE LA		
CLOSED TIGHT	PSI	CLOSED TIGHT	PSI	OPENED A	AT	_
P	ASSED	X	FAILED	I Harr	5 I	\Box
THE ABOVE INFORMA	ATION IS					
C	DRRECT:				XC13	29



						6/26/201	7
CUSTOMER:		CUSD 308	3			DATE	
PROPERTY:	PRAIR	IE POINT ELEI	MEMTARY		42	2164/IN401	.659
ADDRESS:	3	650 GROVE P	ROAD		,	JOB NUMBE	R
CITY, STATE:		OSWEGO, I	L.				
					C	ONFERRED W	TH
BACKFLOW DEVICE CER	RTIFICATION:	RP	RPDA		DC 🗌	DCDA	Х
MANUFACTURER:			AN	νES			
MODEL:			20	00B			
SERIAL NUMBER:				854			
SIZE:				75"			
LOCATION OF DEVICE:				Л A140			
RETEST DATE:			6/1,	/2018			
FIRE PROTECTION	FP BYPASS	X DCW	IRR	IGATION		OTHE	R 🔲
		INITIALTI	ST			Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de	
CHECK VALVE #1		CHECK VALV	E #2		RELIE	F VALVE	
LEAKED	LEA	AKED		OPI	ENED AT:	N/A	
CLOSED TIGHT X	-	OSED TIGHT	X	DID	NOT OP	EN	
PSI: 1.8	PSI	2.6					
CIENTED	CLE	ANED		CLE	ANED		
REPLACED ELECTRICAL STATE OF THE PLACED		ANED	H		LACED		H
DISC	DIS		\vdash	DIS			H
DISC HOLDER		C HOLDER	H		C HOLDER		\mathbb{H}
STEM	STE			STE			Н
RETAINER		AINER			ING		Н
O-RINGS	O-R	IINGS		DIA	PHRAM		
SEAT	SEA	ΛT	П	SEA	Т		
SPRING	SPR	RING		SPA	CER		
GUIDE	GUI	IDE		ОТН	HER(SEE B	ELOW)	
OTHER(SEE BELOW)	ОТІ	HER(SEE BELOV	v)	SUP	PLY		
			12 - S	PRE	SSURE:	50	_PSI
SPECIAL COMMENTS:							
DIRECTION OF I	FLOW TEST	х	VALVES LEE	T AS FO	UND [Х	
		FINAL TE	57	-3.			
CLOSED TIGHT PSI	cro	OSED TIGHT	PSI		OPENED	AT	
PASSED	X		FAILED]		
THE ABOVE INFORMATION IS		<		987 <u> </u>	>		
CORRECT:		CCCDI SIGN	IATURE AND AP	PROVAL NU	IMBER	XC1	.329



IN170057

A SWINGLING OF VALIDY FIRST PROTECTION SURVICES IN

	6/28/2017
CUSTOMER:	CUSD 308
PROPERTY:	SOUTHBURY ELEM SCHOOL 42164/IN401659
ADDRESS:	820 PRESTON JOB NUMBER
CITY, STATE:	OSWEGO IL
•	CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP X 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 X IRRIGATION OTHER
CHECK VALVE #1	CHECK VALVE #2 RELIEF VALVE
	INITIAL TEST
LEAKED	LEAKED OPENED AT: 2,4
CLOSED TIGHT X	CLOSED TIGHT X DID NOT OPEN
PSI: 7	PSI; 6.8
CLEANED	CLEANED CLEANED
REPLACED	REPLACED REPLACED
DISC	DISC
DISC HOLDER	DISC HOLDER DISC HOLDER
STEM	STEM STEM
RETAINER	RETAINER SPRING
O-RINGS	O-RINGS DIAPHRAM
SEAT	SEAT SEAT
SPRING	SPRING SPACER
GUIDE	GUIDE OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY
SPECIAL COMMENTS:	PRESSURE:PSI
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOUND
	FINAL TEST
CLOSED TIGHT X PSI	7 CLOSED TIGHT X PSI 6.8 OPENED AT 2.4
PASSED	x FAILED
THE ABOVE	
INFORMATION IS	
CORRECT:	Scot Girls XC3938

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



ADVISION OF VALIFFERE PROTECTION SERVICES LLC

		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	SOUTHBURY ELEM SCHOOL	42164/IN401659
ADDRESS:	820 PRESTON	JOB NUMBER
CITY, STATE:	OSWEGO IL	
_		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP RPDA	DC DCDA X
MANUFACTURER:	wi	LKINS
SERIAL NUMBER:	275	58250
MODEL:		75xl
SIZE:		1"
LOCATION OF DEVICE:	·	n A140
RETEST DATE:	6/28	8/2018
FIRE PROTECTION	FP BYPASS DCW RE	RIGATION OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED	OPENED AT: 2.4
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN
PSI: 8.8	PSI: 8.6	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM RETAINER	STEM RETAINER	STEM SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	, , , , , , , , , , , , , , , , , , , ,	PRESSURE: PSI
SPECIAL COMMENTS:		1,50%
DIRECTION OF F	LOW TEST X VALVES LE	FT AS FOUND
	FINAL TEST	
CLOSED TIGHT x PSI	8.8 CLOSED TIGHT X PSI	B.8 OPENED AT 2.4
PASSED		
	x FAILED	
THE ABOVE	x FAILED	
THE ABOVE INFORMATION IS		2029
	SCOT GIRLS XC	

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE WOS8-126509



A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	SOUTHBURY ELEM SCHOOL	42164/IN401659
ADDRESS:	820 PRESTON	JOB NUMBER
CITY, STATE:	OSWEGO IL	
		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA	DC DCDA X
MANUFACTURER:	WILKINS	
SERIAL NUMBER:	v16902	
MODEL:	350ada	
SIZE:	6"	
LOCATION OF DEVICE:	Room A140)
RETEST DATE:	6/28/2018	
FIRE PROTECTION x	FP BYPASS DCW IRRIGATIO	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED C	OPENED AT:
CLOSED TIGHT x	CLOSED TIGHT X	OID NOT OPEN
PSI: <u>2.8</u>	PSI: 2.8	
CLEANED REPLACED DISC DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS:	REPLACED R DISC D DISC HOLDER STEM S RETAINER SI O-RINGS D SEAT SPRING GUIDE OTHER(SEE BELOW) P	ELEANED DEPLACED DISC DISC DISC DISC DISC DISC DISC DISC DISC
DIRECTION OF I	FLOW TEST X VALVES LEFT AS F	OUND x
	FINAL TEST	
CLOSED TIGHT X PSI	2.8 CLOSED TIGHT x PSI 2.8	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS CORRECT:	Scot Girls XC3938	

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



A DIVISION OF VALLEY FIRE PROTECTION SERVICES SEC

		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	SOUTHBURY ELEM SCHOOL	42164/IN401659
ADDRESS:	820 PRESTON	JOB NUMBER
CITY, STATE:	OSWEGO IL	_
		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION; RP RPDA RPDA	DC DCDA X
MANUFACTURER:	WILKINS	5
SERIAL NUMBER:	2885692 X	KLD
MODEL:	950XL	
SIZE:	.75"	
LOCATION OF DEVICE:	Room A14	
RETEST DATE:	6/28/201	.8
FIRE PROTECTION	FP BYPASS X DCW RRIGAT	ION OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED	OPENED AT:
CLOSED TIGHT x	CLOSED TIGHT X	DID NOT OPEN
PSI: 2.8	PSI: 2.6	_
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC HOLDER	DISC DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING H
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
3.00		PRESSURE: PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST x VALVES LEFT AS	FOUND X
	FINAL TEST	
CLOSED TIGHT X PSI	2.8 CLOSED TIGHT x PSI 2.6	OPENED AT
PASSED	x FAILED	
THE ABOVE		
THE ABOVE INFORMATION IS CORRECT:	Scot Girls XC393	38

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



			_ 7	//19/2017
CUSTOMER:	CUSD 30	8		DATE
PROPERTY:	THE WHEATLANDS ELEM	IENTARY SCHOOL		
ADDRESS:	2290 BARRINGTO	N DR WEST		OB NUMBER
CITY, STATE:	AURORA,	IL.	_	
	· · · · · · · · · · · · · · · · · · ·		COI	NFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP X	RPDA	DC	DCDA
MANUFACTURER:		WILKINS		
MODEL:		975XL2		
SERIAL NUMBER: SIZE:		4415847 1.25"		
LOCATION OF DEVICE:	2nd	FLOOR SOUTH BC	ILER ROOM	
RETEST DATE:		7/1/2018		
FIRE PROTECTION	FP BYPASS DCW	IRRIGATIO	NC NC	OTHER X
	<u>INITIAL</u> T	EST		The state of the s
CHECK VALVE #1	CHECK VALV	E #2	RELIEF	VALVE
LEAKED	LEAKED		PENED AT:	3.5
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OPEN	, — — I
PSI: 7.6	PSI: <u>2.5</u>			
CLEANED	CLEANED		LEANED	
REPLACED	REPLACED	—	EPLACED	
DISC	DISC		ISC	
DISC HOLDER	DISC HOLDER		ISC HOLDER	
STEM	STEM	5	TEM	
RETAINER	RETAINER	SI	PRING	
O-RINGS	O-RINGS	D	IAPHRAM	
SEAT	SEAT	SI	EAT	
SPRING	SPRING	SI	PACER	\Box
GUIDE	GUIDE		THER(SEE BELC	ow)
OTHER(SEE BELOW)	OTHER(SEE BELOW	v) 🔲 si	UPPLY	_
		PI	RESSURE:	35 PSI
SPECIAL COMMENTS:	REPLACES	WILKINS 975XL 1	 .234853	
DIRECTION OF F	LOW TEST X	VALVES LEFT AS F	OUND X]
	FINAL TE			707 8
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	x	FAILED	7	
THE ABOVE INFORMATION IS				
CORRECT				XC1329

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



							7/	19/201	7
CUSTOMER:	_		CUSD 3			DATE			
PROPERTY:		THE WHEA	TLANDS ELEI	L					
ADDRESS:	Ĭ	2290	BARRINGTO	ON DR WE	ST		jo	8 NUMBEI	?
CITY, STATE:			AURORA	, IL.					
							CON	FERRED WI	тн
BACKFLOW DEV	VICE CEF	RTIFICATION:	RP X	RPI	DA 🗀	DC		DCDA	
MANUFACTURE	R:				WATTS				
MODEL:					919				
SERIAL NUMBER	R:				15654	.=			
SIZE:					1"				
LOCATION OF D	EVICE:		2nd	FLOOR N			ООМ		
RETEST DATE:					7/1/201	8			
FIRE PROTECTION	v	FP BYPASS	DCW		IRRIGAT	ION [OTHER	х
			INITIAL	TEST				S But	=in
CHECK VALV	E#1		CHECK VAL	VE #2		E	RELIEF V	/ALVE	
LEAKED	Х	LE,	AKED			OPENED	AT:	leaking	;
CLOSED TIGHT			OSED TIGHT	Х		DID NO	ΓOPEN		
PSI:		P5	I:: <u>1.8</u>	3					
CLEANED	х	CLE	EANED	х		CLEANED	,		х
REPLACED	X		PLACED	X		REPLACE			X
DISC	x	DIS	iC .	X		DISC			X
DISC HOLDER	X	DIS	C HOLDER	X		DISC HOL	.DER		X
STEM	X	STE	M	х		STEM			X
RETAINER		RE ¹	TAINER			SPRING			X
O-RINGS	х	O-F	RINGS	х		DIAPHRA	м		X
SEAT		SEA	AT.			SEAT			
SPRING	X	SPF	RING	х		SPACER			\vdash
GUIDE		GU	IDE			OTHER(SI	EE BELO	W)	П
OTHER(SEE BELOV	v) 🔲	ОТІ	HER(SEE BELO	w) 🗍	:	SUPPLY			
						PRESSUR	E:	32	PSI
SPECIAL COMM	ENTS:		REPLACE	S WILKIN	S 975XL	123485	3		,
DIRECTIO	ON OF F	LOW TEST	X	VALVES	LEFT AS	FOUND	х		
			FINAL TI	EST					
CLOSED TIGHT	X PSI	8.1 CLC	SED TIGHT	X PSI	1.8	OPEN	VED AT	3.2	
P	ASSED	х		FAILEI	ο Γ			-	
THE ABOVE INFORMA	ATION IS		-	_					
	ORRECT:							XC13	29



(2.00-20.0)			6/26/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	WOLF'S CROSSING ELE	MENTARY	42164/IN401659
ADDRESS:	3015 HEGGS RO	AD	JOB NUMBER
CITY, STATE:	AURORA, IL.		
			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		WATTS	- X
MODEL:		909	
SERIAL NUMBER:	588549 .75"		
SIZE:			
LOCATION OF DEVICE:		A140	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION	OTHER X
	INITIALTES		
CHECK VALVE #1	CHECK VALVE #	12	RELIEF VALVE
LEAKED	LEAKED	OP!	ENED AT: 2.3
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 8	PSI: 2		
CLEANED	CLEANED	CLE	ANED
REPLACED	REPLACED		LACED
DISC	DISC	DISC	:
DISC HOLDER	DISC HOLDER	DISC	HOLDER
STEM	STEM	STE	м П
RETAINER	RETAINER	SPRI	ING
O-RINGS	O-RINGS	DIAI	PHRAM
SEAT	SEAT	SEA.	т
SPRING	SPRING	SPA	CER
GUIDE	GUIDE	ОТН	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	
		PRE:	SSURE: 37 PSI
SPECIAL COMMENTS:			
DIRECTION OF F	LOW TEST X VA	ALVES LEFT AS FO	UND X
	FINALTEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	x	FAILED	
THE ABOVE INFORMATION IS	min of three and the state of t	And the second s	
CORRECT:	and the second s		XC1329



				6/26/2017	·		
CUSTOMER:	CUSD 3	CUSD 308					
PROPERTY:	WOLF'S CROSSING	ELEMENTARY		164/IN4016	59		
ADDRESS:	3015 HEGG:	S ROAD		JOB NUMBER			
CITY, STATE:	AURORA	, IL.					
-				ONFERRED WIT	'H		
BACKFLOW DEVICE CER	TIFICATION: RP	RPDA	DC	DCDA			
MANUFACTURER:		WATTS					
MODEL:		909					
SERIAL NUMBER:		175073					
SIZE:		3"					
LOCATION OF DEVICE:		A140					
RETEST DATE:		6/1/2018	3				
FIRE PROTECTION	FP BYPASS DCW	X IRRIGATI	ON	OTHER			
	INITIAL	TEST					
CHECK VALVE #1	CHECK VAI	LVE #2	RELIE	F VALVE			
LEAKED	LEAKED		OPENED AT:	2.1			
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OP	EN			
P\$I: 7.2	PSI:1.	8					
CLEANED	CLEANED	\vdash	CLEANED		\parallel		
REPLACED	REPLACED		REPLACED DISC		\vdash		
DISC HOLDER	DISC DISC HOLDER		DISC HOLDER		\vdash		
STEM	STEM	\vdash	STEM		\vdash		
RETAINER	RETAINER	<u> </u>	SPRING		1		
O-RINGS	O-RINGS	H	DIAPHRAM		\vdash		
SEAT	SEAT		SEAT				
SPRING	SPRING	\vdash	SPACER				
GUIDE	GUIDE	\vdash	OTHER(SEE BE	LOW)			
OTHER(SEE BELOW)	OTHER(SEE BEL	-	SUPPLY	, , ,	·		
	'		PRESSURE:	45	PSI		
SPECIAL COMMENTS:			-		•		
DIRECTION OF F	LOW TEST X	VALVES LEFT AS	FOUND	х			
	FINAL	TEST					
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED A	AT			
PASSED	X	FAILED	7				
THE ADOVE INCORMATION IS							
THE ABOVE INFORMATION IS CORRECT:	Allen - our all near-long-from products of the second of t	The second secon		XC13	32 9		



E PLU A DIVISION OF VIALET P	FP BACKFLOW	TEST REPORT						
		6/26/2017						
CUSTOMER:	CUSD 308	DATE						
PROPERTY:	WOLF'S CROSSING ELEMENTARY	42164/IN401659						
ADDRESS:	3015 HEGGS ROAD	JOB NUMBER						
CITY, STATE:	AURORA, IL.							
		CONFERRED WITH						
BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA X								
MANUFACTURER:	WILKIN	<u>S</u>						
MODEL:	350ADA							
SERIAL NUMBER:	V00548	<u> </u>						
SIZE:	4"							
LOCATION OF DEVICE:	A140							
RETEST DATE:	6/1/201	18						
FIRE PROTECTION X	FP BYPASS DCW IRRIGAT	TION OTHER						
	INITIALTEST							
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE						
LEAKED	LEAKED	OPENED AT: N/A						
CLOSED TIGHT X PSI: 3.8	CLOSED TIGHT X PSI: 4	DID NOT OPEN						
7.51.	rsi. <u> </u>							
CLEANED	CLEANED	CLEANIED						
REPLACED	REPLACED	CLEANED REPLACED						
DISC	DISC	DISC						
DISC HOLDER	DISC HOLDER	DISC HOLDER						
STEM	STEM	<u> </u>						
	\vdash	STEM						
O-RINGS	RETAINER O-RINGS	SPRING						
SEAT	SEAT	DIAPHRAM						
SPRING -	SPRING	SEAT SPACER						
GUIDE	GUIDE	\vdash						
OTHER(SEE BELOW)	OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY						
OTHER(SEE BEEOW)	OTHER(SEE BELOW)	PRESSURE: 45 PSI						
SPECIAL COMMENTS:								
DIRECTION OF F	LOW TEST X VALVES LEFT AS	S FOUND X						
	FINAL TEST							
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT						
PASSED	X FAILED	111 11-41						
THE ABOVE INFORMATION IS CORRECT:		XC1329						



				6/	/26/2017				
CUSTOMER:	1	CUSD 308			DATE				
PROPERTY:	WOLF'S CRO	DSSING ELEME	NTARY	4216	54/IN4016	59			
ADDRESS:	3015	HEGGS ROAD		JO	B NUMBER				
CITY, STATE:	A	URORA, IL.		•					
.462				CON	FERRED WIT	н			
BACKFLOW DEVICE CER	ITIFICATION:	RP R	RPDA	DC	DCDA	X			
MANUFACTURER:			WILKINS						
MODEL:		950XL							
SERIAL NUMBER:	1953310XLD								
SIZE:	.75"								
LOCATION OF DEVICE:			A140						
RETEST DATE:			6/1/2018						
FIRE PROTECTION	FP BYPASS X	DCW	IRRIGATION		OTHER				
	1	NITLAL TEST			39 W E				
CHECK VALVE #1	CHE	CK VALVE #2		RELIEF '	VALVE				
LEAKED	LEAKED) Г	OPI	ENED AT:	N/A				
CLOSED TIGHT X	CLOSE	TIGHT	X DID	NOT OPEN	ı ——				
PSI: 2.6	PSI:	2.5	_						
		_	_						
CLEANED	CLEANE			ANED					
REPLACED	REPLAC	ED		LACED		\vdash			
DISC	DISC		DISC			_			
DISC HOLDER	DISC HO	LDER	_	C HOLDER					
STEM	STEM		STE						
RETAINER	RETAIN	- I-	SPR						
O-RINGS	O-RING	>	 ≥ '	PHRAM					
SEAT	SEAT	1	SEA			\vdash			
SPRING	SPRING	-	_	CER	OLAU	\vdash			
GUIDE	GUIDE	CEE DELOW!	− (HER(SEE BELG	ויייע	ш			
OTHER(SEE BELOW)	OTHER	SEE BELOW)		PLY SSURE:	45	DCI			
			FILE		43	PSI			
SPECIAL COMMENTS:									
DIRECTION OF	FLOW TEST X	VALV	ES LEFT AS FO	UND X					
		FINAL TEST							
CLOSED TIGHT PSI	CLOSED	TIGHT P	PSI	OPENED AT					
PASSED	х	FA	ILED						
THE ABOVE INFORMATION IS									
CORRECT:		<			XC13	29			



	6/26/2017	
CUSTOMER:	Bernardik Middle School DATE	1 11700101
PROPERTY:	IN401659-42164	IN170061
ADDRESS:	3025 Heggs Rd	
CITY, STATE:	Oswego, IL	
	CONFERRED WITH	
BACKFLOW DEVICE CE	RTIFICATION: RP x RPDA DC DCDA	
MANUFACTURER:	Febco	
MODEL:	860	
SERIAL NUMBER:	104201122	
SIZE:	4"	
LOCATION OF DEVICE:		
RETEST DATE:	6/26/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION OTHER	
CHECK VALVE #1	CHECK VALVE #2 RELIEF VALVE	
	INITIAL TEST	
LEAKED	LEAKED OPENED AT:	
CLOSED TIGHT X	CLOSED TIGHT DID NOT OPEN X	
PSI: 7.2	PSI:	
0.54450]	
CLEANED	CLEANED CLEANED	
REPLACED	REPLACED REPLACED DISC DISC	
DISC HOLDER	DISC HOLDER DISC HOLDER	
STEM	STEM STEM	
RETAINER	RETAINER SPRING	
O-RINGS	O-RINGS DIAPHRAM	
SEAT	SEAT SEAT	
SPRING	SPRING SPACER	
GUIDE	GUIDE OTHER(SEE BELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY	
	PRESSURE: 50 PSI	
SPECIAL COMMENTS:	reliefvalve failed	
DIRECTION OF	FLOW TEST X VALVES LEFT AS FOUND x	
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI OPENED AT	
PASSEC	FAILED X	
THE ABOVE INFORMATION IS CORRECT:		

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



		6/26/2017
CUSTOMER:	Bernardik Middle Schoo	2 - 22
PROPERTY:		 IN401659-42164
ADDRESS:	3025 Heggs Rd	JOB NUMBER
CITY, STATE:	Oswego,IL	
5000 J		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION; RP RP	PDA X DC DCDA
MANUFACTURER:		Wilkins
MODEL:		975XL
SERIAL NUMBER:	1:	1352883XLD
SIZE:		3/4"
LOCATION OF DEVICE:		rinkler room
RETEST DATE:		6/26/2018
FIRE PROTECTION	FP BYPASS x DCW	IRRIGATION OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	10400
LEAKED	LEAKED	OPENED AT: 2.9
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN
PSI: 8.9	PSI: <u>2,6</u>	_
CLEANED	CLEANED	CLEANED
REPLACED DISC	REPLACED DISC	REPLACED
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	0.224	PRESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVE	S LEFT AS FOUND
DIRECTION OF	FINAL TEST	S LEFT AS FOUND X
CLOSED TIGHT PSI	CLOSED TIGHT PSI	ODENED AT
200 800 8000 - 400		
PASSED	x FAIL	ED
THE ABOVE INFORMATION IS	-113	
CORRECT		XC5326

THOMAS L. OWENS XC5326 CHICAGO PLUMBER LICENSE #J208054



10.723				. —							6/	26/201	.7
CUSTOMER:			Ве	rnardi	nardik Middle School							DATE	
PROPERTY:									_	1	N40:	1659-42	164
ADDRESS:				302	5 Heggs	Rd					JOE	B NUMBE	R
CITY, STATE:	•		•	0	swego,l	IL							
	•										CONF	ERRED W	тн
BACKFLOW DEV	ICE CE	RTIFICAT	ION:	1	RP	R	PDA	х	D	c 🗀] [DCDA	
MANUFACTURE	R:	_					Wi	ilkins					
MODEL:		_	375DA										
SERIAL NUMBER SIZE:	-	M00560 6"											
LOCATION OF D	EVICE:	_				5	prinkl	ler roc	om c				
RETEST DATE:							6/26	/2018	3		-		
FIRE PROTECTION	x	FP BYI	PASS		DCW [IRR	IIGATI	ON]	ОТНЕ	R 🔲
CHECK VALV	E #1			CHEC	K VALV	E #2				RELI	IEF V	/ALVE	
- Torre	- 60			IN	ITIAL TE	EST		SE 00			Septiment of the septim		
LEAKED			LE	AKED				(DPEN	ED AT	Γ:	2	
CLOSED TIGHT PSI: 7.8	x		CL PS	OSED	TIGHT 3.4		K	(OID N	OT OI	PEN		
CLEANED			CL	EANED				c	LEAN	ED			
REPLACED			RE	PLACE)			F	REPLA	CED			
DISC			DI			L	_	נ	DISC				
DISC HOLDER	Ш		DI	SC HOL	DER	<u> </u>	_		DISC H	OLDEI	R		
STEM	Н			EM		-	_		TEM				\square
RETAINER	Н			TAINER	Ţ	\vdash	4		PRINC				\vdash
O-RINGS	Н			RINGS		-	-		DIAPHI	RAM			\vdash
SEAT	Н			AT		\vdash	-	_	EAT				H
SPRING GUIDE	Н			RING		-	-		PACE		2510		H
GOIDE OTHER(SEE BELOV	\square			JIDE rupp/ep	E DELOV	., H	\dashv		THER		SELU	vv j	Ш
OTHER(SEE BELOV	W)		U	חבותן	E BELOV	v,	_		UPPLY RESSU			50	PSI
SPECIAL COMMI	ENTS:							•		,,,,,,			-[3]
DIRECTIO	ON OF F	LOW TE	ST	X		VALV	ES LEF	T AS	FOUN	ID	х		
	92.30	(20 To 70			NAL TE						25	the state of	
CLOSED TIGHT	PSI		CL	OSED T	-	PS	SI		OF	ENED	AT		
P	ASSED		х			FAII	LED	Е					
THE ABOVE INFORM			-		0	_							
U	ORRECT:											XC5	326



C Common		6/26/2017
CUSTOMER:	Bernardik Middle School	DATE
PROPERTY:		
ADDRESS:	JOB NUMBER	
CITY, STATE:	3025 Heggs Rd Oswego, IL	
-		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP x RPDA	DC DCDA
MANUFACTURER:	Watts	
MODEL:	909	
SERIAL NUMBER:	383706	5
SIZE:	1.5"	104
LOCATION OF DEVICE: RETEST DATE:	room 124	
RETEST DATE:	6/26/20:	19
FIRE PROTECTION	FP BYPASS DCW IRRIGAT	TION OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED	OPENED AT: 2.1
CLOSED TIGHT X	CLOSED TIGHT x	DID NOT OPEN
PSI: 9.9	PSI: 2.6	1 0
CLEANED	CIEANED	CIEANED
REPLACED -	CLEANED REPLACED	CLEANED
DISC	DISC	REPLACED DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
31 33 33		PRESSURE: 50 PSI
SPECIAL COMMENTS:		
DIRECTION OF I	FLOW TEST X VALVES LEFT AS	S FOUND X
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS		
CORRECT:		XC5326



CUSTOMER:	Bernardik Middle School	DATE
PROPERTY:		IN401659-42164
ADDRESS:	3025 Heggs Rd	JOB NUMBER
CITY, STATE:	Oswego,IL	
		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP x RPDA	DC DCDA
MANUFACTURER:	Wa	itts
MODEL:	90	
SERIAL NUMBER:	520	
SIZE:	3/-	
LOCATION OF DEVICE:	room	
RETEST DATE:	6/26/	2018
FIRE PROTECTION	FP BYPASS DCW RRIG	GATION OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	and the second of the second o
LEAKED CLOSED TIGHT X	LEAKED CLOSED TIGHT X	OPENED AT: 2.1 DID NOT OPEN
PSI: 8.2	PSI: <u>1.9</u>	
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 X VALVES LEFT	T AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	x FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC5326
-	CCCDI SIGNATURE AND APPA	ROVAL NUMBER



								10/9/20	17		
CUSTOMER:		OCUSD 308						DATE			
PROPERTY:		BEDNARCIK JR. HIGH SCHOOL						18312/P10	3750		
ADDRESS:		3025 H	IEGGS	ROAD				JOB NUMB	ER		
CITY, STATE:			RORA,	•			•				
,								CONFERRED	WITH		
BACKFLOW DEVICE CE	RTIFICATIO	ON: R	PX	RF	DA		DC	DCDA			
MANUFACTURER:	_				FE	всо					
MODEL:					8	60					
SERIAL NUMBER:	·					01122					
SIZE:						4"					
LOCATION OF DEVICE:	_			ROOM		10 STOR	AGE				
RETEST DATE:	_				6/1/	/2018					
FIRE PROTECTION	FP BYPA	Ass	DCW	х	IRR	IGATION		отн	ER		
		INI	TIAL T	EST							
CHECK VALVE #1	_	CHEC	K VALV	/E #2	_		RELI	EF VALVE	•		
LEAKED		LEAKED		Х		OP	ENED AT	:			
CLOSED TIGHT X PSI: 5.9		CLOSED 1 PSI:	TIGHT	L		DIC	NOT OF	PEN	х		
CLEANED X	1	CLEANED		Т	7	CLE	ANED		х		
REPLACED X		REPLACED	1	X	_		LACED		X		
DISC X	i	DISC		X	_	DIS			X		
DISC HOLDER	1	DISC HOLE	DER		Η.	DIS	C HOLDER	₹			
STEM	ĺ	STEM		-	1	STE					
RETAINER	1	RETAINER			1	SPR	ING				
O-RINGS X	İ	O-RINGS		X	_	DIA	PHRAM		х		
SEAT		SEAT			1	SEA	T				
SPRING		SPRING			1	SPA	CER				
GUIDE	1	GUIDE			7	ОТІ	HER(SEE B	BELOW)			
OTHER(SEE BELOW)	1	OTHER(SE	E BELO	w)	7	SUF	PPLY				
	•				_	₽RE	SSURE:	46	PSI		
SPECIAL COMMENTS:							<u> </u>				
DIRECTION OF	FLOW TES	т х		VALVE	S LEF	T AS FO	UND	х			
		FII	VAL TE	ST							
CLOSED TIGHT X PSI	6.4	CLOSED TI	GHT	X PS	I	2	OPENED	AT 2.2			
PASSEE) [₹		FAIL	.ED]				
THE ABOVE INFORMATION IS			<		-5-			XC	1329		
						-			-		



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	MURPHY MIDDLE SCHOOL	42164/IN401659 N 1700
ADDRESS:	26923 GRANDE PARK BLVD.	JOB NUMBER
CITY, STATE:	PLAINFIELD, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CERT	IFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILK	(INS
MODEL:	375	5A
SERIAL NUMBER:	X086	
SIZE:	4"	
LOCATION OF DEVICE:	ROOM	
RETEST DATE:	6/1/2	2018
FIRE PROTECTION	FP BYPASS DCW X IRRIG	SATION OTHER
	INITIAL TEST	estimate management of the second
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 3.1
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 7.4	PSI: <u>4.2</u>	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	·	PRESSURE: 63 PSI
SPECIAL COMMENTS:		
DIRECTION OF FLO	OW TEST X VALVES LEFT	AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT:	The state of the s	XC1329



							6/28/201	.7
CUSTOMER:	CUSD 308						DATE	
PROPERTY:	1	4	2164/IN401	659				
ADDRESS:	2	6923 GRANI	DE PARK	BLVD.			JOB NUMBE	R
CITY, STATE:		OSWE	GO, IL.		<u> </u>	•		
•			•	•		- (CONFERRED W	TH
BACKFLOW DEVICE CEI	RTIFICATION	N: RP		RPDA		DC	DCDA	X
MANUFACTURER:				WIE	KINS			
MODEL:				350	DADA			
SERIAL NUMBER:				V14	4441			
SIZE:					4"			
LOCATION OF DEVICE:				ROOM	/ A-140	-	-	
RETEST DATE:		·		6/1/	/2018			
<u>= 11</u>								
FIRE PROTECTION X	FP BYPAS	s D	cw _	IRR	IGATION		OTHE	R
		INITI	AL TEST				- 2 - 2 - 200	
CHECK VALVE #1		CHECK \	/ALVE#	2		RELI	EF VALVE	
LEAKED		LEAKED			OPI	ENED AT	: N/A	
CLOSED TIGHT X		CLOSED TIG	HT	Х	DID	NOT OF	EN	$^{-}\square$
PSI: 3,9		PSI:	4.2	_				
CLEANED		CLEANED			C1 F	ANED		
0.50		CLEANED		H		ANED		
REPLACED		REPLACED		\vdash		LACED		\vdash
DISC		DISC		\vdash	DISC			-
DISC HOLDER		DISC HOLDER	₹	Н		HOLDER	t	
STEM		STEM		Ш	STE	М		ш
RETAINER		RETAINER		Ш	SPR	ING		
O-RINGS		O-RINGS			DIA	PHRAM		
SEAT		SEAT			SEA	Т		
SPRING		SPRING			SPA	CER		
GUIDE		GUIDE			OTH	IER(SEE B	ELOW)	
OTHER(SEE BELOW)		OTHER(SEE B	ELOW)	П	SUP	PLY		
					PRE	SSURE:	63	PSI
SPECIAL COMMENTS:								
DIRECTION OF	FLOW TEST	Х	VA	LVES LEF	T AS FO	UND [х	
		FINA	L TEST					
CLOSED TIGHT PSI		CLOSED TIGH	п 🗀	PSI		OPENED	AT	_
PASSED	х		ı	AILED				
THE ABOVE INFORMATION IS				,				
CORRECT		<				>	XC1	329
•		CCCI	SIGNATU	RE AND API	PROVAL NUI	MBER	·-	

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



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	MURPHY MIDDLE SCHOOL	42164/IN401659
ADDRESS:	26923 GRANDE PARK BLVD.	JOB NUMBER
CITY, STATE:	PLAINFIELD, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CEI	RTIFICATION: RP RPDA	DC DCDA X
MANUFACTURER:	WI	LKINS
MODEL:	9:	50XL
SERIAL NUMBER:	2764	350XLD
SIZE:		4"
LOCATION OF DEVICE:		M A-140
RETEST DATE:	6/1	/2018
FIRE PROTECTION	FP BYPASS X DCW IRE	RIGATION OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: N/A
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: <u>1.7</u>	PSI: 2.2	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	_	PRESSURE: 63 PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVES LE	FT AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT		XC1329
•	CCCDI SIGNATURE AND AP	PROVAL NUMBER

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



			6/2	28/2017
CUSTOMER:	CUSD 308			DATE
PROPERTY:	MURPHY MIDDLE	- 42164	4/IN401659	
ADDRESS:	26923 GRANDE PAR	RK BLVD.	_	NUMBER
CITY, STATE:	PLAINFIELD,		-	
	7 5 1111 1225,		CONF	ERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC C	OCDA 📋
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	ı 🗌	OTHER X
	INITIALTE	ST	- Victoria - I	
CHECK VALVE #1	CHECK VALVE		RELIEF V	'ALVE
LEAKED	LEAKED	OF	PENED AT:	2.4
CLOSED TIGHT X	CLOSED TIGHT	X DI	D NOT OPEN	
PSI: 8.9	PSI: <u>2.7</u>	_		
				_
CLEANED	CLEANED	CLI	EANED	
REPLACED	REPLACED	RE	PLACED	
DISC	DISC	DIS	iC	
DISC HOLDER	DISC HOLDER	DIS	C HOLDER	
STEM	STEM	ST	EM	
RETAINER	RETAINER	SPI	RING	
O-RINGS	O-RINGS	DIA	PHRAM	
SEAT	SEAT	SE/	AT	
SPRING	SPR <mark>I</mark> NG	SP	ACER	
GUIDE	GUIDE	ОТ	HER(SEE BELO	w)
OTHER(SEE BELOW)	OTHER(SEE BELOW)) SU	PPLY	
		PR	ESSURE:	53 PSI
SPECIAL COMMENTS:				
DIRECTION OF I	FLOW TEST X	ALVES LEFT AS FO	DUND X	
	FINALTES	ii.		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	x	FAILED _]	
THE ABOVE INFORMATION IS		and the second s		
CORRECT;	A contract of the contract of		and the second	XC1329
-	CCCDI SIGNA	TURE AND APPROVAL N	UMBER	



T. Mariania.							6/27/2017	7
CUSTOMER:			CUSD 308				DATE	
PROPERTY: PLANK MIDDLE SCHOOL						42	164/IN4016	559
ADDRESS:		510 SE	CRETARIAT D	RIVE			JOB NUMBER	
CITY, STATE:		C	SWEGO, IL.					
	-					co	ONFERRED WI	TH
BACKFLOW DEV	ICE CERTIFI	ICATION:	RP X	RPDA	=	DC	DCDA	
MANUFACTURER	t:			WIL	KINS			
MODEL:				97	5XL			
SERIAL NUMBER					0335			
SIZE:			~		'5"			
LOCATION OF DE	VICE:	<u> </u>			/ D139			
RETEST DATE:				6/1/	2018			
FIRE PROTECTION	FI	P BYPASS	DCW] IRRI	GATION		OTHER	х
			NITIAL TEST					
CHECK VALVE	#1	CHI	ECK VALVE #2	2		RELIEI	F VALVE	
LEAKED		LEAKED)		OPE	NED AT:	2.2	
CLOSED TIGHT	X	CLOSE	D TIGHT	х	DID	NOT OPE	:N	
PSI: 8.8		PSI:	1.9	-				
di saaren								
CLEANED	\vdash	CLEANE		Н		NED		H
REPLACED DISC		REPLAC DISC	בט	\vdash	DISC	ACED		Н
DISC HOLDER	H	DISC HO	NIDED	Н		HOLDER		\vdash
STEM	H	STEM	LUEN		STEN			Н
RETAINER	\vdash	RETAIN	FR	$\vdash\vdash$	SPRI			H
O-RINGS	H	O-RING		H		HRAM		Н
SEAT	H	SEAT	-	Н	SEAT			H
SPRING	\square	SPRING		Н	SPAC			Н
GUIDE	П	GUIDE		П	ОТН	ER(SEE BEI	LOW)	П
OTHER(SEE BELOW	n \square	OTHER(SEE BELOW)	П	SUPF	LY		
			,		PRES	SURE:	52	PSI
SPECIAL COMME	NTS:							
DIRECTIO	N OF FLOV	V TEST X	VAL	VES LEF	T AS FOL	ND [x	
			FINAL TEST	10.14 (3.14)				
CLOSED TIGHT	PSI	CLOSED	TIGHT	PSI		DPENED A	т	
Pi	ASSED	х	F/	AILED				
THE ABOVE INFORMA	TION IS PRRECT:		And the second s	State - American - American State - American - Amer	-	>	XC13	29



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	PLANK MIDDLE SCHOOL	42164/IN401659
ADDRESS:	510 SECRETARIAT DRIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X RPI	DA DC DCDA
MANUFACTURER:		WILKINS
MODEL:		375A
SERIAL NUMBER:		X02213
SIZE:		4"
LOCATION OF DEVICE:		00M A104
RETEST DATE:		6/1/2018
FIRE PROTECTION	FP BYPASS DCW X	IRRIGATION OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 2.3
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 7.9	PSI: <u>1.7</u>	
CLEANED	CLEANED	CLEANED
CLEANED REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	-	PRESSURE: 52 PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVES	LEFT AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILE	ED
THE ABOVE INFORMATION IS		



								_	6/:	27/201	7
CUSTOMER:		CUSD 308								DATE	
PROPERTY:		PLANK MIDDLE SCHOOL								4/IN401	-
ADDRESS:		510 SEC	RETARIA	AT DRIN	/E				JOE	B NUMBER	ł
CITY, STATE: OSWEGO, IL.											
									CONF	ERRED W	ITH
BACKFLOW DEVICE	CERTIFICATI	ON:	RP	R	PDA		0	oc 🗔] [CDA	X
MANUFACTURER:	_	11			WI	LKINS					
MODEL:	_				350	DADA					
SERIAL NUMBER:	_					7127					
SIZE:						4"					
LOCATION OF DEVIC	E:					M A10					
RETEST DATE:					6/1	/2018					
FIRE PROTECTION	X FP ВҮР.	ASS	DCW		IRR	IGATIO	DN]	OTHER	
		IN	ITIAL T	EST							
CHECK VALVE #1		CHEC	K VALV	/E #2				RELI	IEF V	ALVE	
LEAKED		LEAKED				(DPEN	JED AT	: :	N/A	
CLOSED TIGHT PSI: 3.3	X	CLOSED PSI:	TIGHT 3.7			C) DIC	NOT OI	PEN		
CLEANED	7	CLEANED		Г	7	(CLEAN	NED			
REPLACED	7	REPLACEI			┥			ACED			
DISC	7	DISC			┑	E	DISC				
DISC HOLDER		DISC HOL	DER				DISC H	HOLDEI	R		
STEM		STEM				S	TEM				
RETAINER		RETAINER	₹			\$	PRIN	G			
O-RINGS		O-RINGS		L	4		DIAPH	IRAM			Ш
SEAT		SEAT		_	_	S	EAT				Ш
SPRING	_	SPRING		\vdash	4	_	PACE	_			\square
GUIDE	_	GUIDE			4			R(SEE E	3ELO/	W)	
OTHER(SEE BELOW)		OTHER(SE	EE BELOV	N)			UPPI				
						۲	'KE55	URE:		52	_PSI
SPECIAL COMMENTS	•						-		_		
DIRECTION O	F FLOW TES			VALVE	S LEF	T AS I	FOUI	ΝD	Х		
		FI	NAL TE	ST	4 1					ervicu	Age of
CLOSED TIGHT P	SI	CLOSED T	IGHT	PS	·		0	PENED	AT .		
PASSI	ED 2	X III		FAIL	.ED				B-W		
THE ABOVE INFORMATION			Contract of the last							XC13	
	257					And the Control of th				VOT	143



CUSTOMER: PROPERTY: PLANK MIDDLE SCHOOL ADDRESS: S10 SECRETARIAT DRIVE CITY, STATE: OSWEGO, IL. CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: MANUFACTURER: MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: ROOM A104	
ADDRESS: 510 SECRETARIAT DRIVE CITY, STATE: OSWEGO, IL. BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: WILKINS MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	
ADDRESS: 510 SECRETARIAT DRIVE CITY, STATE: OSWEGO, IL. BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: WILKINS MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	
CITY, STATE: OSWEGO, IL. CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: WILKINS MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	_
BACKFLOW DEVICE CERTIFICATION: RP RPDA DC DCDA MANUFACTURER: WILKINS MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	_
MANUFACTURER: WILKINS MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	X
MODEL: 950XL SERIAL NUMBER: 2256127XLD SIZE: .75"	
SERIAL NUMBER: 2256127XLD SIZE: .75"	
SIZE: .75"	
LOCATION OF DEVICE: POOM A104	
EOCATION OF DEVICE.	
RETEST DATE: 6/1/2018	
FIRE PROTECTION FP BYPASS X DCW IRRIGATION OTHER	
INITIAL TEST	
CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE	
LEAKED OPENED AT: N/A	
CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN	
PSI: 2.2 PSI: 2.7	
CLEANED CLEANED CLEANED	Ш
REPLACED REPLACED REPLACED	Ш
DISC DISC DISC	Ш
DISC HOLDER DISC HOLDER	Ш
STEM STEM STEM	Ш
RETAINER SPRING	\square
O-RINGS DIAPHRAM	Н
SEAT SEAT SEAT	Ш
SPRING SPACER SPACER	Н
GUIDE OTHER(SEE BELOW)	
OTHER(SEE BELOW) SUPPLY	
PRESSURE: 52	PSI
SPECIAL COMMENTS:	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X FINAL TEST	



	6/28/2017	
CUSTOMER:	CUSD 308	1. UMNNall
PROPERTY:	THOMPSON MIDDLE SCHOOL 42164/IN401659	$_{1}$ $1N170064$
ADDRESS:	440 BOULDER HILL PASS JOB NUMBER	
CITY, STATE:	OSWEGO, IL.	
	CONFERRED WITH	
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA DC DCDA	
MANUFACTURER:	CONBRACO	_
MODEL:	40208A2	
SERIAL NUMBER:	FT959	_
SIZE:	2"	
LOCATION OF DEVICE:	WEST MECHANICAL ROOM	_
RETEST DATE:	6/1/2018	<u></u>
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION OTHER	
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2 RELIEF VALVE	
LEAKED	LEAKED OPENED AT: 2.4	
CLOSED TIGHT X	CLOSED TIGHT X DID NOT OPEN	
PSI: 8.72	PSI: <u>1.6</u>	
CIEANIED -	CLEANED CLEANED	\neg
CLEANED REPLACED	CLEANED CLEANED REPLACED	\dashv
DISC	DISC	\dashv
DISC HOLDER	DISC HOLDER DISC HOLDER	┪
STEM	STEM STEM	7
RETAINER	RETAINER SPRING	┑
O-RINGS	O-RINGS DIAPHRAM	
SEAT	SEAT SEAT	
SPRING	SPRING SPACER	_
GUIDE	GUIDE OTHER(SEE BELOW)	_
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY	_
	PRESSURE: 68 PS	il
SPECIAL COMMENTS:	<u> </u>	
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOUND X	_
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI OPENED AT	_
PASSED	X FAILED	
THE ABOVE INFORMATION IS	The state of the s	

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

CORRECT:



CUSTOMER: CUSD 308 DATE PROPERTY: THOMPSON MIDDLE SCHOOL 42164/IN401 ADDRESS: 440 BOULDER HILL PASS JOB NUMBER CITY, STATE: OSWEGO, IL. CONFERRED WI BACKFLOW DEVICE CERTIFICATION: RP RPDA X DC DCDA MANUFACTURER: AMES MODEL: 5000SS	
ADDRESS: 440 BOULDER HILL PASS CITY, STATE: OSWEGO, IL. CONFERRED WI BACKFLOW DEVICE CERTIFICATION: RP RPDA X DC DCDA MANUFACTURER: AMES	
CITY, STATE: OSWEGO, IL. CONFERRED WI BACKFLOW DEVICE CERTIFICATION: RP RPDA X DC DCDA MANUFACTURER: AMES	
BACKFLOW DEVICE CERTIFICATION: RP RPDA X DC DCDA MANUFACTURER: AMES	TH
BACKFLOW DEVICE CERTIFICATION: RP RPDA X DC DCDA MANUFACTURER: AMES	TH
MANUFACTURER: AMES	
ni il	
MODEL: 5000SS	
SERIAL NUMBER: 5B00401	
S(ZE: 4"	
LOCATION OF DEVICE: WEST MECHANICAL ROOM	
RETEST DATE: 6/1/2018	
FIRE PROTECTION X FP BYPASS DCW RRIGATION OTHER	
INITIALTEST	
CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE	
LEAKED OPENED AT: 2.8	
CLOSED TIGHT X DID NOT OPEN	\Box
PSI: 9.8 PSI: 2.6	
CLEANED CLEANED CLEANED	Ш
REPLACED REPLACED	Ш
DISC DISC	Ш
DISC HOLDER DISC HOLDER	Ш
STEM STEM STEM	Ш
RETAINER SPRING	Ш
O-RINGS DIAPHRAM	Ш
SEAT SEAT SEAT	\vdash
SPRING SPRING SPACER	Н
GUIDE GUIDE OTHER(SEE BELOW) OTHER(SEE BELOW) OTHER(SEE BELOW)	Ш
	DCI
	- PSI
SPECIAL COMMENTS:	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X	
FINAL TEST	
CLOSED TIGHT PSI CLOSED TIGHT PSI OPENED AT	
PASSED X FAILED	



					8/2017	
CUSTOMER:	CU	SD 308		4	DATE	
PROPERTY:	THOMPSON	MIDDLE SCHOOL		42164	/IN4016	59
ADDRESS:	440 BOUL	DER HILL PASS		JOB	NUMBER	
CITY, STATE:	OSW	/EGO, IL.				
				CONFE	RRED WITI	н
BACKFLOW DEVICE CER	RTIFICATION: RE	RPDA	DC DC	D	CDA	
MANUFACTURER:		WI	LKINS			
MODEL:			75XL			
SERIAL NUMBER:			69319			
SIZE:			75"			
LOCATION OF DEVICE: RETEST DATE:	•		R ROOM ./2018			—
RETEST DATE:	-	- 0/1	./ 2016			
FIRE PROTECTION	FP BYPASS	DCW RF	RIGATION		OTHER	X
	INIT	IAL TEST			nice in the	
CHECK VALVE #1	СНЕСК	VALVE #2		RELIEF V	ALVE	
LEAKED	LEAKED		OPENE	D AT:	2.8	
CLOSED TIGHT X	CLOSED TI	GHT X	DID NO	T OPEN		
PSI: 9.6	PSI:	3.1				
	6			_		
CLEANED	CLEANED	\vdash	CLEANE			Н
REPLACED	REPLACED	\vdash	REPLACI	ED		Н
DISC HOLDER	DISC DISC HOLD	<u> </u>	DISC DISC HO	IDED		Н
STEM	STEM		STEM	LDEK		Н
RETAINER	RETAINER	H	SPRING			Н
O-RINGS	O-RINGS	\vdash	DIAPHR	AM		H
SEAT	SEAT	Н	SEAT			П
SPRING	SPRING		SPACER			П
GUIDE	GUIDE		OTHER(SEE BELOV	/)	
OTHER(SEE BELOW)	OTHER(SEE	BELOW)	SUPPLY			
			PRESSU	RE:	60	PSI
SPECIAL COMMENTS:						
DIRECTION OF I	FLOW TEST X	VALVES LE	FT AS FOUND	х		
	FIN	AL TEST				
CLOSED TIGHT PSI	CLOSED TIG	SHT PSI	OPE	NED AT		
PASSED	х	FAILED				
THE ABOVE INFORMATION IS						
CORRECT:					XC13	29
	cc	CDI SIGNATURE AND AP	PROVAL NUMBER	7		

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



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	THOMPSON MIDDLE S	CHOOL	42164/IN401659
ADDRESS:	440 BOULDER HILL	PASS	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		
37			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA X	DC DCDA
MANUFACTURER:		WATTS	
MODEL:		LF009M3	
SERIAL NUMBER:		77989	
SIZE:		.75"	
LOCATION OF DEVICE:	WES	T MECHANICAL I	ROOM
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS X DCW	IRRIGATION	OTHER
	INITIALTEST		
CHECK VALVE #1	CHECK VALVE #	2	RELIEF VALVE
LEAKED	LEAKED	OP OP	ENED AT: 2.6
CLOSED TIGHT X	CLOSED TIGHT	X DIE	NOT OPEN
PSI: 9.4	PSI: <u>1.6</u>	_	
CLEANED	CLEANED	CIE CIE	ANED
REPLACED	REPLACED		LACED
DISC	DISC	DIS	
DISC HOLDER	DISC HOLDER	DIS	C HOLDER
STEM	STEM	STE	
RETAINER	RETAINER		ing H
O-RINGS	O-RINGS	\mathbf{H}	PHRAM
SEAT	SEAT	SEA	т 🗀
SPRING	SPRING	SPA	CER 📙
GUIDE	GUIDE	ОТН	HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	\blacksquare	PPLY
	***	PRE	SSURE: 68 PSI
SPECIAL COMMENTS:			
	riow rest V	INTEGRATED AC EQ	
DIRECTION OF	FLOW TEST X VA	LVES LEFT AS FO	UND X
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	X	FAILED	
THE ABOVE INFORMATION IS			



			6/28/2017
CUSTOMER:	CUSD	308	DATE
PROPERTY:	THOMPSON MI	DDLE SCHOOL	42164/IN401659
ADDRESS:	440 BOULDE	R HILL PASS	JOB NUMBER
CITY, STATE:	OSWEG	io, IL.	
•			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP [X RPDA	DC DCDA
MANUFACTURER:		WILKINS	S
MODEL:		375A	
SERIAL NUMBER:		X11565	
SIZE:		4"	
LOCATION OF DEVICE:		BOILER RO	
RETEST DATE:		6/1/201	<u>8</u>
FIRE PROTECTION	FP BYPASS DC	W X IRRIGAT	ION OTHER
	INITIA	LTEST	
CHECK VALVE #1	CHECK VA	ALVE #2	RELIEF VALVE
LEAKED	LEAKED		OPENED AT: 2
CLOSED TIGHT X	CLOSED TIGH		DID NOT OPEN
PSI: <u>5.7</u>	PSI:	2.1	
CLEANED	CLEANED	[]	CLEANED
REPLACED	REPLACED	H	REPLACED
DISC	DISC	\vdash	DISC
DISC HOLDER	DISC HOLDER		DISC HOLDER
STEM	STEM		STEM
RETAINER	RETAINER		SPRING
O-RINGS	O-RINGS		DIAPHRAM
SEAT	SEAT		SEAT
SPRING	SPRING		SPACER
GUIDE	GUIDE		OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BE	LOW)	SUPPLY
			PRESSURE: 68 PSI
SPECIAL COMMENTS:			
DIRECTION OF F	LOW TEST X	VALVES LEFT AS	FOUND X
	FINAL	TEST	
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS			

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



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	THOMPSON MIDDLE SCHO	OL 42164/IN401659
ADDRESS:	440 BOULDER HILL PASS	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
	•	CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPI	DA DC DCDA
MANUFACTURER:		HERSEY
MODEL:		FRPII
SERIAL NUMBER:		994232
SIZE:		.75"
LOCATION OF DEVICE:		ILER ROOM
RETEST DATE:		6/1/2018
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION OTHER X
Will Allowant -	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 3
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 7.9	PSI: <u>1.6</u>	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF I	FLOW TEST X VALVES	LEFT AS FOUND X
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILE	ED
THE ABOVE INFORMATION IS		and the state of t
CORRECT:	The second secon	XC1329



		6/28/2017 DATE
CUSTOMER:		-
PROPERTY:	TRAUGHBER MIDDLE SCHOOL	42164/IN401659 JOB NUMBER
ADDRESS:	570 COLCHSTER	- JOB NUMBER
CITY, STATE:	OSWEGO, IL	
		CONFERRED WITH
BACKFLOW DEVICE CEI	RTIFICATION: RP X 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 X IRRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED OP	ENED AT: 2.2
CLOSED TIGHT x	CLOSED TIGHT X DID	NOT OPEN
PSI: 7.4	PSI: 7.2	
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS:	REPLACED REP DISC DISC DISC HOLDER STEM STEM STE RETAINER SPR O-RINGS DIA SEAT SEAT SPRING SPA GUIDE OTH OTHER(SEE BELOW) SUP	C HOLDER M ING PHRAM T. CCER LER(SEE BELOW)
DIRECTION OF F	LOW TEST X VALVES LEFT AS FO	םאט 🗌
	FINAL TEST	
CLOSED TIGHT X PSI	7.4 CLOSED TIGHT X PSI 7.2	OPENED AT 2.2
PASSED	x FAILED	
THE ABOVE		
INFORMATION IS	Scot Girls XC3839	
CORRECT:		
	CCCDI SIGNATURE AND APPROVAL NUMBER	ł

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



ADMISSION OF VALLEY FINE PROTECTION SERVICES LLC

			6/28/2017
CUSTOMER:			DATÉ
PROPERTY:	TRAUGHBER MIDDLE S	CHOOL	42164/IN401659
ADDRESS:	570 COLCHSTER		JOB NUMBER
CITY, STATE:	OSWEGO, IL		
-		•	CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DCDA X
MANUFACTURER:		WILKINS	
SERIAL NUMBER:		317028	
MODEL:		950XL	
SIZE:		.75 "	
LOCATION OF DEVICE:		Room A104	
RETEST DATE:		6/28/2018	
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	2	RELIEF VALVE
	INITIAL TEST		
LEAKED	LEAKED	OPE	ENED AT:
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 1.8	PSI: 1.6		
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)	REP DISC DISC STE SPR DIAL SEA SPA OTH	C HOLDER M ING PHRAM T CER HER(SEE BELOW)
SPECIAL COMMENTS:			
DIRECTION OF I	FLOW TEST X VAI	LVES LEFT AS FO	UND
	FINAL TEST		
CLOSED TIGHT X PSI	1.8 CLOSED TIGHT X	PSI <u>1.6</u>	OPENED AT
PASSED	x F	AILED	
THE ABOVE INFORMATION IS CORRECT	Scot	Girls	



6/28/2017 DATE **CUSTOMER:** TRAUGHBER MIDDLE SCHOOL PROPERTY: 42164/IN401659 JOB NUMBER ADDRESS: **570 COLCHSTER** CITY, STATE: OSWEGO, IL CONFERRED WITH **BACKFLOW DEVICE CERTIFICATION:** RP RPDA DCDA MANUFACTURER: WILKINS SERIAL NUMBER: v15644 MODEL: 350 ADA SIZE: 4" LOCATION OF DEVICE: Room A104 RETEST DATE: 6/28/2018 FIRE PROTECTION X FP BYPASS DCW IRRIGATION OTHER **CHECK VALVE #2 CHECK VALVE #1 RELIEF VALVE INITIAL TEST** LEAKED LEAKED OPENED AT: **CLOSED TIGHT CLOSED TIGHT** DID NOT OPEN PSI: 4.4 PSI: 4.4 CLEANED CLEANED CLEANED REPLACED REPLACED REPLACED DISC DISC DISC **DISC HOLDER DISC HOLDER** DISC HOLDER **STEM STEM STEM** RETAINER **SPRING** RETAINER O-RINGS O-RINGS DIAPHRAM SEAT SEAT SEAT **SPRING** SPRING **SPACER** GUIDE GUIDE OTHER(SEE BELOW) OTHER(SEE BELOW) OTHER(SEE BELOW) **SUPPLY** PRESSURE: PSI SPECIAL COMMENTS: **DIRECTION OF FLOW TEST** X **VALVES LEFT AS FOUND FINAL TEST** CLOSED TIGHT | x PSI **CLOSED TIGHT** x PSI 4.4 **OPENED AT** 4.4 **FAILED PASSED** × THE ABOVE INFORMATION IS Scot Girls XC3839 CORRECT: CCCDI SIGNATURE AND APPROVAL NUMBER

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



ADVISION OF VALLEY FOR PROTECTION STRINGES LLC

BACKFLOW TEST REPORT

		6/28/2017
CUSTOMER:		DATE
PROPERTY:	TRAUGHBER MIDDLE SCHOOL	42164/IN401659
ADDRESS:	570 COLCHSTER	JOB NUMBER
CITY, STATE:	OSWEGO, IL	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
SERIAL NUMBER:	15088	
MODEL;	919	
SIZE:	1"	7,024
LOCATION OF DEVICE:	Room A104	
RETEST DATE:	6/28/2018	
FIRE PROTECTION	FP BYPASS DCW IRRIGATION	N OTHER X
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED OF	PENED AT: 2,6
CLOSED TIGHT X	CLOSED TIGHT x DI	D NOT OPEN
PSI: 7.4	PSI: 8	
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS:	REPLACED RE DISC DISC DISC DISC DISC HOLDER STEM STI RETAINER SPI O-RINGS DIM SEAT SEAT SPRING SPI GUIDE OTHER(SEE BELOW) SU	EANED IPLACED SC SC HOLDER EM RING APHRAM AT ACER IHER(SEE BELOW) IPPLY ESSURE: PSI
-		
DIRECTION OF I		OUND X
	FINAL TEST	
CLOSED TIGHT x PSI	8.4 CLOSED TIGHT x PSI 8	OPENED AT 2.6
PASSED	x FAILED	
THE ABOVE INFORMATION IS CORRECT:	Scot Girls XC3839	

SCOT GIRLS XC3938 ILLINOIS PLUMBER LICENSE #058-126509



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	TRAUGHBER MIDDLE SCHOOL	42164/IN401659
ADDRESS:	570 COLCHESTER	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WATT	2
MODEL:	909	
SERIAL NUMBER:	43689	1
SIZE:	2"	
LOCATION OF DEVICE:	ROOM A	
RETEST DATE:	6/1/20	18
FIRE PROTECTION	FP BYPASS DCW IRRIGA	ATION X OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 4
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 9	PSI: <u>2.2</u>	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SPRING SPRING	SEAT SPRING	SEAT SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	OTTEMBLE BELOW,	PRESSURE: 25 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT A	S FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS	The second secon	
CORRECT:		XC1329
-	CCCDI SIGNATURE AND APPROV	

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



PROPERTY: OSWEGO EAST ADDRESS: 2510 HAR	D 308 T HIGH SCHOOL RVEY ROAD EGO, IL.		DATE .64/IN401659 IOB NUMBER	
ADDRESS: 2510 HAR CITY, STATE: OSWE BACKFLOW DEVICE CERTIFICATION: RP MANUFACTURER:	RVEY ROAD EGO, IL.			3
CITY, STATE: OSWI BACKFLOW DEVICE CERTIFICATION: RP MANUFACTURER:	EGO, IL.		IOB NUMBER	
BACKFLOW DEVICE CERTIFICATION: RP MANUFACTURER:				
MANUFACTURER:		co		
MANUFACTURER:			NFERRED WITH	
	X RPDA	DC	DCDA [
MODEL:	WATTS			
	009M2			
SERIAL NUMBER:	2167192	2		
SIZE:	1"			
LOCATION OF DEVICE:	4TH FLOOR BOILE 6/1/201			
RETEST DATE:	6/1/201/	<u> </u>		
FIRE PROTECTION FP BYPASS D	CW IRRIGAT	ION	OTHER [X
En la companya de la companya della companya de la companya della	AL TEST			
CHECK VALVE #1 CHECK	VALVE #2	RELIEF	VALVE	
LEAKED LEAKED		OPENED AT:	3.9	
CLOSED TIGHT X CLOSED TIG	SHT X	DID NOT OPE	N [
PSI: 9.1 PSI:	2.1			
CLEANED CLEANED		CLEANED	Г	\neg
REPLACED REPLACED	\vdash	REPLACED		\dashv
DISC DISC	⊢	DISC	ŀ	\dashv
DISC HOLDER DISC HOLDER	,	DISC HOLDER		\neg
STEM STEM				
21 21 21 21 21 21	1 1	STEM	Γ	
RETAINER RETAINER	\vdash	STEM SPRING		\exists
RETAINER RETAINER		SPRING		
RETAINER RETAINER O-RINGS O-RINGS		SPRING DIAPHRAM	-	
RETAINER O-RINGS O-RINGS SEAT SPRING GUIDE RETAINER RETAINER O-RINGS SPRINGS GUIDE		SPRING DIAPHRAM SEAT	ow)	
RETAINER O-RINGS O-RINGS SEAT SPRING RETAINER O-RINGS SEAT SPRING	BELOW)	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY	· •	
RETAINER O-RINGS O-RINGS SEAT SPRING GUIDE RETAINER RETAINER O-RINGS SPRINGS GUIDE	BELOW)	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL	ow)	51
RETAINER O-RINGS O-RINGS SEAT SPRING GUIDE RETAINER RETAINER O-RINGS SPRINGS GUIDE	BELOW)	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY	· •	51
RETAINER O-RINGS O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) RETAINER RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) OTHER(SEE BELOW)	BELOW)	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY PRESSURE:	30 PS	SI
RETAINER O-RINGS SEAT SPRING SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF FLOW TEST RETAINER RETAINER RETAINER O-RINGS SPRING SPRING GUIDE OTHER(SEE BELOW) TEST X	BELOW)	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY PRESSURE:	30 PS	SI
RETAINER O-RINGS SEAT SPRING SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF FLOW TEST RETAINER RETAINER RETAINER O-RINGS SPRING SPRING GUIDE OTHER(SEE BELOW) TEST X	VALVES LEFT AS	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY PRESSURE:	30 PS	SI
RETAINER O-RINGS O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF FLOW TEST X EIND RETAINER RETAINER RETAINER O-RINGS SPRING SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF FLOW TEST X	VALVES LEFT AS	SPRING DIAPHRAM SEAT SPACER OTHER(SEE BEL SUPPLY PRESSURE: FOUND X	30 PS	551



				6/27/2017	7
CUSTOMER:	CUSD 308	3		DATE	
PROPERTY:	OSWEGO EAST HIG		42164/IN401	559	
ADDRESS:	2510 HARVEY		JOB NUMBER		
CITY, STATE:	OSWEGO,	_			
<i>₩</i> .				CONFERRED WI	TH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC _	DCDA	
MANUFACTURER:		WATTS			
MODEL:		009M2			
SERIAL NUMBER:		94452			
SIZE:		1.5"			
LOCATION OF DEVICE:	4	TH FLOOR BOIL			
RETEST DATE:		6/1/201	8		
FIRE PROTECTION	FP BYPASS DCW	IRRIGAT	ION	OTHER	x
	INITIALT	27			
CHECK VALVE #1	CHECK VALV	E #2	REL	IEF VALVE	
LEAKED	LEAKED		OPENED AT	Г: 5	G.
CLOSED TIGHT X	CLOSED TIGHT	х	DID NOT O	PEN	
PSI: 8.8	PSI: 2				
CI SANISD	CLEANIED		CLEANED		
CLEANED REPLACED	CLEANED REPLACED	\vdash	REPLACED		H
DISC	DISC	Н	DISC		
DISC HOLDER	DISC HOLDER		DISC HOLDE	R	H
STEM	STEM	H	STEM		
RETAINER	RETAINER		SPRING		
O-RINGS	O-RINGS		DIAPHRAM		
SEAT	SEAT		SEAT		A
SPRING	SPRING		SPACER		
GUIDE	GUIDE		OTHER(SEE	BELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOV	v)	SUPPLY		
_		_	PRESSURE:	30	PSI
SPECIAL COMMENTS:					
DIRECTION OF I	FLOW TEST X	VALVES LEFT AS	FOUND	X	
	SINANATES	51			
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENE	TA C	
PASSED	х	FAILED			
THE ABOVE INFORMATION IS CORRECT:	<			XC1:	329



37 .5.					6/	27/2017	7
CUSTOMER:		CUS	D 308			DATE	
PROPERTY:		OSWEGO EAST	r HIGH SCHO	OL	4216	4/IN4016	559
ADDRESS:		2510 HAR	VEY ROAD		JO	B NUMBER	
CITY, STATE:		OSWE	GO, IL.				
					CON	FERRED WIT	ľH
BACKFLOW DEVICE	CERTIFICAT	TON: RP	X RP	DA	DC 1	DCDA	
MANUFACTURER:	_			WATTS			
MODEL:	_			009M2			
SERIAL NUMBER:	•			216707			
SIZE:			4714716	1"			
LOCATION OF DEVIC	ΞE: -			OR BOILER R	OOM		
RETEST DATE:	-			6/1/2018			
FIRE PROTECTION	FP BYI	PASS DO	cw 🔲	IRRIGATION		OTHER	X
		INITL	AL TEST				- 1
CHECK VALVE #1		CHECK \	/ALVE #2		RELIEF \	/ALVE	
LEAKED		LEAKED		OPE	NED AT:	5	
_	X	CLOSED TIG	HT X	םום [NOT OPEN		
PSI: 9.2		PSI:	2.3				
CLEANED T	\neg	CLEANED		1 CLEA	ANED		
REPLACED		REPLACED	-	4	LACED		H
DISC		DISC		Disc			Н
DISC HOLDER		DISC HOLDER	. –	DISC	HOLDER		\Box
STEM		STEM		STE	М		П
RETAINER		RETAINER		SPRI	NG		
O-RINGS		O-RINGS		DIAF	PHRAM		
SEAT		SEAT	<u> </u>	SEA	Γ		Ш
SPRING	_	SPRING		SPA	CER		Ш
GUIDE	_	GUIDE	\vdash	ОТН	ER(SEE BELO	W)	
OTHER(SEE BELOW)		OTHER(SEE B	ELOW)	SUP			
				PRE:	SSURE:	30	PSI
SPECIAL COMMENTS	5:						
DIRECTION O	OF FLOW TE	ST X	VALVES	LEFT AS FOL	AND X]	
		FINA	L TEST			3860	
CLOSED TIGHT P	·sı	CLOSED TIGH	IT PSI		OPENED AT		
PASS	ED [X	FAILE	D			
THE ABOVE INFORMATION		•			H-side angle - reg	XC13	29



			6/27/2017		
CUSTOMER:	CUSD	308	DATE		
PROPERTY:	OSWEGO EAST I	42164/IN4016	59		
ADDRESS:	2510 HARV	2510 HARVEY ROAD			
CITY, STATE:	OSWEG	iO, IL.	_		
•		-2	CONFERRED WIT	Н	
BACKFLOW DEVICE CER	RTIFICATION: RP	X RPDA	DC DCDA		
MANUFACTURER:		WATTS			
MODEL:	009M2				
SERIAL NUMBER:		102680			
SIZE:		1.5"			
LOCATION OF DEVICE:		4TH FLOOR BOILE			
RETEST DATE:		6/1/2018	3		
FIRE PROTECTION	FP BYPASS DC	W IRRIGATI	ON OTHER	X	
	INITIA	LTEST			
CHECK VALVE #1	CHECK VA	ALVE #2	RELIEF VALVE		
LEAKED	LEAKED		OPENED AT: 4.1		
CLOSED TIGHT X	CLOSED TIGH	т х	DID NOT OPEN		
PSI: 8.1	PSI:	2.1		_	
CLEANED	CLEANED	⊢ (CLEANED	$\vdash \vdash$	
REPLACED DISC	REPLACED DISC		REPLACED DISC	H	
DISC HOLDER	DISC HOLDER	⊢ (DISC HOLDER	H	
STEM	STEM	—	STEM	Н	
RETAINER	RETAINER	<u>⊢</u>	SPRING	H	
O-RINGS	O-RINGS	\vdash	DIAPHRAM	Н	
SEAT	SEAT	⊢	SEAT	Н	
SPRING	SPRING		SPACER	П	
GUIDE	GUIDE		OTHER(SEE BELOW)	П	
OTHER(SEE BELOW)	OTHER(SEE BE	LOW)	SUPPLY		
_			PRESSURE: 30	PSI	
SPECIAL COMMENTS:					
DIRECTION OF	FLOW TEST X	VALVES LEFT AS	FOUND X		
	FINAL	1131			
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT		
PASSED		FAILED			
THE ABOVE INFORMATION IS CORRECT:		The second secon	XC13	29	



				6/27/2017		
CUSTOMER:	CUSD 30		DATE			
PROPERTY:	OSWEGO EAST HI	42	2164/IN401659 JOB NUMBER	<u> </u>		
ADDRESS:	2510 HARVEY	2510 HARVEY ROAD				
CITY, STATE:	OSWEGO					
			C	ONFERRED WITH		
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC	DCDA		
MANUFACTURER:		WATTS				
MODEL:		009M2			_	
SERIAL NUMBER:	218174					
SIZE:	1"					
LOCATION OF DEVICE:	4TH F	LOOR BOILER RO		NE		
RETEST DATE:		6/1/201	8		_	
FIRE PROTECTION	FP BYPASS DCW	IRRIGAT	TION	OTHER [X	
	INITIAL	TEST			7	
CHECK VALVE #1	CHECK VAL	VE #2	RELIE	F VALVE		
LEAKED	LEAKED		OPENED AT:	3.1	_	
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OP	EN _		
PSI: 8.6	PSI: <u>1.6</u>	<u> </u>				
CLEANED	CLEANED		CLEANED	Г	\neg	
CLEANED REPLACED	CLEANED REPLACED	-	CLEANED REPLACED		\dashv	
DISC	DISC	H	DISC		┥	
DISC HOLDER	DISC HOLDER	\vdash	DISC HOLDER	-	⊣	
STEM	STEM	\vdash	STEM		一	
RETAINER	RETAINER	\square	SPRING		一	
O-RINGS	O-RINGS		DIAPHRAM		一	
SEAT	SEAT		SEAT		┑	
SPRING	SPRING		SPACER		ヿ	
GUIDE	GUIDE		OTHER(SEE BE	Low)	\neg	
OTHER(SEE BELOW)	OTHER(SEE BELO	w)	SUPPLY	_	_	
_		9	PRESSURE:	30 PS	il .	
SPECIAL COMMENTS:			_			
DIRECTION OF F	LOW TEST X	VALVES LEFT AS	FOUND	х		
	FINALT	n n				
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED A	ΛT		
PASSED	х	FAILED			\neg	
THE ABOVE INFORMATION IS		the same and the s		18	_	
CORRECT:		The state of the s		XC1329)	



CUSTOMER: PROPERTY: OSWEGO EAST HIGH SCHOOL ADDRESS: 2510 HARVEY ROAD OSWEGO, IL. CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP X RPDA DC DCDA MANUFACTURER: MODEL: SIZE: 1009M2 SERIAL NUMBER: SIZE: 100CATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED LEAKED OPENED AT: 2.5 CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 9.3 PSI: 2 CLEANED REPLACED REPLACED DISC HOLDER STEM STEM STEM	9
ADDRESS: CITY, STATE: OSWEGO, IL. CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP X RPDA DC DCDA MANUFACTURER: MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: ROOM H-101 RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 9.3 PSI: 2 CLEANED REPLACED REPLACED REPLACED DISC DISC DISC DISC HOLDER DISC HOLDER DISC HOLDER DCM X IRRIGATION OTHER CONFERRED WITH CONF	
CITY, STATE: OSWEGO, IL. CONFERRED WITH BACKFLOW DEVICE CERTIFICATION: RP X RPDA DC DCDA MANUFACTURER: MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED DISC DISC DISC DISC DISC DISC HOLDER CONFERRED WITH CONFERMED WITH CON	
BACKFLOW DEVICE CERTIFICATION: RP X 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 X IRRIGATION OTHER TINITIAL TEST CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED DCCASED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 9.3 PSI: 2 CLEANED CLEANED REPLACED REPLACED DISC DISC DISC DISC DISC DISC HOLDER MATTS WATTS DCM X RPDA DC DCDA ROOM DCDA REPLACED DCDA D	
MANUFACTURER: MATTS MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: RETEST DATE: CHECK VALVE #1 CHECK VALVE #1 CLEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED REPLACED DISC DISC DISC DISC DISC DOM X RPDA DC DCD DCD DCD DCD DCD DCD D	
MANUFACTURER: MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: ROOM H-101 RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER THITIAL TEST CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED REPLACED DISC DISC DISC DISC DISC HOLDER O09M2 CREATES ROOM H-101 REPLACED REPLACED REPLACED REPLACED DISC DISC HOLDER O19M2 ARRIGATION OTHER OTHER AND OTHER CLEANED REPLACED REPLACED DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC DISC	
MODEL: SERIAL NUMBER: SIZE: LOCATION OF DEVICE: RETEST DATE: FP BYPASS DCW X IRRIGATION OTHER INITIAL TEST CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED DISC DISC DISC DISC DISC HOLDER DISC DISC HOLDER	
SERIAL NUMBER: SIZE: LOCATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER INITIAL TEST CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED DISC DISC DISC DISC HOLDER DISC HOLDER DISC HOLDER	
SIZE: LOCATION OF DEVICE: RETEST DATE: FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER TINITIAL TEST CHECK VALVE #1 CHECK VALVE #2 LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED REPLACED DISC DISC DISC HOLDER ROOM H-101 RENOW H-101 REPLACED REPLACED REPLACED DISC DISC HOLDER ROOM H-101 REPLACED REPLACED REPLACED DISC DISC HOLDER REPLACED DISC HOLDER	
RETEST DATE: RETEST DATE: FP BYPASS DCW X IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #1 CLEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED REPLACED REPLACED DISC DISC HOLDER ROOM H-101 6/1/2018 OTHER OTHER A RELIEF VALVE CLOSED TIGHT X DID NOT OPEN REPLACED REPLACED REPLACED DISC DISC HOLDER ROOM H-101 CHEANED CHEANED REPLACED REPLACED DISC DISC HOLDER ROOM H-101 CHEANED OTHER OTHER	
FIRE PROTECTION FP BYPASS DCW X IRRIGATION OTHER INITIAL TEST	
FP BYPASS DCW X IRRIGATION OTHER CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE	
CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED CLEANED CLEANED CLEANED CLEANED REPLACED DISC DISC DISC HOLDER CHECK VALVE #2 RELIEF VALVE ARELIEF VALVE CLEANED CLEANED CLEANED REPLACED REPLACED DISC DISC HOLDER CHECK VALVE #2 RELIEF VALVE CLEANED CLEANED REPLACED DISC HOLDER DISC HOLDER	
CHECK VALVE #1 CHECK VALVE #2 RELIEF VALVE LEAKED CLOSED TIGHT PSI: 9.3 CLEANED CLEANED REPLACED DISC DISC HOLDER CHECK VALVE #2 RELIEF VALVE OPENED AT: 2.5 DID NOT OPEN CLEANED REPLACED REPLACED DISC DISC DISC HOLDER CHECK VALVE #2 RELIEF VALVE CLEANED RELIEF VALVE OPENED AT: 2.5 CLEANED REPLACED DID NOT OPEN REPLACED DISC DISC DISC DISC DISC DISC HOLDER	
LEAKED CLOSED TIGHT PSI: 9.3 CLEANED REPLACED DISC DISC HOLDER CLEAKED CLOSED TIGHT X CLOSED TIGHT X CLOSED TIGHT X CLEANED CLEANED REPLACED REPLACED DISC DISC DISC HOLDER CLEANED REPLACED DISC DISC HOLDER CLEANED REPLACED DISC HOLDER	
CLOSED TIGHT X CLOSED TIGHT X DID NOT OPEN PSI: 9.3 CLEANED CLEANED CLEANED REPLACED REPLACED REPLACED DISC DISC DISC DISC DISC HOLDER CLOSED TIGHT X DID NOT OPEN CLEANED REPLACED DISC DISC DISC DISC DISC DISC HOLDER	
PSI: 9.3 CLEANED CLEANED CLEANED REPLACED REPLACED REPLACED DISC DISC DISC DISC HOLDER DISC HOLDER DISC HOLDER	
CLEANED CLEANED REPLACED REPLACED DISC DISC DISC DISC HOLDER CLEANED REPLACED REPLACED DISC DISC DISC HOLDER	
REPLACED REPLACED DISC DISC DISC DISC HOLDER REPLACED REPLACED REPLACED DISC DISC DISC DISC DISC DISC HOLDER	
REPLACED REPLACED DISC DISC DISC DISC HOLDER REPLACED REPLACED REPLACED DISC DISC DISC DISC DISC DISC HOLDER	
DISC DISC DISC DISC HOLDER DISC HOLDER DISC HOLDER	\dashv
DISC HOLDER DISC HOLDER	\dashv
	\dashv
	\dashv
RETAINER SPRING	\neg
O-RINGS DIAPHRAM	\Box
SEAT SEAT SEAT	
SPRING SPACER SPACER	
GUIDE GUIDE OTHER(SEE BELOW)	
OTHER(SEE BELOW) SUPPLY	
PRESSURE: 60 F	PSI
SPECIAL COMMENTS:	
DIRECTION OF FLOW TEST X VALVES LEFT AS FOUND X	
FINAL (EST	
CLOSED TIGHT PSI CLOSED TIGHT PSI OPENED AT	
PASSED X FAILED	
THE ABOVE INFORMATION IS CORRECT: XC132	



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO EAST HIGH SCHOOL	42164/IN401659
ADDRESS:	2510 HARVEY ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X 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 X IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPI	ENED AT: 2.1 =
CLOSED TIGHT X PSI: 6.9	CLOSED TIGHT X DID PSI: 1.7	NOT OPEN
CLEANED	CICANICO CIC	
CLEANED REPLACED		ANED
DISC	DISC	⊢
DISC HOLDER		C HOLDER
STEM	STEM STE	\vdash
RETAINER	RETAINER SPR	 -(
O-RINGS	O-RINGS DIA	PHRAM
SEAT	SEAT SEA	т 📙
SPRING	SPRING SPA	CER
GUIDE	GUIDE OTH	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUP	PLY
	PRE	SSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOR	UND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	II
THE ABOVE INFORMATION IS CORRECT:		XC1329



						6/27/20:	17
CUSTOMER:		CUSD 308	*			DATE	
PROPERTY:	OSWEGO	EAST HIGH :	SCHOOL	-	4	2164/IN40	1659
ADDRESS:	251(HARVEY RC	AD			JOB NUMBE	ER .
CITY, STATE:	(OSWEGO, IL.	Ş				
•	-					CONFERRED V	VITH
BACKFLOW DEVICE CER	RTIFICATION:	RP X	RPDA		DC	DCDA	
MANUFACTURER:			WA	TTS			
MODEL:			9	09			
SERIAL NUMBER:				535			
SIZE:				5"			
LOCATION OF DEVICE:				1 C119			
RETEST DATE:			6/1/	2018			
FIRE PROTECTION	FP BYPASS	DCW X	IRRI	GATION		ОТНЕ	R 🔲
		NITIAL TES					
CHECK VALVE #1	CH	IECK VALVE #	12		RELI	EF VALVE	
LEAKED	LEAKE	D		OPE	NED AT	2.2	
CLOSED TIGHT X	CLOSE	D TIGHT	X	DID	NOT OF	PEN	
PSI: 8.4	PSI:	2.1	_				
CIEANED -	CLEAN	5 0		CLE	MED		
CLEANED	CLEAN REPLA		\vdash		ANED LACED		
REPLACED DISC	DISC	JED	\vdash	DISC			-
DISC HOLDER		OLDER	H		: HOLDEF	₹	\Box
STEM	STEM	OEDER	H	STEN		•	
RETAINER	RETAIN	NFR	\vdash	SPRI			
O-RINGS	O-RING		\vdash		HRAM		
SEAT	SEAT		H	SEAT			
SPRING	SPRING	Ĵ		SPA			
GUIDE	GUIDE		\Box	ОТН	ER(SEE B	BELOW)	
OTHER(SEE BELOW)	OTHER	(SEE BELOW)	П	SUP			
				PRE!	SSURE:	60	PSI
SPECIAL COMMENTS:					,		
DIRECTION OF	FLOW TEST X	· v	ALVES LEF	T AS FOL	םמר	Х	
		ERVALTEST		UI			
CLOSED TIGHT PSI	CLOSE	D TIGHT	PSI		OPENED	AT	
PASSED	X		FAILED				
THE ABOVE INFORMATION IS CORRECT:					_	VC	1329



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO EAST HIGH SCHOOL	42164/IN401659
ADDRESS:	2510 HARVEY ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILKINS	
MODEL:	375	
SERIAL NUMBER:	X25622	
SIZE:	3"	
LOCATION OF DEVICE:	ROOM K-146 GIRLS LOCKE	ER ROOM
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
	INITIAL TEST	W65,523
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LÉAKED OPE	NED AT: 2.4
CLOSED TIGHT X	CLOSED TIGHT X DID	NOT OPEN
PSI: 7.5	PSI: 4.5	
CLEANED	CLEANED CLEA	——————————————————————————————————————
REPLACED	0.00	ACED
DISC HOLDER	DISC DISC DISC	HOLDER
STEM	STEM STEM	<u> </u>
RETAINER	RETAINER SPRII	⊢
O-RINGS	-	HRAM
SEAT	SEAT SEAT	
SPRING	SPRING SPAC	⊢
GUIDE	GUIDE OTHE	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPP	
	_	SURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOU	IND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI C	OPENED AT
PASSED	X FAILED	-
THE ABOVE INFORMATION IS		XC1329



							6/2	7/2017	
CUSTOMER:		CUSD 3	08					DATE	
PROPERTY:	OSW	OSWEGO EAST HIGH SCHOOL					12164	/IN4016	59
ADDRESS:		2510 HARVEY ROAD					JOB	NUMBER	
CITY, STATE:		OSWEGO), IL.						
CS . Ad .							CONFE	RRED WIT	Ή
BACKFLOW DEVICE CER	RTIFICATION:	RP X	RP.	DA [DC _] D	CDA	
MANUFACTURER:				WILKI	NS				
MODEL:				975X	(L				
SERIAL NUMBER:				26569	70				
SIZE:				2"					
LOCATION OF DEVICE:			CONC	ESSIOI	N STAN	ID			
RETEST DATE:				6/1/20)18				
FIRE PROTECTION	FP BYPASS	DCW	x	IRRIG	ATION]	OTHER	
		INITIAL	TEST						
CHECK VALVE #1		CHECK VAL	VE #2			REL	IEF V	ALVE	
LEAKED	LE	AKED]	OPE	NED A	Γ:	3.4	- A
CLOSED TIGHT X	CL	OSED TIGHT	X]	DID	NOT O	PEN		
PSI: 8.7	PS	l: <u>2</u>	<u> </u>	_					1,3
CLEANED	e.	FABIED	_	1	CLEA	MED			
CLEANED		EANED		-		ANED			-
REPLACED DISC	DI:	PLACED	\vdash	1	DISC				\vdash
DISC HOLDER		SC HOLDER		1		: HOLDE	D		\vdash
STEM		EM		-	STEN		IX.		
RETAINER		TAINER	_	-	SPRI				+
O-RINGS	· ·	RINGS		1		HRAM			H
SEAT	_	AT		-	SEAT				H
SPRING		RING		1	SPA				\vdash
GUIDE		JIDE		1	-	ER(SEE	BELO	۸/)	
OTHER(SEE BELOW)		HER(SEE BEL	ow)	1	SUP	•		,	() v
		,,,,,,		-		SSURE:		60	PSI
SPECIAL COMMENTS:									•
DIRECTION OF	FLOW TEST	х	VALVE	S LEFT	AS FOL	JND	Х		
		EINALS	IEST .	- 4	12				
CLOSED TIGHT PSI	CL	OSED TIGHT	PSI			OPENE) AT		
PASSED	х		FAIL	ED					
THE ABOVE INFORMATION IS		0 -		equality.					
CORRECT:		-			_			XC13	129



		6/27/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO EAST HIGH SCHOOL	42164/IN401659
ADDRESS:	2510 HARVEY ROAD	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA	DC DCDA X
MANUFACTURER:	FLOMATIC	
MODEL:	DCVE	
SERIAL NUMBER:	A1978	
SIZE:	75"	
LOCATION OF DEVICE:	ROOM E-154	
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS X DCW IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	NED AT: N/A
CLOSED TIGHT X	<u> </u>	NOT OPEN
PSI: 2.1	PSI: <u>1.3</u>	
CLEANED	CLEANED CLEA	ANED
REPLACED	—	ACED
DISC	DISC	
DISC HOLDER	DISC HOLDER DISC	HOLDER
STEM	STEM STEN	л 🗎
RETAINER	RETAINER SPRI	NG
O-RINGS	O-RINGS DIAP	PHRAM
SEAT	SEAT SEAT	
SPRING	SPRING SPAC	CER
GUIDE	GUIDE OTH	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPP	PLY
	PRES	SSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F		JND X
попарадня по по	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	IIII_
THE ABOVE INFORMATION IS		XC1329



				6/27/2017	7
CUSTOMER:	CUSD 308		DATE		
PROPERTY:	OSWEGO EAST HIGH	42	2164/IN4016	559	
ADDRESS:	2510 HARVEY F	2510 HARVEY ROAD			
CITY, STATE:	OSWEGO, I	L.			
			C	ONFERRED WIT	ГН
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA X	DC	DCDA	
MANUFACTURER;		WILKINS	;		
MODEL:		975XL			
SERIAL NUMBER:		1846097X	LD		
SIZE:		.75"			
LOCATION OF DEVICE:		ROOM H-1			
RETEST DATE:		6/1/201	В		
FIRE PROTECTION	FP BYPASS X DCW	IRRIGAT	ION	OTHER	
	INTIALT	51			
CHECK VALVE #1	CHECK VALVE	E #2	RELIE	EF VALVE	
LEAKED	LEAKED		OPENED AT:	2.8	
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OP	EN	
PSI: 8.3	PSI: <u>1.4</u>				
CLEANED	CLEANED		CLEANED		
REPLACED	REPLACED	+	REPLACED		+
DISC	DISC	\Box	DISC		
DISC HOLDER	DISC HOLDER	H	DISC HOLDER		
STEM	STEM	H	STEM	,	
RETAINER	RETAINER	H	SPRING		
O-RINGS	O-RINGS		DIAPHRAM		\Box
SEAT	SEAT	H	SEAT		
SPRING	SPRING		SPACER		
GUIDE	GUIDE	H	OTHER(SEE B	ELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOW	лН	SUPPLY	,	-
		·	PRESSURE:	60	PSI
SPECIAL COMMENTS:			-		-
DIRECTION OF	FLOW TEST X	VALVES LEFT AS	FOUND	х	
	EINAME	ST			
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED	AT	_
PASSED	x	FAILED			\Box
THE ABOVE INFORMATION IS	<		2	1200	
CORRECT				XC13	329



					6	/27/2017	7
CUSTOMER:		CUSD 30	8			DATE	
PROPERTY:	05	OSWEGO EAST HIGH SCHOOL			421	64/IN401	659
ADDRESS:		2510 HARVEY ROAD			JO	OB NUMBER	
CITY, STATE:		OSWEGO,	IL.				
					CON	IFERRED WI	TH
BACKFLOW DEVICE C	ERTIFICATION	1: RP	RPDA		DC	DCDA	X
MANUFACTURER:			A	MES		10	
MODEL:			MAX	(IM 300			
SERIAL NUMBER:			CK	-1215			
SIZE:				6"			
LOCATION OF DEVICE				M E-154			
RETEST DATE:	_		6/1	/2018		1	
FIRE PROTECTION X	FP BYPAS	s Dcw	IRI	RIGATION		OTHER	
		INITIALT	EST			=== 1	
CHECK VALVE #1		CHECK VALV	/E #2		RELIEF	VALVE	
LEAKED		LEAKED		OPE	NED AT:	N/A	
CLOSED TIGHT X	_	CLOSED TIGHT	Х	DID	NOT OPEN	1	
PSI: 3.2		PSI: <u>2.1</u>					
CLEANED	٦	CLEANED		CI E	NED		
CLEANED REPLACED	⊣	CLEANED REPLACED	Н		NED ACED		Н
DISC	⊣	DISC	\square	DISC			\vdash
DISC HOLDER	┥	DISC HOLDER	\vdash		HOLDER		H
STEM	┥	STEM		STEN			H
RETAINER	┥	RETAINER		SPRI			H
O-RINGS	-	O-RINGS	Н	.53	HRAM		
SEAT	7	SEAT		SEAT			\Box
SPRING	1	SPRING		SPAC	ER		
GUIDE	7	GUIDE		ОТН	ER(SEE BELO	ow)	
OTHER(SEE BELOW)	7	OTHER(SEE BELOV	w)	SUPF	, LY		_
_	_			PRES	SURE:	60	PSI
SPECIAL COMMENTS:							-
DIRECTION O	F FLOW TEST	x	VALVES LE	FT AS FOL	JND X	ī	
		FINAL TE	ST				
CLOSED TIGHT PS	·	CLOSED TIGHT	PSI _		OPENED AT		
PASSE	D X		FAILED				\neg
THE ABOVE INFORMATION I	es .						
CORRECT	Γ:		the second section of the second section of the second section	- married and the same of the		XC13	29



			6/27/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	OSWEGO EAST HIGH SO	HOOL	42164/IN401659
ADDRESS:	2510 HARVEY ROA	D	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		
-			CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP	RPDA X	DC DCDA
MANUFACTURER:		WILKINS	
MODEL:		375DA	
SERIAL NUMBER:		M03032	
SIZE:		4"	
LOCATION OF DEVICE:		ROOM H-101	
RETEST DATE:		6/1/2018	
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATION	OTHER
	INITIALTEST		
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE
LEAKED	LEAKED [OP	ENED AT: 3
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 9.4	PSI: <u>2.7</u>		_
			_
CLEANED	CLEANED	CLE	ANED
REPLACED	REPLACED		LACED
DISC	DISC	DISC	
DISC HOLDER	DISC HOLDER		CHOLDER
STEM	STEM	STE	_
RETAINER	RETAINER	SPR	- 1 T
O-RINGS	O-RINGS	SEA	PHRAM
SEAT SPRING	SÉAT SPRING		CER
GUIDE	GUIDE	_	HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)		PPLY
OTTICINATE DELOW!	OTTEMSEE BELOW,		SSURE: 60 PSI
SPECIAL COMMENTS:			
	ELOWITEET VAL	VEC LEET AC EO	UND V
DIRECTION OF		VES LEFT AS FO	UND X
	EINALTES		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSEE) X F/	AILED	
THE ABOVE INFORMATION IS CORRECT:			XC1329



			6/27/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	OSWEGO EAST HIGH SO	42164/IN401659	
ADDRESS:	2510 HARVEY ROA	JOB NUMBER	
CITY, STATE:	OSWEGO, IL.		_
_		CONFERRED WITH	
BACKFLOW DEVICE CERT	TIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		WATTS	
MODEL:		009M2	
SERIAL NUMBER:	_	230886	
SIZE:		1"	
LOCATION OF DEVICE:		ROOM G-137	
RETEST DATE:	< #	6/1/2018	
		1	
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION	X OTHER
	INITIAL TEST		
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE
LEAKED	LEAKED	OP!	ENED AT: 2.1
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 6.9	PSI: 1.7		
	,	_	
CLEANED	CLEANED	CLE	ANED
REPLACED	REPLACED	REP	LACED
DISC	DISC	DIS	· +
DISC HOLDER	DISC HOLDER	DISC	CHOLDER
STEM	STEM	STE	м 📖
RETAINER	RETAINER	SPR	ING
O-RINGS	O-RINGS		PHRAM
SEAT	SEAT	SEA	· H
SPRING	SPRING	—	CER
GUIDE	GUIDE	<u> </u> — отн	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)		PLY
		PRE	SSURE: 52 PSI
SPECIAL COMMENTS:			I =
DIRECTION OF FL	OW TEST X VAL	VES LEFT AS FO	UND X
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	X F/	AILED	
THE ABOVE INFORMATION IS CORRECT:			XC1329



			6/27/2017	
CUSTOMER:	CUSD 308		DATE	
PROPERTY:	OSWEGO EAST HIGH SCH	HOOL	42164/IN4016	59
ADDRESS:	2510 HARVEY ROAD)	JOB NUMBER	
CITY, STATE:	OSWEGO, IL.			
_			CONFERRED WIT	Н
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA	
MANUFACTURER:		WATTS		
MODEL:		LF909		
SERIAL NUMBER:		000681		
SIZE:		3"		
LOCATION OF DEVICE:	F	OOTBALL FIELD)	
RETEST DATE:		6/1/2018		
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION	X OTHER	
	INITIALTEST			
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE	
LEAKED	LEAKED	OPE	ENED AT: 3	
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN	. \Box
PSI: 8.1	PSI: 2.5			
		_		
CLEANED	CLEANED	CLE	ANED	
REPLACED	REPLACED	→	LACED	
DISC	DISC	DISC		
DISC HOLDER	DISC HOLDER		HOLDER	
STEM	STEM	STE		
RETAINER	RETAINER	SPR		y
O-RINGS	O-RINGS	—	PHRAM	
SEAT	SEAT	SEA		Ш
SPRING	SPRING	SPA		
GUIDE	GUIDE	_	ER(SEE BELOW)	ш
OTHER(SEE BELOW)	OTHER(SEE BELOW)		PLY	
		PRE	SSURE: 60	PSI
SPECIAL COMMENTS:	<u> </u>			
DIRECTION OF I	FLOW TEST X VALV	ES LEFT AS FO	UND X	
	FINAL TEST			
CLOSED TIGHT PSI	CLOSED TIGHT F	PSI	OPENED AT	
PASSED	X FA	ILED		
THE ABOVE INFORMATION IS CORRECT:	Company of the Compan		XC13	329



660		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659 N 7D
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	TIFICATION: RP X 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	X OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	ENED AT:2
CLOSED TIGHT X		NOT OPEN
PSI: 8.5	PSI: <u>1.2</u>	
CLEANED	CLEANED CLEA	ANED
REPLACED	—	LACED
DISC	DISC	\vdash
DISC HOLDER	\vdash	HOLDER
STEM	STEM STE	м
RETAINER	RETAINER SPRI	NG
O-RINGS	O-RINGS DIAI	PHRAM
SEAT	SEAT SEA	т 🔲
SPRING	SPRING SPA	\vdash
GUIDE	 	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUP	
	PKE:	SSURE: 50 PSI
SPECIAL COMMENTS: _		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOL	JND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		

CCCDI SIGNATURE AND APPROVAL NUMBER

XC1329

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

CORRECT:



			6/28/2017				
CUSTOMER:	CUSD 308		DATE				
PROPERTY:	OSWEGO HIGH SCI	42164/IN401659					
ADDRESS:	4250 ROUTE 7	JOB NUMBER					
CITY, STATE:	OSWEGO, IL.	Ę					
•		CONFERRED WITH					
BACKFLOW DEVICE CER	RTIFICATION: RP X	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	X OTHER				
	INITIAL TES						
CHECK VALVE #1	CHECK VALVE	12	RELIEF VALVE				
LEAKED	LEAKED	OPE	NED AT:2				
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN				
PSI: 8.5	PSI: <u>1,2</u>	_					
CLEANED	CLEANED	CIE	ANED				
REPLACED	REPLACED	\vdash	LACED				
DISC	DISC	DISC					
DISC HOLDER	DISC HOLDER	\mathbf{H}	HOLDER				
STEM	STEM	STEI					
RETAINER	RETAINER	SPRI	\vdash				
O-RINGS	O-RINGS	\mathbf{H}	PHRAM				
SEAT	SEAT	SEA.	<u> </u>				
SPRING	SPRING	SPA	CER				
GUIDE	GUIDE	ОТН	ER(SEE BELOW)				
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP					
		PRE:	SSURE: 50 PSI				
SPECIAL COMMENTS:) 10 - 1 37				
	LOW TEST V	NAMES LEET AS SOL					
DIRECTION OF F		ALVES LEFT AS FO	ם אר אר				
	FINALTEST	-					
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT				
PASSED	х	FAILED					
THE ABOVE INFORMATION IS CORRECT:		A STATE OF THE PARTY OF T	XC1329				



and a started out outside the	mit £207140F607un 96un aP10P 900F			6/	28/2017	
CUSTOMER:	c	:USD 308			DATE	
PROPERTY:	OSWEGO	D HIGH SCHOOL	-	4216	4/IN4016	i59
ADDRESS:	425	4250 ROUTE 71				
CITY, STATE:	OS	OSWEGO, IL.				
			CONI	FERRED WIT	тн	
BACKFLOW DEVICE CER	RTIFICATION:	RP RP	DA 🗌	DC	DCDA	Х
MANUFACTURER:			WILKINS			
MODEL:			350A			
SERIAL NUMBER:			V32693			
SIZE:			4"			
LOCATION OF DEVICE:			SPRINKLER	ROOM		
RETEST DATE:			6/1/2018			
FIRE PROTECTION X	FP BYPASS	DCW	IRRIGATION		OTHER	
	IN	ITIAL TEST				-
CHECK VALVE #1	CHEC	CK VALVE #2		RELIEF V	/ALVE	
LEAKED	LEAKED		OPE	NED AT:	N/A	
CLOSED TIGHT X	CLOSED	TIGHT X	DID	NOT OPEN		
PSI: 4.3	PSI:	4.1	•			
			_			
CLEANED	CLEANED	·	CLEA	ANED		
REPLACED	REPLACEI	D	REPL	LACED		Ш
DISC	DISC		DISC			Ш
DISC HOLDER	DISC HOL	DER	DISC	HOLDER		ш
STEM	STEM	<u> </u>	STEN	۷I		Н
RETAINER	RETAINER	` _	SPRI			Н
O-RINGS	O-RINGS	⊢	1	PHRAM		Н
SEAT	SEAT	\vdash	SEAT			Н
SPRING	SPRING	<u> </u>	SPAC		1	\vdash
GUIDE	GUIDE		1	ER(SEE BELO	iw)	
OTHER(SEE BELOW)	OTHER(SE	EE BELOW)	SUPI	PLY SSURE:	60	ncı
			FRES		60	PSI
SPECIAL COMMENTS:					_	
DIRECTION OF I	FLOW TEST X	VALVES	LEFT AS FOL	JND X		
	FI	NAL TEST			2	
CLOSED TIGHT PSI	CLOSED T	IGHT PSI		OPENED AT		
PASSED	х	FAILE	D D			
THE ABOVE INFORMATION IS						
CORRECT:				>	XC13	29



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA RPDA	DC DCDA X
MANUFACTURER:	WILKINS	
MODEL:	950XL	
SERIAL NUMBER:	3600565XL	D
SIZE:	.75"	
LOCATION OF DEVICE:	AUX. GYM SPRINKL	ER ROOM
RETEST DATE:	6/1/2018	· · · · · · · · · · · · · · · · · · ·
FIRE PROTECTION X	FP BYPASS DCW IRRIGATION	ON OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: N/A
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 2.2	PSI: 2.1	
CLEANED	CLEANED	CLEANED
REPLACED	H '	REPLACED
DISC		DISC
DISC HOLDER	H '	DISC HOLDER
STEM		STEM -
RETAINER		SPRING H
O-RINGS		DIAPHRAM
SEAT		SEAT -
SPRING		SPACER
GUIDE	Y2 ¹⁰	OTHER(SEE BELOW)
OTHER(SEE BELOW)		SUPPLY
	· · · · ·	PRESSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	FLOW TEST X VALVES LEFT AS I	FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT:		XC1329
_	CCCDI SIGNATURE AND APPROVAL	NUMBER



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA X	DC DCDA
MANUFACTURER:	WILKINS	
MODEL:	975XL	
SERIAL NUMBER:	762475XLD	
SIZE:	.75"	
LOCATION OF DEVICE:	ROOM149A	
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS X DCW RRIGATION	N OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	PENED AT: 2.1
CLOSED TIGHT X		ID NOT OPEN
PSI: 9.9	PSI: <u>2.3</u>	
~	greater a	541150
CLEANED	H -	LEANED
REPLACED DISC	<u> </u>	EPLACED SC
DISC HOLDER		SC HOLDER
STEM	—	EM
RETAINER		PRING
O-RINGS		APHRAM
SEAT	*****	AT -
SPRING		PACER
GUIDE		THER(SEE BELOW)
OTHER(SEE BELOW)		JPPLY
	· · · · · · · · · · · · · · · · · · ·	RESSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FO	OUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS	The state of the s	
CORRECT:		XC1329
_	CCCDI SIGNATURE AND APPROVAL N	

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



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
	CONFERRED WITH	
BACKFLOW DEVICE CER	TIFICATION: RP RPDA	X DC DCDA
MANUFACTURER:	w	ILKINS
MODEL:		375A
SERIAL NUMBER:	M	00037
SIZE:		6"
LOCATION OF DEVICE:		DM 149A
RETEST DATE:	6/:	1/2018
FIRE PROTECTION X	FP BYPASS DCW IR	RIGATION OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED X	LEAKED	OPENED AT: leaking
CLOSED TIGHT	CLOSED TIGHT X	DID NOT OPEN
PSI:	PSI: <u>3.4</u>	
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 60 PSI
SPECIAL COMMENTS:	NEEDS COMPLETE #	1 CHECK VALVE
DIRECTION OF F	LOW TEST X VALVES LE	FT AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	FAILED	х
THE ABOVE INFORMATION IS CORRECT:		XC1329



				6	5/28/201	7
CUSTOMER:	CL	JSD 308			DATE	
PROPERTY:	OSWEGO HIGH SCHOOL			421	L64/IN401	659
ADDRESS:	4250 ROUTE 71				IOB NUMBEI	?
CITY, STATE:	OSV	OSWEGO, IL.				
•		•		со	NFERRED W	пн
BACKFLOW DEVICE CER	RTIFICATION: R	P X RPD	A 🗌	DC	DCDA	
MANUFACTURER:		1	WILKINS			
MODEL:			375A			
SERIAL NUMBER:			X25435			
SIZE:			3"			
LOCATION OF DEVICE:		RO	OM 155PR	<u>.</u>		
RETEST DATE:		6	/1/2018			
FIRE PROTECTION	FP BYPASS	DCW X	IRRIGATION		OTHER	· 🔲
	INI	FIAL TEST			111111111111111111111111111111111111111	
CHECK VALVE #1	CHECK	VALVE #2		RELIEF	VALVE	
LEAKED	LEAKED		OPE	NED AT:	2.3	
CLOSED TIGHT X	CLOSED T	IGHT X	DID	NOT OPE	N	
PSI: <u>7.3</u>	PSI:	4.4				
CLEANED	CLEANED	\vdash		ANED		Ш
REPLACED	REPLACED	\vdash		LACED		Н
DISC	DISC	-	DISC			\vdash
DISC HOLDER	DISC HOLD	ER		HOLDER		
STEM	STEM	Н	STEM			Н
RETAINER	RETAINER	\vdash	SPRI			H
O-RINGS	O-RINGS			PHRAM -		\vdash
SEAT	SEAT		SEAT			Н
SPRING	SPRING	\vdash	SPA			Н
GUIDE CTUENCE OF COMM	GUIDE			ER(SEE BEL	.OW)	
OTHER(SEE BELOW)	OTHER(SEE	BELOW)	SUPI	SURE:	60	DCI
			FRES		60	_PSI
SPECIAL COMMENTS:				<u></u>		
DIRECTION OF F	LOW TEST X	VALVES	LEFT AS FOL	DNL X		
	FIN	IAL TEST				
CLOSED TIGHT PSI	CLOSED TK	SHT PSI		OPENED AT	r	
PASSED	х	FAILE	<u> </u>			_
THE ABOVE INFORMATION IS		The second secon		-		
CORRECT					XC1	329

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



41.674.45			6/28/2017 DATE	
CUSTOMER:	CUSD 308			
PROPERTY:	OSWEGO HIGH SCHOO	42164/IN401659	€	
ADDRESS:	4250 ROUTE 71		JOB NUMBER	
CITY, STATE:	OSWEGO, IL.			
			CONFERRED WITH	
BACKFLOW DEVICE CER	RTIFICATION: RP X RP	DA I	DC DCDA	
MANUFACTURER:		WATTS		
MODEL:		909	-	_
SERIAL NUMBER:		117437		
SIZE:		1.5"		_
LOCATION OF DEVICE:	В	OILER ROOM		
RETEST DATE:		6/1/2018		
FIRE PROTECTION	ED DVDASS DOWN			
PIRE PROTECTION	FP BYPASS DCW	IRRIGATION	OTHER L	Х
	INITIALTEST			
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE	_
LEAKED	LEAKED	T OPEN	NED AT: 2	
CLOSED TIGHT X	CLOSED TIGHT X	-	NOT OPEN	\neg
PSI: 5	PSI: 1.1	J 5.5.	L	
CLEANED	CLEANED	CLEA	VED	
REPLACED	REPLACED	REPLA	/CED	
DISC	DISC	DISC		_
DISC HOLDER	DISC HOLDER	DISCI	HOLDER	_
STEM	STEM	STEM	-	_
RETAINER	RETAINER	SPRIN	- I	_
O-RINGS SEAT	O-RINGS SEAT	- 73	HRAM	\dashv
SPRING H	SPRING	SEAT SPACI	-	\dashv
GUIDE	GUIDE	-	R(SEE BELOW)	\dashv
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPI		
, , , , , ,		PRESS	- •	SI
SPECIAL COMMENTS:	RECOMMEND REMOVAL-	DEAD END-FEE		
DIRECTION OF F		S LEFT AS FOU		—
	FINAL TEST	J LEI I AS I GO		
CLOSED TIGHT PSI	CLOSED TIGHT PSI		PENED AT	
				\neg
PASSED	X FAIL	נט 🗀		╝
THE ABOVE INFORMATION IS				
CORRECT:			XC1329)



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	OSWEGO HIGH SCH	42164/IN401659	
ADDRESS:	4250 ROUTE 71		JOB NUMBER
CITY, STATE:	OSWEGO, IL.		
•	-		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	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 X
	INITIALTEST		
CHECK VALVE #1	CHECK VALVE #	2	RELIEF VALVE
LEAKED	LEAKED	OPE	ENED AT: 3.8
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 9.9	PSI: <u>3.1</u>	-	
CLEANED	CLEANED	H	ANED
REPLACED	REPLACED	\vdash	LACED
DISC	DISC	DISC	<u> </u>
DISC HOLDER	DISC HOLDER		HOLDER
STEM RETAINER	STEM	STER	
O-RINGS	RETAINER O-RINGS	SPRI	—
SEAT	SEAT	SEAT	PHRAM
SPRING	SPRING	SPA	·
GUIDE	GUIDE	H	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	
			SSURE: 55 PSI
CDECIAL CONSESSED.			
SPECIAL COMMENTS: _			
DIRECTION OF F	LOW TEST X VAI	LVES LEFT AS FOL	מאר (x
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	X F	AILED	
THE ABOVE INFORMATION IS CORRECT:	Agge Andreas are open plant of the Contract of		> XC1329



CUSTOMER: PROPERTY: ADDRESS: CITY, STATE: BACKFLOW DEVICE CEF MANUFACTURER: MODEL: SERIAL NUMBER:	CUSD 308 OSWEGO HIGH SCHOOL 4250 ROUTE 71 OSWEGO, IL. TIFICATION: RP X RPDA WILKINS 375A X10557	42164/IN401659 JOB NUMBER CONFERRED WITH DC DCDA
SIZE:	6"	
LOCATION OF DEVICE:	METER ROOM 27	В
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
	INITIAL TEST	CONTRACTOR OF THE PARTY OF THE
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED CLOSED TIGHT PSI: 6.4		NED AT: 2.1 NOT OPEN
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS:	REPLACED REPLOYED DISC DISC DISC DISC DISC DISC STEM STEM SPAIR O-RINGS DIAF SEAT SEAT SPAIR GUIDE OTHER(SEE BELOW) SUP	C HOLDER M ING PHRAM T CER JER(SEE BELOW)
DIRECTION OF	LOW TEST X VALVES LEFT AS FOL	UND X
	FINAL TEST	And the second participation of the second participation o
CLOSED TIGHT PSI	CLOSED TIGHT PSI PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS CORRECT:		XC1329



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	PICKERELL FIELD	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	FEBCO	
MODEL:	835YA	
SERIAL NUMBER:	323597	
SIZE:	2"	
LOCATION OF DEVICE:	FOOTBALL FIELD	
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW RRIGATION	ON X OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 2.5
CLOSED TIGHT X	CLOSED TIGHT X I	DID NOT OPEN
PSI: 6.5	PSI: <u>1.5</u>	
CLEANED	CLEANED	CLEANED
REPLACED	⊢	REPLACED
DISC	⊢	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT S	SEAT
SPRING	SPRING S	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
	F	PRESSURE: 70 PSI
SPECIAL COMMENTS:		
DIRECTION OF I	FLOW TEST X VALVES LEFT AS	FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS CORRECT:	and the second s	XC1329

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



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	-
100 April		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X 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	X OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OP	ENED AT:4
CLOSED TIGHT X	CLOSED TIGHT X DIE	NOT OPEN
PSI: 7.3	PSI: 2	_
CLEANED	CLEANED CLE	ANED
REPLACED	REPLACED REP	PLACED
DISC	DISC	c H
DISC HOLDER	DISC HOLDER DISC	C HOLDER
STEM	STEM STE	—
RETAINER	RETAINER SPR	RING
O-RINGS	O-RINGS DIA	PHRAM
SEAT	SEAT SEA	л Η
SPRING	SPRING SPA	ACER
GUIDE	GUIDE OTH	HER(SEE BELOW)
OTHER(SEE BELOW)		PPLY
	PRE	SSURE: 52 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FO	UND X
	FINALTEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS	which the second	
CORRECT:		XC1329
_	CCCDI SIGNATURE AND APPROVAL NU	



			6/28/2017	
CUSTOMER:	CUSD 308	DATE		
PROPERTY:	OSWEGO HIGH SCH	42164/IN401659		
ADDRESS:	4250 ROUTE 71			
CITY, STATE:	OSWEGO, IL.			
•	-		CONFERRED WITH	
BACKFLOW DEVICE CE	RTIFICATION: RP X	RPDA	DC DCDA	
MANUFACTURER:		WILKINS		
MODEL:		375		
SERIAL NUMBER:		L05583		
SIZE:		6"		
LOCATION OF DEVICE:		RECEIVING		
RETEST DATE:		6/1/2018		
FIRE PROTECTION X	FP BYPASS DCW	RRIGATION	OTHER	
	INITIALTEST			
CHECK VALVE #1	CHECK VALVE #2	2	RELIEF VALVE	
LEAKED	LEAKED	OPE	NED AT: 3.3	
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN	
PSI: 7.5	PSI: <u>1.6</u>	_		
_				
CLEANED	CLEANED	CLE	NED	
REPLACED	REPLACED	REPI	LACED	
DISC	DISC	DISC		
DISC HOLDER	DISC HOLDER	DISC	HOLDER	
STEM	STEM	STEM	и <u> </u>	
RETAINER	RETAINER	SPRI	NG	
O-RINGS	O-RING5	DIAF	PHRAM	
SEAT	SEAT	SEAT	r 🔲	
SPRING	SPRING	SPA	CER	
GUIDE	GUIDE	ОТН	ER(SEE BELOW)	
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPI	PLY	
		PRES	SSURE: 60 PSI	
SPECIAL COMMENTS:				
DIRECTION OF	FLOW TEST X VAI	VES LEFT AS FOL	JND X	
DIRECTION OF	FINAL TEST	LVES LEFT AS FOC	NO [X]	
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	X F	AILED		
17556				
THE ABOVE INFORMATION IS CORRECT:	The state of the s		XC1329	

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



			6/2	28/2017
CUSTOMER:	CUSD 308			DATE
PROPERTY:	OSWEGO HIGH S	OSWEGO HIGH SCHOOL		
ADDRESS:	4250 ROUTE	71	JOE	NUMBER
CITY, STATE:	OSWEGO, II	L.		
•			CONF	ERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC	OCDA X
MANUFACTURER:		AMES		
MODEL:		3000\$\$;	
SERIAL NUMBER:		20025809	001	
SIZE:		4"		
LOCATION OF DEVICE:		ROOM 15		
RETEST DATE:		6/1/201	.8	·
FIRE PROTECTION X	FP BYPASS DCW	IRRIGAT	TION	OTHER
	INITIALTE	ST	ACT ACT TO THE	_ = 10,74
CHECK VALVE #1	CHECK VALVE	#2	RELIEF V	ALVE
LEAKED	LEAKED		OPENED AT:	N/A
CLOSED TIGHT X	CLOSED TIGHT	X	DID NOT OPEN	
PSI: 2.7	PSI: <u>2.4</u>			
CLEANED	CLEANED		CLEANED	
REPLACED	REPLACED	 	REPLACED	\vdash
DISC	DISC	-	DISC	\vdash
DISC HOLDER	DISC HOLDER		DISC HOLDER	
STEM	STEM		STEM	
RETAINER	RETAINER	\vdash	SPRING	
O-RINGS	O-RINGS		DIAPHRAM	\vdash
SEAT	SEAT		SEAT	
SPRING	SPRING	П	SPACER	
GUIDE	GUIDE		OTHER(SEE BELO	w)
OTHER(SEE BELOW)	OTHER(SEE BELOW	, 🖂	SUPPLY	
			PRESSURE:	60 PSI
SPECIAL COMMENTS:				
DIRECTION OF I	FLOW TEST X	/ALVES LEFT AS	FOUND X	
DIRECTION OF	FINALTES		TOURD X	
CLOSED TIGHT DEL			ODENIED AT	111 11
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT	
PASSED	х	FAILED		
THE ABOVE INFORMATION IS CORRECT:	Activities of the second secon			XC1329
				VC1252



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA RPDA	DC DCDA X
MANUFACTURER:	AMES	
MODEL:	3000SS	
SERIAL NUMBER:	1148450601	
SIZE:	4"	
LOCATION OF DEVICE:	NWC BAND ROOM	<u>vi</u>
RETEST DATE:	6/1/2018	
FIRE PROTECTION X	FP BYPASS DCW IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	NED AT: N/A
CLOSED TIGHT X	CLOSED TIGHT X DID	NOT OPEN
PSI: 3.1	PSI: <u>3.4</u>	
CLEANED REPLACED DISC DISC HOLDER STEM	REPLACED REPL DISC DISC	HOLDER
RETAINER	RETAINER SPRI	NG
O-RINGS	—	PHRAM
SEAT	SEAT SEAT	` Н
SPRING	SPRING SPAC	
OTHER(SEE BELOW)		ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPP	SSURE: 60 PSI
SPECIAL COMMENTS:	l Mad	PSI
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOL	JND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT		XC1329
-	CCCDI SIGNATURE AND APPROVAL NUM	



					6/	28/201	7
CUSTOMER:		CUSD 308	3			DATE	
PROPERTY:	OSV	NEGO HIGH :	SCHOOL		4216	4/IN401	659
ADDRESS:		4250 ROUTE	71		10	B NUMBER	}
CITY, STATE:		OSWEGO,	IL.				
•					CON	FERRED WI	TH
BACKFLOW DEVICE CEI	RTIFICATION:	RP	RPDA		DC	DCDA	X
MANUFACTURER:			A	AMES			
MODEL:			2	000B			
SERIAL NUMBER:			2	1036			
SIZE:			# <u></u> .	.75"			
LOCATION OF DEVICE:				M 155PR			
RETEST DATE:			6/:	1/2018			
FIRE PROTECTION	FP BYPASS	X DCW	IR	RIGATION		OTHER	· 🗀
		INITIALT	EST				
CHECK VALVE #1		CHECK VALV	E #2		RELIEF '	VALVE	
LEAKED	LEA	KED		OPE	NED AT:	N/A	
CLOSED TIGHT X	CLC	SED TIGHT	х	DID	NOT OPEN		
PSI: 2.2	PSI:	1.8					
CLEANED	CLE	ANED		CLEA	ANED		
REPLACED	·	LACED	Н		LACED		\vdash
DISC	DISC		H	DISC			Н
DISC HOLDER	DISC	HOLDER	Н	DISC	HOLDER		Н
STEM	STE	М	Н	STEI	M		Н
RETAINER	RET	AINER	Н	SPR	NG		Н
O-RINGS	O-R	INGS		DIAI	PHRAM		Н
SEAT	SEA	Ť		SEA	Г		П
SPRING	SPR	ING		SPA	CER		П
GUIDE	GUI	DE		ОТН	ER(SEE BELC	w)	
OTHER(SEE BELOW)	OTH	IER(SEE BELOV	v) 🔲	SUP	PLY		***************************************
	•			PRE	SSURE:	60	PSI
SPECIAL COMMENTS:							
DIRECTION OF	FLOW TEST	х	VALVES LI	EFT AS FO	JND X	1	
		FINAL TE	ST		Heir v		
CLOSED TIGHT PSI	CLO	SED TIGHT	PSI		OPENED AT		
PASSED	х		FAILED				
THE ABOVE INFORMATION IS CORRECT:		The state of the s		=-	>	XC1	329
				-			



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP RPDA D	DCDA X
MANUFACTURER:	AMES	
MODEL:	2000B	
SERIAL NUMBER:	19474	
SIZE:	.75"	
LOCATION OF DEVICE:	NWC BAND ROOM	
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS X DCW RRIGATION	OTHER
	INITIALTEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED		IED AT: N/A
CLOSED TIGHT X		OT OPEN
PSI: 2.4	PSI: 2	
CLEANED	CLEANED CLEAN	MED.
REPLACED	REPLACED REPLA	· —
DISC	DISC	
DISC HOLDER		HOLDER
STEM	STEM STEM	H
RETAINER	RETAINER SPRIN	G H
O-RINGS	O-RINGS DIAPH	IRAM
SEAT	SEAT SEAT	
SPRING	SPRING SPACE	ir 🔲
GUIDE	GUIDE OTHE	R(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPL	.ү
	PRESS	URE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	FLOW TEST X VALVES LEFT AS FOUN	ND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI O	PENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT		XC1329

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



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	OSWEGO HIGH SCHOO	L	42164/IN401659
ADDRESS:	4250 ROUTE 71		JOB NUMBER
CITY, STATE:	OSWEGO, IL.		
•			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RP	PDA DC	DCDA
MANUFACTURER:		WATTS	
MODEL:		009	
SERIAL NUMBER:		12954	
SIZE:		3"	
LOCATION OF DEVICE:	F	ROOM 149A	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X	IRRIGATION	OTHER
	INITIAL TEST	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE
LEAKED	LEAKED	OPENE	D AT: 3.6
CLOSED TIGHT X	CLOSED TIGHT X	DID NO	T OPEN
PSI: 7.8	PSI: <u>1.6</u>	_	_
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)	SUPPLY	DED SEE BELOW)
SPECIAL COMMENTS:		PRESSUI	RE: <u>60</u> PSI
DIRECTION OF F	LOW TEST X VALVE	S LEFT AS FOUND	x
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT PS	OPE	ENED AT
PASSED	X FAIL	ED	
THE ABOVE INFORMATION IS			
CORRECT;	Control of the contro		XC1329
-	CCCDI SIGNATURE A	ND APPROVAL NUMBER	

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



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WATTS	
MODEL:	009M2	
SERIAL NUMBER:	384724	
SIZE:	1"	
LOCATION OF DEVICE:	AUX. GYM SPRINKLER I	ROOM
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	NED AT: 2.2
CLOSED TIGHT X	CLOSED TIGHT X DID	NOT OPEN
PSI: 7.7	PSI: 4.5	_
		_
CLEANED	CLEANED CLEA	NED
REPLACED	REPLACED REPL	ACED
DISC	DISC	
DISC HOLDER	DISC HOLDER DISC	HOLDER
STEM	STEM STEN	1
RETAINER	RETAINER SPRII	NG
O-RINGS	O-RINGS DIAP	PHRAM
SEAT	SEAT SEAT	· 📙
SPRING	SPRING SPAC	ER
GUIDE	——————————————————————————————————————	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPP	PLY PLY
	PRES	SSURE: 60 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALVES LEFT AS FOU	JND X
	FINAL TEST	
CLOSED TIGHT PSI		OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS	and the second s	
CORRECT		XC1329

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



		<u>6/28/2017</u>
CUSTOMER:	CUSD 308	DATE
PROPERTY:	OSWEGO HIGH SCHOOL	42164/IN401659
ADDRESS:	4250 ROUTE 71	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
•		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WILK	(INS
MODEL:	975	XL
SERIAL NUMBER:	6244	123
SIZE:	1.5	5"
LOCATION OF DEVICE:	BOILER	ROOM
RETEST DATE:	6/1/2	2018
FIRE PROTECTION	FP BYPASS DCW RRIG	SATION OTHER X
	INITIAL TEST	
CHECK MAINE #4		DELICE MALLE
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 2.4
CLOSED TIGHT X	CLOSED TIGHT X	DID NOT OPEN
PSI: 9.2	PSI: <u>2.5</u>	
C. C. L.		
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS SEAT	O-RINGS	DIAPHRAM
SPRING	SEAT SPRING	SEAT
GUIDE	GUIDE	SPACER
OTHER(SEE BELOW)	OTHER(SEE BELOW)	OTHER(SEE BELOW) SUPPLY
OTHER(SEE BELOW)	OTHER(SEE BELOW)	PRESSURE: 55 PSI
CDCCIAL COLARACTIC		
SPECIAL COMMENTS:		
DIRECTION OF I	FLOW TEST X VALVES LEFT	AS FOUND X
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		, ~
CORRECT:	The state of the s	XC1329
•	CCCDI SIGNATURE AND APPR	

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



				8/	1/2017
CUSTOMER:		CUSD 30	08		DATE
PROPERTY:		OSWEGO HIGH	SCHOOL	P	103669
ADDRESS:		4250 ROUT	ΓE 71	JOE	NUMBER
CITY, STATE:		OSWEGO	, IL.		
				CONF	ERRED WITH
BACKFLOW DE	VICE CERTIFIC	ATION: RP	RPDA X	DC	OCDA
MANUFACTURE	R:		WILKIN	vs.	
MODEL:			375A		
SERIAL NUMBER	R:		M0003	37	
SIZE:			6"		
LOCATION OF E	EVICE:		ROOM 1		
RETEST DATE:			6/1/20	17	
FIRE PROTECTION	X FP	BYPASS DCW	IRRIGA	TION	OTHER
		INITIAL	rest		- 8- 79
CHECK VALV	E#1	CHECK VAL	VE #2	RELIEF V	ALVE
LEAKED	Х	LEAKED		OPENED AT:	:eaking
CLOSED TIGHT		CLOSED TIGHT	X	DID NOT OPEN	
PSI:		PSI: <u>2.8</u>	<u> </u>		
CLEANED	X	CLEANED	X	CLEANED	X
REPLACED	X	REPLACED	X	REPLACED	X
DISC	X	DISC	X	DISC	X
DISC HOLDER	X	DISC HOLDER		DISC HOLDER	\vdash
STEM	X	STEM	-	STEM	Н
RETAINER	X	RETAINER		SPRING	
O-RINGS	X	O-RINGS	X	DIAPHRAM	X
SEAT SPRING	X	SEAT SPRING	H	SEAT SPACER	Н
GUIDE	X	GUIDE		OTHER(SEE BELO)	.a.
OTHER(SEE BELO	—	OTHER(SEE BELO	141	SUPPLY	~,
OTTIEN(SEE DEEO	•••, 🗀	OTHERISEE BEEG	, , <u> </u>	PRESSURE:	60 PSI
	ENTE:				
SPECIAL COMM					
DIRECTI	ON OF FLOW	TEST X	VALVES LEFT A	S FOUND X	
		FINALT	EST		
CLOSED TIGHT	X PSI 7.9	CLOSED TIGHT	X PSI 3.3	OPENED AT	2.5
	PASSED	х	FAILED		
THE ABOVE INFORM	MATION IS				XC1329

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

	9.	6



A DIVISION OF VALLEY FIRE PROTECTION SERVICES LLC

		6/28/2017
CUSTOMER;	CUSD	DATE
PROPERTY:	03C	- 42164/IN401649
ADDRESS:	61 Franklin Street	JOB NUMBER
CITY, STATE:	Oswego, IL	•
1.00	-	CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA X	DC DCDA
MANUFACTURER:	Ames	
SERIAL NUMBER:	000388	
MODEL:	4000B	Ma
SIZE:	.75"	
LOCATION OF DEVICE:	Room C-101	
RETEST DATE:	6/28/2018	
FIRE PROTECTION	FP BYPASS X DCW RRIGATION	OTHER
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
	INITIAL TEST	
LEAKED	LEAKED OP	ENED AT: 2.8
CLOSED TIGHT X	CLOSED TIGHT X DIE	NOT OPEN
PSI: 8.8	PSt: 8.4	
CLEANED	\vdash	ANED
REPLACED	\vdash	LACED
DISC	DISC	· —
DISC HOLDER	—	CHOLDER
STEM	STEM STE	<u> </u>
RETAINER	\vdash	ING
O-RINGS		PHRAM
SEAT SPRING	SEAT SEA SPRING SPA	CER
GUIDE	⊢ (FER(SEE BELOW)
OTHER(SEE BELOW)		PLY
	· · ·	SSURE: PSI
SPECIAL COMMENTS:		
DIRECTION OF	FLOW TEST X VALVES LEFT AS FO	UND
	FINAL TEST	
CLOSED TIGHT x PSI	8.8 CLOSED TIGHT x PSI 8.4	OPENED AT 2.8
PASSED	x FAILED	
THE ABOVE		
INFORMATION IS		
CORRECT:	Scot Girls sc3938	



A DANSHOW OF VALLEY FIRE PROTECTION SCHOKES LEC

		6/28/2017		
CUSTOMER:	CUSD	DATE		
PROPERTY:	03C			
ADDRESS:	61 Franklin Street	JOB NUMBER		
CITY, STATE:	Oswego, IL	_		
		CONFERRED WITH		
BACKFLOW DEVICE CE	RTIFICATION: RP RPDA	DC x 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 IRRIGATIO	ON OTHER X		
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE		
	INITIAL TEST			
LEAKED	LEAKED C	PENED AT:		
CLOSED TIGHT x	CLOSED TIGHT x D	ID NOT OPEN		
PSI: 2	PSI: 2			
CLEANED		LEANED		
REPLACED DISC		EPLACED		
DISC HOLDER	N.,	ISC HOLDER		
STEM		TEM		
RETAINER		PRING		
O-RINGS	2/2 1111	IAPHRAM		
SEAT		EAT		
SPRING		PACER		
GUIDE	GUIDE	THER(SEE BELOW)		
OTHER(SEE BELOW)	OTHER(SEE BELOW)	UPPLY		
	P	RESSURE: PSI		
SPECIAL COMMENTS:				
DIRECTION OF	FLOW TEST X VALVES LEFT AS F	OUND x		
FINALTEST				
CLOSED TIGHT x PSI	2 CLOSED TIGHT X PSI 2	OPENED AT 2.8		
PASSED	x FAILED			
THE ABOVE				
INFORMATION IS	Scot Girls sc3938	3		
CORRECT:	CCCDI SIGNATURE AND APPROVAL NUM			



		6/28/2017		
CUSTOMER:	CUSD	DATE		
PROPERTY:	03C	42164/IN401649		
ADDRESS:	61 Franklin Street	JOB NUMBER		
CITY, STATE:	Oswego, IL			
-	0311080,10	CONFERRED WITH		
BACKFLOW DEVICE CE	RTIFICATION: RP X 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 x IRRIGATION	OTHER		
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE		
	INITIAL TEST			
CLOSED TIGHT X PS1: 8		NOT OPEN		
CLEANED REPLACED DISC DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF	REPLACED REPLOYED DISC DISC DISC DISC DISC DISC DISC STEM STEM SPRING SPAN SEAT SPRING SPAN GUIDE OTHER(SEE BELOW) SUPI	HOLDER M ING PHRAM T CER ER(SEE BELOW) PLY SSURE: PSI		
FINAL TEST				
CLOSED TIGHT x PSI		OPENED AT 2.8		
PASSED	x FAILED			
THE ABOVE INFORMATION IS CORRECT;	Scot Girls sc3938			



A DIVISION OF WALLEY FIRE PROTECTION SHITWICES LLC

			6/28/2017
CUSTOMER:	CUSD		DATE
PROPERTY:	03C		42164/IN401649
ADDRESS:	61 Franklin S	treet	JOB NUMBER
CITY, STATE:	Oswego, I	L	
			CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP	RPDA x	DC DCDA
MANUFACTURER:		Ames	
SERIAL NUMBER:		SD000618	
MODEL:		5000SS	
SIZE:		4"	
LOCATION OF DEVICE:		Room C-101	
RETEST DATE:		6/28/2018	
FIRE PROTECTION x	FP BYPASS DCW	IRRIGATION	OTHER
CHECK VALVE #1	CHECK VALV	/E #2	RELIEF VALVE
	INITIAL T	EST	
LEAKED	LEAKED	OP!	ENED AT: 2.8
CLOSED TIGHT X	CLOSED TIGHT	x DID	NOT OPEN
PSI: 9	PSI: 8.6		
- <u> </u>	. 91		
CLEANED	CLEANED	—	ANED
REPLACED	REPLACED		LACED
DISC	DISC	DIS	· —
DISC HOLDER	DISC HOLDER		CHOLDER
STEM	STEM	STE	\vdash
RETAINER O-RINGS	RETAINER		ING
SEAT	O-RINGS SEAT	SEA	PHRAM
SPRING	SPRING		CER
GUIDE	GUIDE		HER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELO		PPLY
			SSURE: PSI
SPECIAL COMMENTS:			
DIRECTION OF	FLOW TEST X	VALVES LEFT AS FO	םאט 🔃
111	FINALTE	ST	
CLOSED TIGHT x PSI	9 CLOSED TIGHT	x PSI 8.6	OPENED AT 2.8
PASSED	х	FAILED	
THE ABOVE			
INFORMATION IS	Scot C	Sirls sc3938	
CORRECT:			



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	SCHOOL DISTRICT MAINTE	NANCE DEPT.	- 42164/IN401659
ADDRESS:	71 STONEHILL D	RIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL		•
•			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DCDA X
MANUFACTURER:		WILKINS	
MODEL:		350ADA	
SERIAL NUMBER:		V17422	
SIZE:		6"	
LOCATION OF DEVICE:		FACP ROOM	
RETEST DATE:		6/1/2018	
FIRE PROTECTION X	FP BYPASS DCW	IRRIGATION	OTHER
	INITIALTES		
CHECK VALVE #1	CHECK VALVE	#2	RELIEF VALVE
LEAKED	LEAKED	OP!	ENED AT: N/A
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 3	PSI: <u>3.4</u>	_	
CLEANED	CLEANED	CIE	ANED
REPLACED	REPLACED	\vdash	LACED
DISC	DISC	DISC	<u> </u>
DISC HOLDER	DISC HOLDER	\mathbf{H}	HOLDER
STEM	STEM	STEI	
RETAINER	RETAINER	SPR	·· —
O-RINGS	O-RINGS	DIA	PHRAM
SEAT	SEAT	SEA	т 📙
SPRING	SPRING	SPA	CER
GUIDE	GUIDE	отн	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	PLY
		PRE	SSURE: 73 PSI
SPECIAL COMMENTS:			
DIRECTION OF F	FLOW TEST X V	ALVES LEFT AS FO	UND X
Marin Barriyasa Masa da da	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS CORRECT:			XC1329
		and the same of th	7104040

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



		0/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	SCHOOL DISTRICT MAINTENANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DRIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	•
Citt, Simile.	0511600,16	CONFERRED WITH
BACKFLOW DEVICE CE	RTIFICATION: RP X RPDA	DC DCDA
MANUFACTURER:	WATTS	
MODEL:	OO9M2	
SERIAL NUMBER:	325848	
SIZE:	1"	
LOCATION OF DEVICE:	BREAK ROOM HALL IN (CABINET
RETEST DATE:	6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X IRRIGATION	OTHER
	INITIAL TEST	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED OPE	ENED AT: 2.7
CLOSED TIGHT X		NOT OPEN
PSI: 9	PSI: 2	
CLEANED REPLACED DISC DISC HOLDER STEM RETAINER O-RINGS SEAT SPRING GUIDE OTHER(SEE BELOW) SPECIAL COMMENTS: DIRECTION OF	REPLACED REPLACED DISC DISC DISC DISC HOLDER DISC STEM STEI RETAINER SPRI O-RINGS DIAL SEAT SEA' SPRING SPAI GUIDE OTHER(SEE BELOW) SUP PRES	THOLDER M ING PHRAM T CER IER(SEE BELOW) PLY SSURE: 73 PSI
DIRECTION OF		JAN [X]
	FINAL TEST	
CLOSED TIGHT PSI	CLOSED TIGHT PSI	OPENED AT
PASSED	X FAILED	
THE ABOVE INFORMATION IS		
CORRECT:		XC1329
	CCCDI SIGNATURE AND APPROVAL NUI	MBER

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



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	SCHOOL DISTRICT MAINTE	NANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DR	RIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.	V	
			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		APOLLO	
MODEL:		RP40	
SERIAL NUMBER:		394149	
SIZE:		.5"	
LOCATION OF DEVICE:		BOILER ROOM	
RETEST DATE:		6/1/2018	
			// <u></u>
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION	OTHER X
	INITIAL TES	T	
CHECK VALVE #1	CHECK VALVE	‡2	RELIEF VALVE
LEAKED	LEAKED	OPE	NED AT: 3.2
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 8,6	PSI: <u>3.3</u>		_
CLEANED	CLEANED	CLE	ANED
REPLACED	REPLACED	REP	LACED
DISC	DISC	DISC	: 🔲
DISC HOLDER	DISC HOLDER	DISC	HOLDER
STEM	STEM	STEI	и 🗍
RETAINER	RETAINER	SPR	NG
O-RINGS	O-RINGS	DIA	PHRAM
SEAT	SEAT	SEA	т П
SPRING	SPRING	SPA	CER
GUIDE	GUIDE	ОТН	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	
		PRE	SSURE: 73 PSI
SPECIAL COMMENTS:			
144 -	TION TEST IN THE	ALVEST AS SOL	
DIRECTION OF I		ALVES LEFT AS FO	UND X
MIN I NEI	FINALTEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS			
CORRECT	The state of the s		XC1329



			0/28/201/
CUSTOMER:	CUSD 308		DATE .
PROPERTY:	SCHOOL DISTRICT MAINTE	NANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DI	RIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		
			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		WATTS	
MODEL:		OO9M2	
SERIAL NUMBER:		A40097	
SIZE:		1"	
LOCATION OF DEVICE:		FACP ROOM	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION	OTHER
	INITIALTES	Transcourse (No.	
CHECK VALVE #1	CHECK VALVE	‡ 2	RELIEF VALVE
LEAKED	LEAKED	OPF	NED AT: 2.8
CLOSED TIGHT X	CLOSED TIGHT		NOT OPEN
PSI: 7.4	PSI: 1.9		NOTOTEN
		-	
CLEANED	CLEANED	CLE/	ANED
REPLACED	REPLACED	\vdash	LACED
DISC	DISC	DISC	—
DISC HOLDER	DISC HOLDER	 	HOLDER
STEM	STEM	STE	—
RETAINER	RETAINER	SPRI	
O-RINGS	O-RINGS	H	PHRAM
SEAT	SEAT	SEA.	— —
SPRING	SPRING	SPA	·
GUIDE	GUIDE	\vdash	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	· —
	- · · · · · · · · · · · · · · · · · · ·		SSURE: 73 PSI
SPECIAL COMMENTS:			
-			
DIRECTION OF F		ALVES LEFT AS FOU	מאר 🗶
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS		and the same of th	
CORRECT:			XC1329
_	CCCDI SIGNAT	IRE AND ADDROVAL NUI	



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	SCHOOL DISTRICT MAINTEN	ANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DRIV	/E	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		•
•			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		WATTS	
MODEL:		OO9M2	
SERIAL NUMBER:		A72850	
SIZE:		1"	
LOCATION OF DEVICE:		ROBOTICS	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X	IRRIGATION	OTHER _
	INITIAL TEST		
CHECK VALVE #1	CHECK VALVE #2		RELIEF VALVE
LEAKED	LEAKED	OPE	ENED AT: 2.8
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 9.3	PSI: 2.3		
			
CLEANED	CLEANED	CLE	ANED
REPLACED	REPLACED	 -	LACED
DISC	DISC	DISC	_
		_	
DISC HOLDER	DISC HOLDER	0.1	HOLDER
STEM	STEM	STE	···
RETAINER	RETAINER	SPR	ING
O-RINGS	O-RINGS	DIAI	PHRAM
SEAT	SEAT	SEA'	т
SPRING	SPRING	SPA	CER
GUIDE	GUIDE	ОТН	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	PLY
	900.	PRE	SSURE: 73 PSI
SPECIAL COMMENTS:			0.70
DIRECTION OF I	FLOW TEST X VAL	VES LEFT AS FO	UND X
18 ° = 11 = 1	FINALTEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	X F	AILED	
THE ABOVE INFORMATION IS			
CORRECT:			> XC1329
	CCCDI SIGNATUR	E AND APPROVAL NU	



			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	SCHOOL DISTRICT MAINTE	NANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DI	RIVE	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		1
			CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	RPDA	DC DCDA X
MANUFACTURER:		WILKINS	
MODEL:		950XL	
SERIAL NUMBER:		2884885XLD	
SIZE:		.75"	
LOCATION OF DEVICE:		FACP ROOM	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS X DCW	IRRIGATION	OTHER
	INITIALTES	T-	
CHECK VALVE #1	CHECK VALVE	‡ 2	RELIEF VALVE
LEAKED	LEAKED	OPE	ENED AT: N/A
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 2	PSI: 2.7	_	
CI SANISD	CLEANED	c:s	
CLEANED	CLEANED	\vdash	ANED
REPLACED DISC	REPLACED DISC	DISC	LACED
DISC HOLDER	DISC HOLDER	 	
STEM	STEM	\vdash	HOLDER
RETAINER	RETAINER	STEI	
O-RINGS	O-RINGS	H	PHRAM
SEAT -	SEAT SEAT	SEA.	—
SPRING	SPRING	SPA	· —
GUIDE	GUIDE	H	ER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	· · ·
	OTTEM(SEE SEESTLY)		SSURE: 73 PSI
SPECIAL COMMENTS:			
-	LOW TEST V	ALVES LEFT AS FO	IND V
DIRECTION OF F			OND X
	FINAL TEST	7	
CLOSED TIGHT PSI	CLOSED TIGHT		OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS CORRECT:		The same of the sa	V/24.330
CONNECT.			XC1329

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

CCCDI SIGNATURE AND APPROVAL NUMBER



BACKFLOW TEST REPORT

			6/28/2017
CUSTOMER:	CUSD 308		DATE
PROPERTY:	SCHOOL DISTRICT MAINTE	NANCE DEPT.	42164/IN401659
ADDRESS:	71 STONEHILL DR	· · · · · · · · · · · · · · · · · · ·	JOB NUMBER
CITY, STATE:	OSWEGO, IL.		ı
· 18		 -	CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X	RPDA	DC DCDA
MANUFACTURER:		WATTS	
MODEL:		O09M2	
SERIAL NUMBER:		A72540	
SIZE:		1"	
LOCATION OF DEVICE:		SOUTH WALL	
RETEST DATE:		6/1/2018	
FIRE PROTECTION	FP BYPASS DCW X	IRRIGATION	OTHER
	INITIALTES	Telescontractory	
CHECK VALVE #1	CHECK VALVE	12	RELIEF VALVE
LEAKED	LEAKED	OPE	ENED AT: 3.1
CLOSED TIGHT X	CLOSED TIGHT	X DID	NOT OPEN
PSI: 10.2	PSI: <u>2.3</u>		_
CI CANUED .	CI SANGE		
CLEANED	CLEANED		ANED
REPLACED DISC	REPLACED		LACED
DISC HOLDER	DISC	DISC	⊢
STEM	DISC HOLDER STEM	STE	HOLDER
RETAINER	RETAINER	SPR	-
O-RINGS	O-RINGS	H	PHRAM
SEAT -	SEAT	SEA	H
SPRING	SPRING	SPA	\vdash
GUIDE	GUIDE	\vdash	IER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUP	
	,,		SSURE: 73 PSI
SPECIAL COMMENTS:			
-			
DIRECTION OF F		ALVES LEFT AS FOI	UND X
	FINAL TEST		
CLOSED TIGHT PSI	CLOSED TIGHT	PSI	OPENED AT
PASSED	х	FAILED	
THE ABOVE INFORMATION IS CORRECT:	regio dis sindicima perpensionale di Propi al Santa della Companya di Americana di Companya di Americana di Co		×C1329
		The second secon	VCT353

CCCDI SIGNATURE AND APPROVAL NUMBER



				6/28/2017
CUSTOMER:	CUSI	308		DATE
PROPERTY:	TRANSPORTATIO	ON DEPARTMENT	-	42164/IN401659
ADDRESS:	55 STONE	HILL DRIVE		JOB NUMBER
CITY, STATE:	OSWE	GO, IL.		
•		·		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP	X RPDA	DC	DCDA
MANUFACTURER:		APO	LLO	
MODEL:		RP	4A	
SERIAL NUMBER:		386	994	
SIZE:			5"	
LOCATION OF DEVICE:	<u> </u>	BREAK ROC		
RETEST DATE:		6/1/3	2018	
FIRE PROTECTION	FP BYPASS DO	CW X IRRI	GATION	OTHER
	INITIA	AL TEST		
CHECK VALVE #1	СНЕСК V	ALVE #2	RE	LIEF VALVE
LEAKED	LEAKED		OPENED A	AT: <u>2.1</u>
CLOSED TIGHT X	CLOSED TIG	HT X	DID NOT	OPEN
PSI: 7.8	PSI:	2.2		
CLEANED	CLEANED		CLEANED	
REPLACED	REPLACED		REPLACED	\vdash
DISC	DISC		DISC	
DISC HOLDER	DISC HOLDER	, H	DISC HOLD	EB -
STEM	STEM	· H	STEM	·" -
RETAINER	RETAINER	Н	SPRING	
O-RINGS	O-RINGS		DIAPHRAM	,
SEAT	SEAT		SEAT	· H
SPRING	SPRING	\vdash	SPACER	
GUIDE	GUIDE		OTHER(SEE	BELOW)
OTHER(SEE BELOW)	OTHER(SEE B	ELOW)	SUPPLY	
	•	, I	PRESSURE:	63 PSI
SPECIAL COMMENTS:				
DIRECTION OF F	LOW TEST X	VALVES LEFT	T AS FOUND	х
	FINA			
CLOSED TIGHT PSI	CLOSED TIGH		OPENE	D AT
PASSED		FAILED		
THE ARREST AND ADDRESS OF THE PARTY OF THE P				
THE ABOVE INFORMATION IS CORRECT:	<			XC1329

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

CCCDI SIGNATURE AND APPROVAL NUMBER



		6/28/2017
CUSTOMER:	CUSD 308	DATE
PROPERTY:	TRANSPORTATION DEPAR	12201/11110000
ADDRESS:	55 STONEHILL DRIVE	E JOB NUMBER
CITY, STATE:	OSWEGO, IL.	
		CONFERRED WITH
BACKFLOW DEVICE CER	RTIFICATION: RP X R	RPDA DC DCDA
MANUFACTURER:		APOLLO
MODEL:		RP4A
SERIAL NUMBER:	***	398665
SIZE:		1"
LOCATION OF DEVICE:	GAR.	AGE BY SLOP SINK
RETEST DATE:		6/1/2018
FIRE PROTECTION	FP BYPASS DCW	IRRIGATION OTHER X
	INITIAL TEST	Section 1
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE
LEAKED	LEAKED	OPENED AT: 2.6
CLOSED TIGHT X	CLOSED TIGHT	X DID NOT OPEN
PSI: 8.3	PSI: <u>2.4</u>	_
CLEANED	CLEANED	CLEANED
REPLACED	REPLACED	REPLACED
DISC	DISC	DISC
DISC HOLDER	DISC HOLDER	DISC HOLDER
STEM	STEM	STEM
RETAINER	RETAINER	SPRING
O-RINGS	O-RINGS	DIAPHRAM
SEAT	SEAT	SEAT
SPRING	SPRING	SPACER
GUIDE	GUIDE	OTHER(SEE BELOW)
OTHER(SEE BELOW)	OTHER(SEE BELOW)	SUPPLY
		PRESSURE: 63 PSI
SPECIAL COMMENTS:		
DIRECTION OF F	LOW TEST X VALV	ES LEFT AS FOUND X
	FINALTEST	7-1 W-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
CLOSED TIGHT PSI	CLOSED TIGHT P	SI OPENED AT
PASSED	X FAI	ILED
THE ABOVE INFORMATION IS		Discourance of the Control of the Co
CORRECT:	And the second s	XC1329

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



INSPECTION AGREEMENT

Alarm Company:	Subscriber:	Location:			
Sound Inc. 1550 Shore Road Naperville, IL. 60563	Oswego School District #308 71 Stonehill Rd. Oswego IL. 60543	See attachment			
For the consideration hereinafter mentioned, Alarm C	ompany agrees to furnish subscriber	with the following services listed below at established rates.			
	INSPECTION				
INSPECTION FREQUENCY: "A=A A FIRE ALARM	NNUAL S =SEMI-ANNUAL Q=QUA	RTERLY M=MONTHLY"			
Transfer de la companya de la compan					
The subscriber shall pay the Alarm Company the s	sum of (\$ 24,332.86) Do	ollars upon completion of said Inspection, and (\$ 00.00			
Dollars per month. Monthly Charges may be prora	ted to coincide with standard periods.	A late payment charge of one and one-half percent (11/2%)			
	in unpaid for more than thirty, (30) da	ys, 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					
TERMONIET 40 DAVO EDOM DECEMB	F OF INVOICE				
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 pa					
		JLL 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, MA ANY RENEWAL PERIOD.	DE AT LEAST THIRTY DAYS PRIOR	TO THE EXPIRATION DATE OF THE INITIAL PERIOD OR			
711-0	. 1.2				
[16. Cilledo) (e)	12/17	Ву:			
Subscriber Date		Authorized Representative – Alarm Company			
Printed Name	App	oroved:			

•	
	,)



Alarm Company:

INSPECTION AGREEMENT

Location:

Subscriber:

Sound Inc.	Oswego School Dist. 308		
1550 Shore Road Naperville, IL. 60563	4175 Route 71 Oswego, IL. 605543		See Below
For the consideration hereinafter men	ntioned, Alarm Company agrees to fumish sub INSPECTIO		following services listed below at established rates.
INSPECTION FREQUENCY:	"A=ANNUAL S =SEMI-ANNUAL C	=QUARTERLY	' M=MONTHLY"
A FIRE ALARM			
The subscriber shall pay the Alam	n Company the sum \$24,332.86) Dollars up	on completion of said Inspection, and (\$00.00
Dollars per month. Monthly Charge	es may be prorated to coincide with standard ;	periods. A late p	ayment charge of one and one-half percent (11/2%)
per month may be added to all am	ounts that remain unpaid for more than thirty,	(30) days, which	n is an Annual Percentage Rate of 19.56%. This
agreement will begin on7/1/2 The fee is payable:			
Monthly	Cuarterly Semi-Annually		
:	Locations	s	
Oswana Fast High Sahaa	Old Post El	amantanı	
Oswego East High School Oswego High School		nt Elementa	rv
Oswego 308 Center		Elementary	
Traughber Jr. High		Elementary	
Thompson Jr. High		ssing Eleme	
Plank Jr. High			
Murphy Jr. High			
Bernarcik Jr. High			*
Boulder Hill Elementary			
Churchill Elementary	6		
Brokaw Early Learning C East View Elementary	tr.		
Fox Chase Elementary			
Grande Park Elementary			
Homestead Elementary			
Hunt Club Elementary			
Lakewood Creek Elemen	tary		
Long Beach Elementary			
THIS AGREEMENT IS FO	R INSPECTIONS ONLY		
Includes: Equipment inche	ection as noted above and performed	within NED/	A guidelines
Not Included: Any type of		WILLIEF TOTAL	- guidelines.
EXCEPT AS OTHERWISE HEREIN P	ROVIDED, THIS AGREEMENT SHALL REMA	IN IN FULL FOR	RCE AND EFFECT FOR A PERIOD OF ONE YEAR
FROM THE DATE ON WHICH THE M	MONTHLY CHARGES OR TIME AND MATER	IAL CHARGES U	JNDER THIS AGREEMENT BECOME EFFECTIVE,
			NABLE BY THE SUBSCRIBER ONLY UPON WRITTEN E EXPIRATION DATE OF THE INITIAL PERIOD OR
ANY RENEWAL PERIOD.			
7011	00 .) 1111		
II. While	21/4/16	Ву:	
Subscriber	Date /		Authorized Representative – Alarm Company
1100 HI116	DV	Approved:	8.1.
Printed Name	of		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 white such interruptions exists. 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 mall, 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 of damage, whether property damage, personal injury or death of Client or anyone at Clients location, Sound's liability shall be limited to six (6) times the montbly 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 firmit 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 INDEMINIFICATION AND SUBGROGATION. 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 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 Clients 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 after, 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 <u>Wednesday</u>, <u>January 11, 2017</u> (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.

*		Quantity Wet	
Outros I November	Addison	Sprinkler	Annual
School Name	Address	System	Pricing
Boulder Hill Elementary	163 Boulder Hill Pass	2	\$200.00
Brokaw Early Learning	1000 Fifth Ct	4	¢160.00
Center	1000 Fifth St.	1	\$160.00
Churchill Elementary	520 Secretariat	2	\$200.00
East View Elementary	4209 Route 71	1	\$160.00
Fav. Ohana Flamantan	260 Fox Chase Drive North,	2	\$200.00
Fox Chase Elementary	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
	2301 Lakewood Creek,		# 000 00
Lakewood Creek Elementary	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

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.

^{*} Lift not included

^{*} Training to be completed on a separate day

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).

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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	Valley Fire Protection Services, LLC
Signature: 1. C. Willes	Jun Mouke
Print Name: Rob Allison	Jill Nottke
Title: ASST. DIRECTOR, DREPATIONS	Account Manager
E-mail: [alloon@ 5D3D8.006	jnottke@valleyfire.com
Address: 71 STONEHIII Rd	101 N. Raddant Road
DS WEGO IL LODS 43	Batavia, IL 60510
Phone: 430-636-3190	630-761-3168
Fax:	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.

Defaul

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 ½% 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 IMPLED 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.
- 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.
- 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 <u>normal</u> 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 Cost per Extinguisher	Annual Cost
 2 1/2 lb. unit 5 lb. unit 10 lb. unit 20 lb. unit 	\$ 7.75 \$ 7.75 \$ 7.75 \$ 7.75
Carbon Dioxide fire extinguisher Parts-&-Labor Annual Maintenance	cost/extinguisher
• 5 lb. unit	\$ 7.75°

10 lb. unit
 15 lb. unit
 20 lb. unit
 \$ 7.75°
 \$ 7.75°

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

•	5 lb. unit	S	7.75
•	9 lb. unit	\$	7. 75"
•	13 lb. unit	S	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 <u>normal</u> 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 Amuncy

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: 7/11/16 SIGNATURE: SIGNATURE:



INSPECTION AND TESTING FORM

Date:	15 Jun 17		Time:
Nar Add Rep Lice Tele MO Con Tele Mor TYF	PE TRANSMISSION McCulloh Multiplex Digital Reverse Priority Trol Unit Manufacturer: No.: No.:	500 6226 Sier	PROPERTY NAME (USER) Name:
	t Any Software or Configuration Was I		
Quantity Devices Inst: 13 30 5	ALARM-INIT	Quantity of Devices Tested	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):



ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
65	B	65	Horns 1 5 trobes
30	B	30	Chimes
			Strobes
			Speakers
No. of alarm notification a	nnliance circuite: 14		Other (Specify):
Are circuits monitored for		No	
The same memored for			VICES AND CIRCUIT INFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	VIOLO AND CIRCUIT INFORMATION
	-		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 CIRC			
Quantity and style of signal		d to system (see NFPA 72	2 ⁸ , Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SUP	PLIES		
a) Primary (Main): Nom	inal Voltage		Amps6
Overcurrent Protection:	Туре	Breaker	Amps
Location (of Primary St	ipply Panelboard):	REGART C	BRAN FACPEM
Disconnecting Means L	ocation:	RPIA # 39	
(b) Secondary (Standby):	Storag	ge Battery: Amp-Hr Ratin	2-12VDC 18AL
Calculated capacity in	_	Amp-Hrs to operate system	
Engine-driven generator	dedicated to fire alarm s	ystem:	



SYSTEM TESTS AND INSPECTIONS

TYPE			Visual	Function	al	9	Comments		
Control Unit			\boxtimes			ok			
Interface Equipmen	nt		\boxtimes	\boxtimes	-				
Lamps/LEDs			\bowtie	\boxtimes	8				
Fuses			\boxtimes						
Primary Power Sup	pply			\boxtimes					
Trouble Signals									
Disconnect Switche	es		D		•	1/			
Ground-Fault Moni	itoring		Ø	d		V			
SECONDARY P	OWER								
TYPE			Visual	Functiona	1	(Comments		
Battery Condition			\boxtimes		But	terie in	Dock N	IAC a	11
Load Voltage				'\	50.	~ bad.			
Discharge Test					-	,			
Charger Test				\boxtimes					
Specific Gravity									
TRANSIENT SUP	PRESSORS								
REMOTE ANNUM	CIATORS		\boxtimes						
NOTIFICATION A	APPLIANCES				3 				
Audible			\boxtimes	\boxtimes		OK			
Visible				Ø		1			
Speakers						V			
Voice Clarity						V			
	INI	TIATING A	ND SUPE	ERVISORY	DEVICE	TESTS AND	INSPECTION	ONS	
	Device	Visual	Functiona	al			easured		
Loc. & S/N	Type	Check	Test	Facto	ory Setting	S	Setting	Pass	Fail
F25-0118-07-000-0-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0						-			
				-					
									
						-			
				-		-			
		Ц							
EMERGENCY CO EQUIPMENT	MMUNICATI	ONS	,	Visual Fu	ınctional		Comments		
Phone Set									
Phone Jacks									
Off-Hook Indicator									
Amplifier(s)									
Tone Generator(s)									
Call-in Signal									
System Performance									



INSPECTION AND TESTING FORM

Date:	6-7 Jul 17		Time: 0600
Nam Add Repri Lice Tele MOI Cont Tele Moni TYP M Re Contr Mode Circu Numb Softw Last Date System	resentative: Hal Havser resentative: Hal Havser resentative: Hal Havser resentative: J24-000429 phone: 630-369-2900 NITORING ENTITY react: J27-079-0500 phone: 947-079-0500 retrieved Account Ref. No.: 99- retrieved ETRANSMISSION reculled Multiplex Digital reverse Priority RF rether (Specify) red Unit Manufacturer: No.: 3030 retrieved Rev.: Data //NAC's reare Rev.: rem Had Any Service Performed: Any Software or Configuration Was In	100 - 6629 100 - 6629 110 -	PROPERTY NAME (USER) Name: Oswego Hish School Address: 4/250 R+. 7/ Owner Contact: Eric Simo~ Telephone: 630-636-2000 APPROVING AGENCY Contact: Oswego Fire Pept. Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
Quantity of Devices Insta	of .	Quantity of Devices Tested 62 211 48 11	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):



ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	1
			Bells
290	<u> </u>	290	Horns/s+robes
			Chimes
127	B	127	Strobes
			Speakers
			Other (Specify):
No. of alarm notification a	ppliance circuits:	30	
Are circuits monitored for	integrity? Yes	□ No	•
	SUPERVISORY S	IGNAL-INITIATING DE	VICES 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 CIRC	UITS		
Quantity and style of signali	ng line circuits connect	ted to system (see NFPA 72	2 ⁶ , Table 6.6.1):
Quantity 4		Style(s) B	
SYSTEM POWER SUPI	PLIES	1- 04	
(a) Primary (Main): Nomi	nal Voltage	120VAC	Amps <u>8</u>
Overcurrent Protection:	Туре	Bicaker	Amps
Location (of Primary Su	pply Panelboard): _	Mech/Elec	Rm 17MK
Disconnecting Means Lo	cation:	EMB 47	
(b) Secondary (Standby):	C Store	age Battery: Amp-Hr Ratin	g
Calculated capacity in		Amp-Hrs to operate system	em for hours
Engine-driven generator	dedicated to fire alarm	system:	Building Generator



SYSTEM TESTS AND INSPECTIONS

TYPE			Visual	Functional	Comments
Control Unit			×	Œ	OK
Interface Equipm	nent		Ø		
Lamps/LEDs			Ø		
Fuses			Ø		· · · · · · · · · · · · · · · · · · ·
Primary Power S	upply		Ø	Ø	
Trouble Signals			M	图	
Disconnect Switch	hes			Ø	
Ground-Fault Mo	nitoring		Ø	Ø	
SECONDARY	POWER				•
TYPE			Visual	Functional	Comments
Battery Condition	:		Ø		Ratteries in NAC Panel in Am 210I
Load Voltage			•	M	are bu
Discharge Test					
Charger Test				2	
Specific Gravity					
TRANSIENT SU	PPRESSORS			_	
REMOTE ANNU	NCIATORS		Ø	1 ≥	
NOTIFICATION	APPLIANCES				
Audible				图	oK
Visible			2	Ø	
Speakers					
Voice Clarity					
	ini	FIATING .	AND SUPE	RVISORY D	EVICE TESTS AND INSPECTIONS
Y 9 CON	Device	Visual	Functional		Measured
Loc. & S/N	Туре	Check	Test	Factory	-
·					
		П			
					
EMEDCENCY CO			ب		
EMERGENCY CO EQUIPMENT)MMUNICA I IC)NS	Vi	sual Funct	tional Comments
Phone Set			ſ		
Phone Jacks			[]
Off-Hook Indicator			[]
Amplifier(s)			[
Tone Generator(s)			[–	
Call-in Signal			[
System Performance	;		[



		Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			•	•
Fire Extinguisher Monitoring Device/System				
Carbon Monoxide Detector/System				
(Specify)	-			
INTERFACE EQUIPMENT				
(Specify)	-			
(Specify)	-			
(Specify)	-			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	X		1400	
Alarm Restoration	A			
Trouble Signal	Ø			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	囟		Eric	1400
Monitoring Agency	Ø		Infinity	
Building Occupants	Ø		Staff	
Other (Specify)				
The following did not operate correctly:				1
Pull station went to FACP does not pull station by Amis II and Ib could not Pull station by door 18 could not test do.	+1:9; +05f	ger po - due bock	to Key broke off malfunction.	in lock
System restored to normal operation:	, ,,		Date: 7 Jul 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	NCE I	MTH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sean Donnelh		-	Date: 75-117	Time: 1436
Name of Owner or Representative: Eric Sim	<i>0</i> ~		Date: 7 Jul 17	Time: 1430



COMBINATION SYSTEMS		Visual	Devi	ce Operation	Simula	ited Operation
Fire Extinguisher Monitoring Device/System						П
Carbon Monoxide Detector/System						П
(Specify)	_					
INTERFACE EQUIPMENT						
(Specify)	_					
(Specify)	•					
(Specify)	-					
SUPERVISING STATION MONITORING	Yes	No	Tir	ne	Со	mments
Alarm Signal	\square		103	0		o K
Alarm Restoration	\boxtimes					
Trouble Signal	\boxtimes					
Trouble Signal Restoration				- 	1	
Supervisory Signal						V
Supervisory Restoration						
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No		Who		Time
Building Management				essil		1030
Monitoring Agency	\boxtimes			Infinity		
Building Occupants	\boxtimes		5	+=P1 '		
Other (Specify)					_	
The following did not operate correctly:						
System restored to normal operation:			Date:	15 Ju- 19	Time:	1100
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	PPLICA	BLE NFPA S	TANDAR	DS
Name of Inspector: Sear C. Darwelly		_	Date:	15 Jun 19	Time:	1100
Signature:						
Name of Owner or Representative:			Date:	15 Jan 19	Time:	1100
Signature:						



INSPECTION AND TESTING FORM

Date:	Jun 17		Time://30		
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.: 199-6222 TYPE TRANSMISSION McCulloh Multiplex Digital Reverse Priority RF Other (Specify) Telephone: Nother Model No.: AF5-200 Circuit Styles: B Number of Circuits: Data / NAC's / Annifore Software Rev.: Last Date System Had Any Service Performed:			PROPERTY NAME (USER) Name:		
Last Date That Any Soft	ware or Configuration Was	Revised:			
		TIATING DEVICES A	AND CIRCUIT INFORMATION		
Quantity of Devices Installed 14 35 9 3	Circuit Style B B B	Quantity of Devices Tested / 4 33 9	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches		
Alarm verification feature	e is ⊠disabled □ enab	led	Other (Specify):		



ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

	Bells Horns /s trobes Chimes Strobes Speakers Other (Specify):
	Chimes Strobes Speakers
33 ß 33	Strobes Speakers
	Speakers
	PRODUCE OF
	Other (Specify):
No. of alarm notification appliance circuits:)2	
Are circuits monitored for integrity? ☐ Yes ☐ No	
SUPERVISORY SIGNAL-INITIATING	DEVICES AND CIRCUIT INFORMATION
Quantity of Quantity of Devices Installed Circuit Style Devices Teste	d
	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 NF)	PA 72 [®] , Table 6.6.1):
Quantity/ Style(s)	
SYSTEM POWER SUPPLIES	
(a) Primary (Main): Nominal Voltage 126 VAC	Amps
Overcurrent Protection: Type	Amps 20
Location (of Primary Supply Panelboard): FACP	hm Alo2
Disconnecting Means Location:	# 56
(b) Secondary (Standby): 24vpc Storage Battery: Amp-Hr	Rating 2-12400 18/4
Calculated capacity in Amp-Hrs to operate	
Engine-driven generator dedicated to fire alarm system:	Account to the control of the contro



SYSTEM TESTS AND INSPECTIONS

TYPE		Visual	Functional		Comments
Control Unit		×	\triangleright	8	oh
Interface Equipment		X	\bowtie		
Lamps/LEDs		\boxtimes	·×	1	
Fuses		X			
Primary Power Supply			M		
Trouble Signals		×	\boxtimes		
Disconnect Switches		\boxtimes			Ý
Ground-Fault Monitoring		X	× ×		
SECONDARY POWER					
TYPE		Visual	Functional		Comments
Battery Condition		×		Bat	teries in Dock NAC are
Load Voltage			\boxtimes	low	
Discharge Test					
Charger Test			· ×		
Specific Gravity					,
TRANSIENT SUPPRESSORS					
REMOTE ANNUNCIATORS		\boxtimes	\boxtimes	main	entrance / Office
NOTIFICATION APPLIANCES					
Audible		\times	\triangleright		ok
Visible		×	\boxtimes		1
Speakers					
Voice Clarity					
INIT	TIATING A	AND SUP	ERVISORY I	DEVICE T	ESTS AND INSPECTIONS
Device	Visual	Function	al		Measured
Loc. & S/N Type	Check	Test	Factory	Setting	Setting Pass Fail
			-		
			1		
			S 		
			-		
			1		
EMERGENCY COMMUNICATION EQUIPMENT	ONS	,	Visual Fun	ctional	Comments
Phone Set					
Phone Jacks					
Off-Hook Indicator					
Amplifier(s)					
Tone Generator(s)				□ .	
Call-in Signal				□ .	
System Performance					



COMBINATION SYSTEMS	1	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System				П
Carbon Monoxide Detector/System				
(Specify)	-			
INTERFACE EQUIPMENT				
(Specify)	-			
(Specify)	-			
(Specify)				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal			1500	ok
Alarm Restoration				
Trouble Signal	\boxtimes			
Trouble Signal Restoration			-	
Supervisory Signal				V
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	\boxtimes		Mike	1500
Monitoring Agency	\boxtimes		Intivity	_
Building Occupants	\boxtimes		Staff	
Other (Specify)				
The following did not operate correctly: 1: d Net test top and better of	shaft	Smuk	ces or heats,	
System restored to normal operation:			Date: 15 Jun 17	Time:
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	NITH A	PPLICABLE NFPA S	TANDARDS
Name of Inspector: Sean C. Normely			Date: 15 Jun 17	Time:
Signature:				
Name of Owner or Representative:		_	Date: <u>15 Jun</u> 17	Time:/530



Date:	16 J	um 17		Time:	0600
	SERVICE ORG	ANIZATION Sound Inc 1550 Share Hal Mause 124-000429 630-368-29 ENTITY Inchinity 947-979-850 IN Multiplex Digital W RF Infacturer: No.: 2-6 B Six Data / NAC's	00 00 -6237	PROPERT Name: Address: City: Contact: APPROVII Contact: Telephone: SERVICE Weekly	Murphy Jr High School 26923 W. Grande Park Plant Field Dave Spang 630-870-7244 NG AGENCY OSWGO FIT 630-554-2110 Monthly Quarterly Mally Annually
		e or Configuration Was	Revised:		
East Date	c That Any Softwar		TIATING DEVICES A	ND CIRCUIT	INFORMATION
Device	antity of es Installed 40	Circuit Style B B B	Quantity of Devices Tested 40	Manual Fire A Ion Detectors Photo Detector Duct Detector Heat Detector Waterflow Sw Supervisory S Other (Specify	alarm Boxes rs s s ritches witches
Alarm ve	erification feature is	disabled enabl	led		



Quantity of Appliances Installed Circuit S	Quantity of yle Appliances Tested
	Bells
160 B	Horns /strobes
	Chimes
30 8	\(\frac{30}{\text{Strobes}} \)
	Speakers
	Other (Specify):
No. of alarm notification appliance circuit	: 32
Are circuits monitored for integrity?	Yes No
SUPERVISO	RY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION
Quantity of Devices Installed Circuit S	Quantity of yle 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 circuit	connected to system (see NFPA 72®, Table 6.6.1):
Quantity	Style(s)
SYSTEM POWER SUPPLIES	
(a) Primary (Main): Nominal Voltage	120vAC Amps 6
Overcurrent Protection: Type	Breaker Amps 20
Location (of Primary Supply Panelboa	
Disconnecting Means Location:	EMP1 # 10
(b) Secondary (Standby): 24V0C	Storage Battery: Amp-Hr Rating 2-12 v DC 55Ah
Calculated capacity in	Amp-Hrs to operate system for hours
Engine-driven generator dedicated to 1	



TYPE			Visual	Functio	onal	Comr	nents		
Control Unit			M	X	-	ok			
Interface Equipmen	nt			×	·				
Lamps/LEDs			×	×					
Fuses			N N N		_				
Primary Power Sup	ply		X						
Trouble Signals			×						
Disconnect Switche	es		×	\boxtimes					
Ground-Fault Moni	toring		×	X		V			
SECONDARY P	OWER								
TYPE			Visual	Functio	nal	Comn	nents		
Battery Condition			×			Batteries i		112 4	FOIZ
Load Voltage					ari				
Discharge Test									
Charger Test				M	7				
Specific Gravity									
TRANSIENT SUP	PRESSORS								
REMOTE ANNUM	CIATORS		>	\boxtimes					
NOTIFICATION A	APPLIANCES								
Audible			\boxtimes	K		ok			
Visible			DY.	\boxtimes		İ			
Speakers						V			
Voice Clarity						Y			
	IN	ITIATING	AND SUP	ERVISO	RY DEVICE	TESTS AND INS	PECTIO	ONS	
	Device	Visual	Function	al		Measur	red		
Loc. & S/N	Type	Check	Test	Fa	ctory Setting	Settin	g	Pass	Fail
				_		· 9			
-									
				-					
				-		-			
				_		-			
EMERGENCY CO EQUIPMENT	MMUNICAT	IONS		Visual	Functional	Cor	nments		
Phone Set						·			
Phone Jacks									
Off-Hook Indicator									
Amplifier(s)									
Tone Generator(s)									
Call-in Signal									
System Performance									



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System			П	П
Carbon Monoxide Detector/System				
(Specify)	_			
INTERFACE EQUIPMENT				_
(Specify)	2			П
(Specify)				П
(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			Dove	1400
Monitoring Agency	X		Infinity	
Building Occupants	X		Stoff	
Other (Specify)				
The following did not operate correctly: Did not test heats and smakes	>~	top	of shaft or bo	ttor of shaft
				4413.5
System restored to normal operation:			Date: 16 Ju- 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	NCE	WITH	APPLICABLE NFPA S	STANDARDS
Name of Inspector: Sean C. Dennelly		_	Date: 14 Jv~17	Time: 1430
Signature: SCP				
Name of Owner or Representative:	1	_	Date: 16 Jv~ 17	Time: /430



Date:	Tun 17		Time: 0600
SERVICE OF Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Acc TYPE TRANS	124-000428 630-361-2 GENTITY	2900 500 7-6236	PROPERTY NAME (USER) Name: Bedweek Jr High Address: 3025 Hesse Rd City: Avrata Contact: Lob Specier APPROVING AGENCY Contact: Avrora P17 Telephone: SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
Last Date That Any Softw	vare or Configuration Was	Revised:	
Quantity of Devices Installed 25	ALARM-INIT	Quantity of Devices Tested 25 11 15	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):
Alarm verification feature	is disabled enab	led	



Quantity of Appliances Installed	Circuit Style		atity of ces Tested		
			Bells		
139	B		Horns	1strobas	
			Chime	es	
	B		Strobe	es	
			Speak	ters	
			Other	(Specify):	
No. of alarm notification a	ppliance circuits:	18			
Are circuits monitored for	integrity? XYes	□No			
	SUPERVISORY SI	GNAL-INITIA	TING DEVICES	AND CIRCUIT	INFORMATION
Quantity of Devices Installed	Circuit Style		tity of Tested		
			Buildin	ng Temp.	
			Site Wa	ater Temp.	
			Site Wa	ater Level	
			Fire Pur	mp Power	
			Fire Pur	mp Running	
			Fire Pur	mp Auto Position	i
			Fire Pur	mp or Pump Con	troller Trouble
		-	Fire Pur	mp Running	
			Generat	tor in Auto Positi	on
		-	Generat	tor or Controller	Trouble
		- 10 	Switch	Transfer	
		-	Generat	tor Engine Runni	ng
			Other (S	Specify):	
SIGNALING LINE CIRC	CUITS				
Quantity and style of signal	ing line circuits connec	ted to system (s	ee NFPA 72®, Table	e 6.6.1):	
Quantity	1	Style(s) _	<u> </u>		
SYSTEM POWER SUP	PLIES	9.20			
(a) Primary (Main): Nom	inal Voltage		VAC	_ Amps	6
Overcurrent Protection:	Туре	breake.		_ Amps	20
Location (of Primary S	upply Panelboard):	2.4 (1.70)	FACP fim		
Disconnecting Means L	ocation:	BP3A	- ¥ 80		
(b) Secondary (Standby):	DC Stor	rage Battery: An	np-Hr Rating	2-12000	18Ah
Calculated capacity in		Amp-Hrs to	operate system for		hours
Engine-driven generato	r dedicated to fire alarn	ı system:			



TYPE			Visual	Function	nal	Comments		
Control Unit			×	×		ok		
Interface Equipmen	nt		\boxtimes					
Lamps/LEDs			×	X				
Fuses			×					
Primary Power Sup	ply		. 🖂					
Trouble Signals			×	K				
Disconnect Switche	es			X				
Ground-Fault Moni	toring		M	M		V		
SECONDARY P	OWER							
TYPE			Visual	Function	nal	Comments		
Battery Condition			X		-	ok		
Load Voltage				D				
Discharge Test								
Charger Test				×				
Specific Gravity					W			
TRANSIENT SUP	PRESSORS				11			
REMOTE ANNUM	NCIATORS		×	×	4	y		
NOTIFICATION .	APPLIANCES			100,170				
Audible				X		oK		
Visible			\boxtimes	X				
Speakers								
Voice Clarity								
	INI ⁻	TIATING A	AND SUP	ERVISOF	RY DEVICE T	ESTS AND INSPECT	IONS	
State Helife Statemen	Device	Visual	Function			Measured		
Loc. & S/N	Type	Check	Test	Fac	ctory Setting	Setting	Pass	Fail
				-				
				-				
				-		:		
				-				
	×					-		
				-		-		
EMERGENCY CO EQUIPMENT	OMMUNICATI	ONS		Visual	Functional	Comments	í	
Phone Set						W		
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)								
Tone Generator(s)								
Call-in Signal								
System Performance	.							



COMBINATION SYSTEMS	7	Visual	Devic	e Operation	Simula	ted Operation
Fire Extinguisher Monitoring Device/System				П		П
Carbon Monoxide Detector/System		П				
(Specify)						
INTERFACE EQUIPMENT						_
(Specify)		П		П		П
(Specify)		П				
(Specify)			K)			
SUPERVISING STATION MONITORING	Yes	No	Tim	ie	Co	mments
Alarm Signal	\bowtie		09.	30		
Alarm Restoration	×					
Trouble Signal	×					
Trouble Signal Restoration						
Supervisory Signal						
Supervisory Restoration						
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	o Who Tim			Time
Building Management	Ø			<u> </u>		0930
Monitoring Agency			In	finity	<u> </u>	
Building Occupants	M		54	aft '		
Other (Specify)			-			
The following did not operate correctly: Produced test bottom and top of	Sha	ifi,				
System restored to normal operation:			Date:	19 Ju~ 17	Time:	1000
THIS TESTING WAS PERFORMED IN ACCORDA	NCE	WITH A	PPLICA	BLE NFPA S	TANDAR	DS
Name of Inspector: Signature: Scan Downelly Signature:		_	Date:	19 Ju-17	Time:	1000
Name of Owner or Representative: Signature: Sob-Special		75	Date:	19 Jun 17	Time:	1000



Date:	19 Jun 17		Time:
Name: Address Repress License Telephe MONI Contac Telephe Monito TYPE McC Reve Control Model Circuit Numbe Softwar	entative: Hal Hauser e No.: 124 - 000 439 one: 430 - 369 - TORING ENTITY t: 847 - 879 - 89 oring Account Ref. No.: 99 - TRANSMISSION Culloh Multiplex Digital erse Priority RF er (Specify) I Unit Manufacturer: No.: AFF - 200 Styles: B or of Circuits: That Any Service Performed: Any Software or Configuration Was Feather Street Configuration	2900 500 6223 Revised:	PROPERTY NAME (USER) Name: Brokaw Early Learning Address: 1000 f.f.h St. City: Osweso Contact: Dswgo FP Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
Quantity of Devices Install		Quantity of Devices Tested	Manual Fire Alarm Boxes
43 2 3	В В В		Ion Detectors Photo Detectors Duct Detectors Heat Detectors
Alarm verification	n feature is ⊠ disabled □ enable	d	Waterflow Switches Supervisory Switches Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
-			Bells
53	B	53	Horns /strabes
			Chimes
25	B	25	Strobes
			Speakers
		-	Other (Specify):
No. of alarm notification a	ppliance circuits:		
Are circuits monitored for	integrity? 🔀 Yes 🛚	No	
	SUPERVISORY SIG	NAL-INITIATING DEV	VICES 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
		Paris and the second se	Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):
SIGNALING LINE CIR	CUITS		
Quantity and style of signa	ling line circuits connecte	d to system (see NFPA 72	2 [®] , Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SUF	PPLIES		4
(a) Primary (Main): Non	ninal Voltage	120VAC	Amps
Overcurrent Protection	: Type	Breaker	Amps
Location (of Primary S	upply Panelboard):	FAR	m
Disconnecting Means I	Location:	ELZ	#6
(b) Secondary (Standby):	YVVC Storag	ge Battery: Amp-Hr Ratin	2-12VOC 18Ah
Calculated capacity in		Amp-Hrs to operate syst	
Engine-driven generato	r dedicated to fire alarm s	ystem:	



TYPE			Visual	Function	ıal	Comments	
Control Unit				A		ok	
Interface Equipme	ent			X			
Lamps/LEDs			X	\square			
Fuses			BEZZ		_		
Primary Power Su	pply		X	×			
Trouble Signals			\boxtimes	\triangleright			
Disconnect Switch	nes			X	_	V	
Ground-Fault Mor	nitoring		DX M	M			
SECONDARY F	POWER						
TYPE			Visual	Function	al	Comments	
Battery Condition			X		Ba	Herics in NAC west +	10
Load Voltage				X	F7	ACP are bay	
Discharge Test		162					
Charger Test				X			
Specific Gravity							
TRANSIENT SU	PPRESSORS						
REMOTE ANNU	NCIATORS			\bowtie			
NOTIFICATION	APPLIANCES						
Audible			×	K		o k	
Visible							
Speakers							
Voice Clarity							
	INI	TIATING	AND SUPE	ERVISOR	Y DEVICE	TESTS AND INSPECTIONS	
Loc. & S/N	Device Type	Visual Check	Functiona Test		tory Setting	Measured	
200. 60 5/11	Турс			rac	tory setting	Setting Pass Fai	8
							i E
	la constant						i i
	-			-			
	1 			-			
EMERGENCY C	OMMUNICATI	ONS					
EQUIPMENT			,		Functional —	Comments	
Phone Set							-
Phone Jacks							-
Off-Hook Indicator							-
Amplifier(s)							_
Tone Generator(s)							-
Call-in Signal							-
System Performance	e						



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System				
(Specify)				
INTERFACE EQUIPMENT		·	_	_
(Specify)		П	П	
(Specify)				
(Specify)				
		Ш	Ш	Ш
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	Ø		1400	
Alarm Restoration	×			
Trouble Signal	X			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				2
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	, X j			1400
Monitoring Agency	×		Infinity	
Building Occupants	M		Staff	
Other (Specify)				
The following did not operate correctly:				
				F112 A
System restored to normal operation:			Date: 1950~ 17	Time:
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	APPLICABLE NFPA	STANDARDS
Name of Inspector: Sear C. Downell	1	_	Date: 19 Ju-17	Time: 1430
Signature:				11124
Name of Owner or Representative:		_	Date: 19 Jv~ 1	Time:
Signature: Ly MM				



Date: 20	Jun 11		Time:
	GANIZATION Sound Inc 1550 Shore Hal Hause 134-00043 630-369-2 GENTITY Televity 947-879- ount Ref. No.: 9 Multiplex Digital rity RF Ty) mufacturer: No.: No.: AFP 200 Buits: Oatsa / No.:	PROPERTY NAME (USER) Name: Wolf's Crossing Address: SSO 3015 Heggs hd City: Oswege Contact: Brll Lehenann APPROVING AGENCY Contact: Oswege FD Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)	
Last Date That Any Softw			
Last Date That Any Softw			ND CIDCUIT INFORMATION
Quantity of Devices Installed	Circuit Style B B B B	Quantity of Devices Tested	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches
Alarm verification feature	is Adisabled Danah	led.	Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
		-	Bells
65	\mathcal{B}	65	Horns/strobes
			Chimes
25	<u> </u>	25	Strobes
			Speakers
			Other (Specify):
No. of alarm notification a	appliance circuits:	12	
Are circuits monitored for	integrity? Yes	No	
	SUPERVISORY SIG	NAL-INITIATING DEV	ICES 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
		9	Generator in Auto Position
			Generator or Controller Trouble
_			Switch Transfer
		:	Generator Engine Running
		(<u> </u>	Other (Specify):
SIGNALING LINE CIR	CUITS		
Quantity and style of signa	ling line circuits connecte	ed to system (see NFPA 72	[®] , Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SUF	PPLIES		*
(a) Primary (Main): Non	ninal Voltage	120 VAC	Amps
Overcurrent Protection	: Type	Brenker	Amps20
Location (of Primary S	upply Panelboard):	FACP BA	
Disconnecting Means I	Location:	BPIA # 80	
(b) Secondary (Standby):	-[v0C Stora	ge Battery: Amp-Hr Rating	2-12 VDC 26Ah
Calculated capacity in		Amp-Hrs to operate syste	
Engine-driven generato	or dedicated to fire alarm s	system:	



TYPE			Visual	Functiona	ıI	Comments		
Control Unit			\square	X	-	OK		9
Interface Equipmen	nt		×	×	-			
Lamps/LEDs			\boxtimes	X				
Fuses			×					
Primary Power Sup	pply			\boxtimes				
Trouble Signals			M	Ø	_			
Disconnect Switche	es		M	×				
Ground-Fault Mon	itoring		M	Ø		У		
SECONDARY P	OWER							
TYPE			Visual	Functional	I	Comments		
Battery Condition						ol		
Load Voltage				X				
Discharge Test								
Charger Test								
Specific Gravity								
TRANSIENT SUP	PRESSORS				4.2			
REMOTE ANNUM	NCIATORS					V		
NOTIFICATION	APPLIANCES					127		
Audible			X	\boxtimes	·	ok		
Visible			\boxtimes	×	-			
Speakers					14			
Voice Clarity					-	V		
	INI	TIATING A	AND SUPI	ERVISORY	DEVICE T	ESTS AND INSPECT	ONS	
	Device	Visual	Function			Measured		
Loc. & S/N	Type	Check	Test	Facto	ory Setting	Setting	Pass	Fail
								
						-		
n.				-		-		
				-		_	Ц	
	77			-				
EMERGENCY CO EQUIPMENT	OMMUNICATI	ONS	ş	Visual Fu	ınctional	Comments		
Phone Set								
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)								
Tone Generator(s)								
Call-in Signal								
System Performance	3							



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System				
Carbon Monoxide Detector/System				
(Specify)				
(Speeny)	_	Ш		
INTERFACE EQUIPMENT				
(Specify)	_			
(Specify)	_			
(Specify)	_			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	×		0930	
Alarm Restoration	Ø			
Trouble Signal	×			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	X		1311	0930
Monitoring Agency			Infinity	
Building Occupants	X		Staff	
Other (Specify)				
The following did not operate correctly: Old Not test heats 2 smokes in	top &	botto	m of shaft.	
System restored to normal operation:			Date: 20 3 - 17	Time:
THIS TESTING WAS PERFORMED IN ACCORD	DANCE	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sean C. Donnelly		—	Date: 20 Jun 17	Time:
Signature:			The Control of the Co	
Name of Owner or Representative:		_	Date: 20 Jun 17	Time: 1000
Signature:				



Date:	Jun 17		Time: 1030				
	124 - 0004 630 - 369 - 29 GENTITY	Rd 7 99 100 7-6228	PROPERTY NAME (USER) Name: Hunt Club Elementary Address: 4001 Hunt Club Dr City: Oswego Contact: George Buttry APPROVING AGENCY Contact: Oswego FP Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)				
Last Date That Any Softv	vare or Configuration Was	Revised:					
	ALARM-INI	TIATING DEVICES A	AND CIRCUIT INFORMATION				
Quantity of Devices Installed 18 23	Circuit Style B B B	Quantity of Devices Tested /8 2/ 6 2	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):				
Alarm verification feature	is ≱ disabled □ enab		Other (Specify).				



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
87	B	87	Horns /strobes
			Chimes
45	B	45	Strobes
		8	Speakers
		· ·	Other (Specify):
No. of alarm notification a	ppliance circuits:) 	
Are circuits monitored for	integrity? Yes 🗆	No	
	SUPERVISORY SIG	NAL-INITIATING DEV	ICES 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
		3	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 CIRC			*
Quantity and style of signal	ing line circuits connected	to system (see NFPA 72	®, Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SUP	PLIES		
(a) Primary (Main): Nom	inal Voltage	DOVAC	Amps
Overcurrent Protection:	Туре	Brenker	Amps
Location (of Primary S	upply Panelboard):	Alos Elect	ric him
Disconnecting Means L	ocation:	Emp-1 #	6
(b) Secondary (Standby):	OC Storag	e Battery: Amp-Hr Ratin	2-12VDC 55AL
Calculated capacity in		Amp-Hrs to operate syste	
Engine-driven generato	r dedicated to fire alarm sy		



TYPE			Visual	Functiona	I	Comments	
Control Unit			×	×	_	ok	
Interface Equipmen	nt			X			
Lamps/LEDs			M	×			
Fuses			M		No.		
Primary Power Sup	pply		\boxtimes	M		,	
Trouble Signals			M				
Disconnect Switche	es						
Ground-Fault Mon	itoring		M	M		V	
SECONDARY P	OWER						
TYPE			Visual	Functional	l	Comments	
Battery Condition			X			ok	
Load Voltage				M			
Discharge Test							
Charger Test							
Specific Gravity							
TRANSIENT SUI	PRESSORS						
REMOTE ANNU	NCIATORS			Ż		<u> </u>	
NOTIFICATION	APPLIANCES					T.	
Audible			X			ok	
Visible			M	M			
Speakers							
Voice Clarity					:	V	
	INI	TIATING A	ND SUP	ERVISORY	DEVICE	TESTS AND INSPECTIONS	
	Device	Visual	Function	al		Measured	
Loc. & S/N	Type	Check	Test	Facto	ory Setting	Setting Pass Fa	ail
ji 	M						
				-			
2				-			
n 				-			
				-			
EMERGENCY CO EQUIPMENT	OMMUNICATI	ONS		Visual Fu	unctional	Comments	
Phone Set							
Phone Jacks							
Off-Hook Indicator							
Amplifier(s)							
Tone Generator(s)							
Call-in Signal							_
System Performanc	e						



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	
Carbon Monoxide Detector/System		П		П
(Specify)				
INTERFACE EQUIPMENT				
(Specify)				
(Specify)				
(Specify)				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	M		1400	
Alarm Restoration	M			
Trouble Signal	A			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	×		beorse	1400
Monitoring Agency	X		_ Jufinity	
Building Occupants			Staff	
Other (Specify)				
The following did not operate correctly: Did not test smokes or heats in	shaf	4.		
				- 15/5
System restored to normal operation:			Date: 20 Ju~ 17	Time: 200121 1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	PPLICABLE NFPA S	TANDARDS
Name of Inspector: Sta- C. Dormely		_	Date: 20 Ju. 17	Time: 20 36 14 30
Signature:				
Name of Owner or Representative:			Date: 20 Jun 17	Time: 1430
Signature: 13 73				



Date: 21 J	v~ 17		Time:OLOO			
Name:	Address:		PROPERTY NAME (USER) Name: Boulder Hill Elementary Address: 163 Bould Hill fass City: Montsomery Contact: Dale Lackey APPROVING AGENCY Contact: Oswego Fire Department Telephone: 630 - \$\$4 - 2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)			
Last Date That Any Softw			AND CIRCUIT INFORMATION			
Quantity of Devices Installed 19 51 5	Circuit Style	Quantity of Devices Tested	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches			
Alarm verification feature	is ☑ disabled ☐ enabl	led	Other (Specify):			



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested		
			Bells	
79	B	79	Horns /strobes	
			Chimes	
32	B	32	Strobes	
			Speakers	
			Other (Specify):	
No. of alarm notification a	appliance circuits:	16		
Are circuits monitored for	integrity? Yes	□No		
	SUPERVISORY	SIGNAL-INITIATING DEV	/ICES AND CIRCUIT IN	FORMATION
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 Control	ler Trouble
		_	Fire Pump Running	
	_	_	Generator in Auto Position	
		_	Generator or Controller Tro	uble
	-	_	Switch Transfer	
	-		Generator Engine Running	
			Other (Specify):	
SIGNALING LINE CIR	CUITS			
Quantity and style of signa	aling line circuits conn	nected to system (see NFPA 72	? [®] , Table 6.6.1):	
Quantity		Style(s)		
SYSTEM POWER SU	PPLIES			
(a) Primary (Main): Nor	ninal Voltage	120 VAC	Amps	}
Overcurrent Protection	: Type	Becaker	Amps)
Location (of Primary S	Supply Panelboard):	Electric &	m	
Disconnecting Means l	Location:	EMP #	24	
(b) Secondary (Standby):	S	torage Battery: Amp-Hr Ratin	g	55 AL
Calculated capacity in		_ Amp-Hrs to operate syst	c	ours
Engine-driven generate	or dedicated to fire ala	rm system: Bu	1	



TYPE			Visual	Function	al	Comments
Control Unit			×			ok
Interface Equipmen	t		M	\boxtimes	_	1
Lamps/LEDs			\bowtie	\boxtimes		
Fuses			\bowtie			
Primary Power Sup	ply		\boxtimes	M	-	
Trouble Signals			\boxtimes	K		
Disconnect Switche	·s		M	N		
Ground-Fault Moni	toring			卤		V
SECONDARY P	OWER					
TYPE			Visual	Function	al	Comments
Battery Condition					Batter	ries in NAC's #1, #4
Load Voltage				\square	are	low. Batteries in FACP are
Discharge Test					_ bad	·
Charger Test				X		eV.
Specific Gravity						
TRANSIENT SUP	PRESSORS					
REMOTE ANNUM	CIATORS			\boxtimes		
NOTIFICATION A	APPLIANCES					·
Audible			\boxtimes			ok
Visible						
Speakers						
Voice Clarity						
	INI	TIATING A	ND SUP	ERVISOR'	Y DEVICE T	TESTS AND INSPECTIONS
	Device	Visual	Function			Measured
Loc. & S/N	Type	Check	Test	Fact	ory Setting	Setting Pass Fail
				8		
				-		
				5		
				<u> </u>		
				-		
2 <u></u>		Ц		(⊔ ⊔
EMERGENCY CO EQUIPMENT	MMUNICATIO	ONS		Visual F	unctional	Comments
Phone Set						
Phone Jacks						
Off-Hook Indicator						
Amplifier(s)						
Tone Generator(s)						
Call-in Signal						
Systam Parformance						



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System			П	П
(Specify)	_			
INTERFACE EQUIPMENT				
(Specify)	- ,			
(Specify)	_			
(Specify)				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	M		1400	
Alarm Restoration	M			
Trouble Signal	M			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	\boxtimes		Dale	1460
Monitoring Agency	\boxtimes		Ind. mity	
Building Occupants	M		Staff	
Other (Specify)			(
The following did not operate correctly:				
				12.0
System restored to normal operation:			Date: 21 Jun 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORD	ANCE	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sean Donnelly		_	Date: 21 Jun 17	Time:
Signature: SU				
Name of Owner or Representative:			Date: 21 Jun 17	Time: <u>1430</u>
Signature:				



Date: 22	Ju~ 17		Time: 0600
Name:Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Accounts TYPE TRANS	# # # # # # # # # # # # # # # # # # #	olix	PROPERTY NAME (USER) Name:
Last Date That Any Softw	vare or Configuration Was	Revised:	
	ALARM-INIT	TIATING DEVICES A	AND CIRCUIT INFORMATION
Quantity of Devices Installed 18 104 6 7	Circuit Style	Quantity of Devices Tested 18 102 6 5	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches
Alarm verification feature	is ⊠disabled □ enab	led	Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
		And Carlo	Bells
95	B	95	Horns /strobes
		The state of the s	Chimes
37	B	3.7	Strobes
			Speakers
			Other (Specify):
No. of alarm notification a	appliance circuits:2	<u> </u>	
Are circuits monitored for	integrity? ✓ Yes ☐	No	
	SUPERVISORY SIG	NAL-INITIATING DEVI	CES AND CIRCUIT INFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
:		B	Building Temp.
		S	ite Water Temp.
		S	ite Water Level
		F	ire Pump Power
		F	ire Pump Running
		F	ire Pump Auto Position
		F	ire Pump or Pump Controller Trouble
		F	ire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
		S	witch Transfer
			Generator Engine Running
-		C	Other (Specify):
SIGNALING LINE CIR	CUITS		
Quantity and style of signa	aling line circuits connecte	ed to system (see NFPA 72®	, Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SU	PPLIES	2 14	
(a) Primary (Main): Non	minal Voltage	120VAC	Amps
Overcurrent Protection	n: Type	Breaker	Amps
Location (of Primary S	Supply Panelboard):	FACP Km	
Disconnecting Means	Location:	PPEM #	15
(b) Secondary (Standby):	Dill M	ge Battery: Amp-Hr Rating	2-12 VAC 264h
Calculated capacity in		Amp-Hrs to operate syste	
	or dedicated to fire alarm	D	rilding Generator
102ml			



TYPE			Visual	Function	ıal	Comments		
Control Unit			A		_	No		
Interface Equipme	nt		\bowtie	M				
Lamps/LEDs				M	_			
Fuses								
Primary Power Su	pply		\boxtimes	\boxtimes	-			
Trouble Signals			×	M				
Disconnect Switch	es		N	N		V		
Ground-Fault Mon	nitoring			M				
SECONDARY F	POWER							
TYPE			Visual	Function	nal	Comments		
Battery Condition			×			ok		
Load Voltage				×				
Discharge Test								
Charger Test				X				
Specific Gravity								
TRANSIENT SU	PPRESSORS				-			
REMOTE ANNU	NCIATORS		\times	M		V		
NOTIFICATION	APPLIANCES					2		
Audible			\boxtimes	M		ok		
Visible			\boxtimes	\bowtie	0			
Speakers					8-			
Voice Clarity					9	₩.		
	INI	TIATING.	AND SUP	ERVISOR	RY DEVICE	TESTS AND INSPECTI	ONS	
T 0.00	Device	Visual	Function			Measured		
Loc. & S/N	Type	Check	Test	Fac	ctory Setting	Setting	Pass	Fail
				5 <u></u>				
						?		
				1		-		
				17 <u></u>				
				: 				
		Ц		-		-		
EMERGENCY C EQUIPMENT	OMMUNICATI	ONS		Visual	Functional	Comments		
Phone Set								
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)								
Tone Generator(s)								
Call-in Signal								
System Performance	ce							



COMBINATION SYSTEMS	•	Visual	Device Operation	Simula	ated Operation
Fire Extinguisher Monitoring Device/System		П	П		П
Carbon Monoxide Detector/System					
(Specify)					
INTERFACE EQUIPMENT			_		_
(Specify)		П	П		П
(Specify)		П			
(Specify)					
SUPERVISING STATION MONITORING	Yes	No	Time	Co	omments
Alarm Signal	X		1400		
Alarm Restoration	M				
Trouble Signal	M				
Trouble Signal Restoration					
Supervisory Signal					
Supervisory Restoration					
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who		Time
Building Management	\boxtimes		Larry		1400
Monitoring Agency	\boxtimes		Infinity		
Building Occupants	X		Staff		
Other (Specify)					ν
The following did not operate correctly: Did not test hals d smokes in sha	1.				
					11/20
System restored to normal operation:			Date: 2) Ju-17	Time:	1430
THIS TESTING WAS PERFORMED IN ACCORDA	NCE \	NITH A	PPLICABLE NFPA S	TANDAR	DS
Name of Inspector: Sea. C. Downelly		_	Date: 20 Jun 17	Time:	1430
Signature: SCOS					
Name of Owner or Representative: LARRY	341	nes	Date: 22 Ju~ 17	Time:	1430
Signature:	ι				
					-



Date: 23	Ju~ 11		Time:	0600
SERVICE OF Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Acc TYPE TRANS	124-000 4 630-369-36 GENTITY	29 2900 500 -6232	PROPER Name: Address: City: Contact: APPROV Contact: Telephone SERVICI Weekly Semiar Other (E y ☐ Monthly ☐ Quarterly nually Æ Annually (Specify)
				_
Last Date That Any Softs	vare or Configuration Was			
Quantity of Devices Installed	ALARM-INIT	Quantity of Devices Tested 14		e Alarm Boxes rs ctors tors ors Switches
			Other (Spec	
Alarm verification feature	is Midisabled Denah	led		



Quantity of Appliances Installed	Circuit Style		Quantity of Appliances Tested		
		-		Bells	
59	B		59	Horns/Strobes	
-	-	=		Chimes	
25	B	_	25	Strobes	
	A	-		Speakers	
		-		Other (Specify):	
No. of alarm notification a	appliance circuits:	12			
Are circuits monitored for	integrity? Xes	□No			
	SUPERVISORY	SIGNA	L-INITIATING DE	VICES AND CIRCUIT	TINFORMATION
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	n
		a		Fire Pump or Pump Co	ntroller Trouble
	_			Fire Pump Running	
		_	,	Generator in Auto Posi	tion
				Generator or Controller	Trouble
		- 6 50		Switch Transfer	
		_		Generator Engine Runn	ing
		_		Other (Specify):	
SIGNALING LINE CIR	CUITS				
Quantity and style of signa	aling line circuits conn	ected to	system (see NFPA 7	2 [®] , Table 6.6.1):	
Quantity		St	yle(s)		
SYSTEM POWER SUI	PPLIES				
(a) Primary (Main): Nor	minal Voltage		120VAC	Amps _	6
Overcurrent Protection	: Type		Breaker	Amps _	20
Location (of Primary S	Supply Panelboard):		Electric F	3m A102	
Disconnecting Means	Location:		RPI #	42	
(b) Secondary (Standby):	24VDC Si	orage E	attery: Amp-Hr Ratii	ng 2-12 VDC	55Ah
Calculated capacity in	~		np-Hrs to operate sys		hours
Engine-driven generate	or dedicated to fire ala				
		359			



TYPE			Visual	Functional		Comments		
Control Unit				\boxtimes		01		
Interface Equipme	ent		M	\boxtimes	-			
Lamps/LEDs			\square	\bowtie				
Fuses			M					
Primary Power Su	pply		M	\				
Trouble Signals			\boxtimes	\boxtimes				
Disconnect Switch	nes		M	\triangleright	_			
Ground-Fault Mon	nitoring		M	M		V		
SECONDARY F	POWER							
TYPE			Visual	Functional		Comments		
Battery Condition			×			OK		
Load Voltage				冱				
Discharge Test								
Charger Test				\bowtie				
Specific Gravity								
TRANSIENT SU	PPRESSORS							
REMOTE ANNU	NCIATORS		\boxtimes	\boxtimes		V		
NOTIFICATION	APPLIANCES							
Audible			\bowtie	\square		ok		
Visible			\boxtimes	\boxtimes				
Speakers								
Voice Clarity						V		
	INI	TIATING .	AND SUPI	ERVISORY I	DEVICE T	ESTS AND INSPECT	IONS	
2	Device	Visual	Function			Measured		
Loc. & S/N	Type	Check	Test	Factory	Setting	Setting	Pass	Fail
				-		-		
				S p. Land				
				(-				
	-			9 				
				\ 				
	-							
EMERGENCY CO EQUIPMENT	OMMUNICATI	ONS		Visual Fun	ctional	Comments	i	
Phone Set								
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)								
Tone Generator(s)								
Call-in Signal								
System Performanc	e			П	П			



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System			П	
(Specify)	-			П
INTERFACE EQUIPMENT			_	
(Specify)	2			
(Specify)				
(Specify)	,			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	\square		0930	
Alarm Restoration	\boxtimes			
Trouble Signal	M			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				-
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management			Steve	0930
Monitoring Agency	\boxtimes		Infinity	
Building Occupants	\boxtimes		Staff	
Other (Specify)				
The following did not operate correctly:				
System restored to normal operation:			Date: 23 Jun 17	Time:
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	PPLICABLE NFPA S	TANDARDS
Name of Inspector: Sear C. Downelly Signature: S C The		_	Date: 23 Ju~ 17	Time: /000
Name of Owner or Representative:			Date: <u>23 Jun 1</u> 7	Time:
Signature: Stewn C Whillowk		Ste	even (White	ock



Ju~ 11		Time:	1000
SOUND INC 1550 Shore 1550 Shore Hal Hause 124-0004 630-369-290 ENTITY INFINITY 847-879-850	0		NAME (USER) Southbury Elementary 820 Preston Osweso Rob Marma
MISSION Multiplex Digital ity RF y)	1 ot-fier	☐ Weekly ☐ Semiannua ☐ Other (Spec	STATE OF STA
Service Performed:are or Configuration Was	Revised:	AND CIDCUIT II	NEO DIVINA TION
Circuit Style B B B	Quantity of Devices Tested 18 22 5 3	Manual Fire Ala Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Swite Supervisory Swi	arm Boxes ches
	Sanization Sound Inc 1550 Shore Hal Hause 124-0004 630-369-290 ENTITY Infinity 99 WISSION Multiplex Digital ty RF Mufacturer: NFS 2-6 B its: NA /NAC Service Performed: are or Configuration Was ALARM-INIT Circuit Style B B	SOUND INC 1550 Shore Rd Hal Hauser 124-000429 630-369-2900 ENTITY Infinity 99-6233 MISSION Multiplex Digital ty RF MRF MACS/Pur/Avw Service Performed: are or Configuration Was Revised: ALARM-INITIATING DEVICES A B B Circuit Style B B 22 B B 22 B 35	PROPERTY Name: Name: Address: City: 124 - 000439 Contact: APPROVING Contact: Telephone: MISSION Semiannua Other (Specific Performed: Name: APROVING Name: APPROVING Name: Naddress: APPROVING Name: Name: Naddress: APPROVING Name: Name: Naddress: Name: Name: Name: Na



Bells Homs /5+rabe5 Chimes Strobes Speakers Other (Specify): No. of alarm notification appliance circuits: No. of alarm notification appliance circuits: SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Auto Position Fire Pump Auto Position Fire Pump anning Generator in Auto Position Fire Pump Controller Trouble Switch Transfer Generator or Controller Trouble Switch Transfer Generator Engine Running Other (Specify): SIGNALING LINE CIRCUITS Quantity Style(s) System POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Disconnecting Means Location: Engl # G Calculated capacity in Amp-Hr Rating 2-12-10 C 55 Ah Calculated capacity in Amp-Hr Rating 2-12-10 C 55 Ah Calculated capacity in Amp-Hr so operate system for hours Engine-driven generator dedicated to fire alarm system:	Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
Chimes Strobes Speakers Other (Specify):				Bells
Strobes Speakers Other (Specify): No. of alarm notification appliance circuits: J3	<u> </u>	B	82	Horns /5+robes
Strobes Speakers Other (Specify): Other (Specify): Are circuits monitored for integrity? Yes No SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Power Fire Pump Power Fire Pump Auto Position 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 and style of signaling line circuits connected to system (see NFPA 72*, Table 6.6.1): Quantity Style(s) B SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage DOVAC Amps 20 Overcurrent Protection: Type Breaker Amps 20 Disconnecting Means Location: Emf ### &### &### &### &### &### &### &#</td><td>42</td><td>R</td><td>1/2</td><td>Chimes</td></tr><tr><td>No. of alarm notification appliance circuits: Are circuits monitored for integrity? SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Auto Position Fire Pump Running Generator in Auto Position Generator or Controller Trouble Fire Pump Running 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 SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps 20 Covercurrent Protection: Type Breaker Amps Style(s) Storage Battery: Amp-Hr Rating 2-12-12-12-12-12-12-12-12-12-12-12-12-12</td><td></td><td></td><td>7/</td><td>Strobes</td></tr><tr><td>No. of alarm notification appliance circuits: Are circuits monitored for integrity? SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Running Generator in Auto Position Fire Pump Running 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 SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps JOURE Amps JOURE Amps JOURE Style(s) Storage Battery: Amp-Hr Rating J-12-00 SSAL Calculated capacity in Amp-Hrs to operate system for hours</td><td>7</td><td></td><td></td><td>Speakers</td></tr><tr><td>Are circuits monitored for integrity? Yes</td><td></td><td></td><td>12</td><td>Other (Specify):</td></tr><tr><td>SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Auto Position Fire Pump Auto Position Fire Pump Auto Position 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</td><td></td><td></td><td>12</td><td></td></tr><tr><td>Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump Running Generator in Auto Position Generator or Controller Trouble Switch Transfer Generator Engine Running Other (Specify): SIGNALING LINE CIRCUITS Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Bicaker Amps Dovac Amps Dovac Amps Correcting Means Location: Enclosed Storage Battery: Amp-Hr Rating Dovac Storage Battery: Amp-Hr Rating Dovac Amps Dovac Disconnecting Means Location: Enclosed Bicaker Amps Dovac Disconnecting Means Location: Enclosed Dovac Amps Dovac Dovac Amps Dovac Dovac Amps Dovac Dovac Amps Dovac Dovac Dovac Dovac Amps Dovac D</td><td>Are circuits monitored for</td><td>integrity? Yes</td><td>] No</td><td></td></tr><tr><td>Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position 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): SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Braker Amps Overcurrent Protection: Type Braker Amps Dovance Disconnecting Means Location: Empl # 4. Calculated capacity in Amp-Hr Rating</td><td></td><td>SUPERVISORY SIG</td><td>NAL-INITIATING DE</td><td>VICES AND CIRCUIT INFORMATION</td></tr><tr><td>Site Water Temp. Site Water Level Fire Pump Power Fire Pump Power Fire Pump Auto Position Fire Pump Running 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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): Electrical Amy Amps JUNA Storage Battery: Amp-Hr Rating 2-10-00 SSAA Calculated capacity in Amp-Hr Sto operate system for hours</td><td></td><td>Circuit Style</td><td></td><td></td></tr><tr><td>Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position 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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Location (of Primary Supply Panelboard): Electrical In Amps JOUAL Amps JO</td><td></td><td></td><td></td><td>Building Temp.</td></tr><tr><td>Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump Running Generator in Auto Position Generator or Controller Trouble Switch Transfer Generator Engine Running Other (Specify): SIGNALING LINE CIRCUITS Quantity</td><td></td><td></td><td></td><td>Site Water Temp.</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps Disconnecting Means Location: Empl # 6 (b) Secondary (Standby): 24VW Storage Battery: Amp-Hr Rating Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Site Water Level</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage JOVAC Amps ZO Location (of Primary Supply Panelboard): Electrical Am Alo2 Disconnecting Means Location: Empl # G (b) Secondary (Standby): ZYVX Storage Battery: Amp-Hr Rating Z-12VD C SSAK Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Fire Pump Power</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage DOVAC Amps Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: First Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: First Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: Type Breaker Amps Dovercurrent Protection: First Dovercurrent Pr</td><td></td><td>-</td><td></td><td>Fire Pump Running</td></tr><tr><td>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): Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): Elactrical for Alo2 Disconnecting Means Location: Empl # 6 (b) Secondary (Standby): 2400 Storage Battery: Amp-Hr Rating 2-1200 SSAA Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Fire Pump Auto Position</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps 20 Location (of Primary Supply Panelboard): Electrica In Alo2 Disconnecting Means Location: EMPT # 6 (b) Secondary (Standby): 24VW Storage Battery: Amp-Hr Rating 2-12VD (55 Ah Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Fire Pump or Pump Controller Trouble</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps Overcurrent Protection: Type Location (of Primary Supply Panelboard): Disconnecting Means Location: EMPL # 6 (b) Secondary (Standby): 24VK Storage Battery: Amp-Hr Rating Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Fire Pump Running</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Bicaker Amps Overcurrent Protection: Type Location (of Primary Supply Panelboard): Electrical Bicaker Amps 20 Location (of Primary Supply Panelboard): Electrical Bicaker Amps Amps Clocation (Standby): 24VK Storage Battery: Amp-Hr Rating Calculated capacity in Amp-Hrs to operate system for hours</td><td>·</td><td></td><td></td><td>Generator in Auto Position</td></tr><tr><td>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 Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Breaker Amps Overcurrent Protection: Type Location (of Primary Supply Panelboard): Disconnecting Means Location: Empl # 6 (b) Secondary (Standby): 24VX Storage Battery: Amp-Hr Rating 2-12VD (55 Ah Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td></td><td></td><td>Generator or Controller Trouble</td></tr><tr><td>Other (Specify): SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72*, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage DOVAC Amps 9 Overcurrent Protection: Type Breaker Amps DOVAC DOVAC Amps DOVAC D</td><td></td><td></td><td></td><td>Switch Transfer</td></tr><tr><td>Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1): Quantity 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): Electrical Am Alo2 Disconnecting Means Location: Emfl # 6 (b) Secondary (Standby): 24VX Storage Battery: Amp-Hr Rating 2-12VDC 55Ah Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td></td><td>S</td><td>Generator Engine Running</td></tr><tr><td>Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1): Quantity</td><td></td><td></td><td>-</td><td>Other (Specify):</td></tr><tr><td>Quantity</td><td>SIGNALING LINE CIR</td><td>CUITS</td><td></td><td></td></tr><tr><td>SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage DOVAC Amps 8 Overcurrent Protection: Type Breaker Amps 20 Location (of Primary Supply Panelboard): Electrica Am A102 Disconnecting Means Location: Empl 4 (6) (b) Secondary (Standby): 24VK Storage Battery: Amp-Hr Rating 2-12VD (55AK) Calculated capacity in Amp-Hrs to operate system for hours</td><td>Quantity and style of signa</td><td>ling line circuits connecte</td><td>ed to system (see NFPA 7.</td><td>2®, Table 6.6.1):</td></tr><tr><td>(a) Primary (Main): Nominal Voltage DOVAC Amps 8 Overcurrent Protection: Type Breaker Amps 20 Location (of Primary Supply Panelboard): Electrica &m A102 Disconnecting Means Location: Empl 46 (b) Secondary (Standby): 24VK Storage Battery: Amp-Hr Rating 2-12VD</td><td>Quantity</td><td></td><td>Style(s)</td><td></td></tr><tr><td>Overcurrent Protection: Type Breaker Amps 20 Location (of Primary Supply Panelboard): Electrica & Amp A102 Disconnecting Means Location: EMP # 6 (b) Secondary (Standby): Storage Battery: Amp-Hr Rating 2-12 vDC 55 Ah Calculated capacity in Amp-Hrs to operate system for hours</td><td>SYSTEM POWER SUF</td><td>PPLIES</td><td></td><td></td></tr><tr><td>Location (of Primary Supply Panelboard): Electrica Rm A102 </td><td>(a) Primary (Main): Non</td><td>ninal Voltage</td><td>HOVAC</td><td> Amps</td></tr><tr><td>Disconnecting Means Location: (b) Secondary (Standby): 24VX Storage Battery: Amp-Hr Rating Amp-Hrs to operate system for hours</td><td>Overcurrent Protection</td><td>: Type</td><td>Breaker</td><td> Amps</td></tr><tr><td>(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr Rating 2-/2VDC 55 AL Calculated capacity in Amp-Hrs to operate system for hours</td><td>Location (of Primary S</td><td>upply Panelboard):</td><td>Electrical R</td><td>m A102</td></tr><tr><td>Calculated capacity in Amp-Hrs to operate system for hours</td><td>Disconnecting Means I</td><td>ocation:</td><td>EMPI # (</td><td>(a</td></tr><tr><td>Calculated capacity in Amp-Hrs to operate system for hours</td><td></td><td>VDC Stora</td><td>ge Battery: Amn-Hr Ratir</td><td>2-12VDC 55Ah</td></tr><tr><td></td><td>Calculated capacity in</td><td></td><td>E</td><td>-6</td></tr><tr><td></td><td>1.40 1.51</td><td>(</td><td></td><td>250,440,450</td></tr></tbody></table>				



TYPE			Visual	Function	nal	Comments		
Control Unit			×	\triangleright	_	oK		
Interface Equipme	nt		Ø	×				
Lamps/LEDs			×	Ø				
Fuses			\bowtie					
Primary Power Sup	oply		\boxtimes	\boxtimes	_			
Trouble Signals			M	×				
Disconnect Switch	es		\square	\boxtimes	2			
Ground-Fault Mon	itoring		×	\bowtie		V,		
SECONDARY P	OWER							
TYPE			Visual	Function	al	Comments		
Battery Condition			Ø		-	o,K		
Load Voltage			,	\bowtie				
Discharge Test								
Charger Test				\boxtimes				
Specific Gravity								
TRANSIENT SUI	PRESSORS							
REMOTE ANNU	NCIATORS		\boxtimes	M	_	\bigvee		
NOTIFICATION	APPLIANCES							
Audible			M	\boxtimes	_	σK		
Visible			\boxtimes	\bowtie				
Speakers								
Voice Clarity						V		
	INI	TIATING	AND SUP	ERVISOR	Y DEVICE 1	TESTS AND INSPECT	IONS	
	Device	Visual	Function	al		Measured		
Loc. & S/N	Type	Check	Test	Fac	tory Setting	Setting	Pass	Fail
				-		-		
				-				
				12				
						· ·		
				-				
EMERGENCY CO	OMMUNICATI	ONS	,	Visual I	Functional	Comments		
Phone Set						Comments	B	
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)								
Tone Generator(s)								
Call-in Signal								
System Performance	e							



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	
Carbon Monoxide Detector/System				
(Specify)				
INTERFACE EQUIPMENT		_		
(Specify)		П		П
(Specify)	_			
(Specify)	_			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	\boxtimes		1400	
Alarm Restoration	\boxtimes			
Trouble Signal	\bowtie			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	M		Kob	1400
Monitoring Agency	\boxtimes		Infinity	_
Building Occupants	\boxtimes		Staff	_
Other (Specify)				
The following did not operate correctly: MOSS Duch Detector test switch Return.	no t	work:	'S' was unable to	o teste BTU#1
System restored to normal operation:			Date: 23 Jun 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORD	ANCE	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sea C. Donnelly		_	Date: 23 Jun 17	Time: 1430
Signature: SUP			12	12/3
Name of Owner or Representative:	\supset		Date: <u>23 Ju~ 1</u> 7	Time:
Signature:				



Date: 26	Jun 17		Time: 0600
SERVICE OR Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Accor TYPE TRANS McCulloh Reverse Prior Other (Specific Control Unit Manual Model No.: Circuit Styles: Number of Circuit Software Rev.: Last Date System Had Any	Sound Inc 1550 Shore Hal Hause 124-600429 630-369-3 SENTITY 147-876-3500 Dunt Ref. No.: MISSION Multiplex Digital ity AFP- B Data / NAC's /	2900 1-6227	PROPERTY NAME (USER) Name: Homestead Elementery Address: 2330 Hills born Blvd City: Aurora Contact: Darrie Tickett APPROVING AGENCY Contact: Horora FI) Telephone: SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
Last Date That Any Softw		Revised:	
	,		AND CIRCUIT INFORMATION
Quantity of Devices Installed	Circuit Style B B B	Quantity of Devices A	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches
Alarm verification feature	is disabled □ enab		Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
		Bells	
91	В	91 Horns /5	trobes
	8	Chimes	
30	В	30 Strobes	
		Speakers	
		Other (Sp	ecify):
No. of alarm notification a	ppliance circuits:		
Are circuits monitored for	integrity? ☐ Yes ☐ 1	lo	
	SUPERVISORY SIGN	AL-INITIATING DEVICES AN	D CIRCUIT INFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
		Building T	emp.
		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 i	n Auto Position
		Generator of	or Controller Trouble
		Switch Tra	nsfer
		Generator I	Engine Running
		Other (Spec	cify):
SIGNALING LINE CIR	CUITS		
Quantity and style of signa	ling line circuits connected	to system (see NFPA 72®, Table 6.	5.1):
Quantity	<u>d</u>	Style(s)B	
SYSTEM POWER SUF	PLIES		
(a) Primary (Main): Non	ninal Voltage	120vAC	Amps 8
Overcurrent Protection	: Type	Breaker	Amps <u>20</u>
Location (of Primary S	upply Panelboard):	Electric Rm 116	
Disconnecting Means I	ocation:	EMDP #40	
(b) Secondary (Standby): 고니	/OC Storag	Battery: Amp-Hr Rating	7-12UDC 26AL
Calculated capacity in		Amp-Hrs to operate system for _	hours
Engine-driven generato	or dedicated to fire alarm sy	stem: Building	Generator



TYPE			Visual	Function	nal	Comments		
Control Unit			×	×	-	ok		_
Interface Equipmen	t		Ø	\boxtimes	-			
Lamps/LEDs			Þ		_			
Fuses			×					
Primary Power Sup	ply		×	Ø				
Trouble Signals			×	Ø				
Disconnect Switche	S		×	Ø	_	V		
Ground-Fault Moni	toring		M M	Ø		V		
SECONDARY PO	OWER							
TYPE			Visual	Function	nal	Comments		
Battery Condition			\bowtie		Batte	inics in NACHI	Electricb	ln
Load Voltage					170	are low		
Discharge Test					-	ok		
Charger Test								
Specific Gravity					7			
TRANSIENT SUP	PRESSORS							
REMOTE ANNUM	CIATORS		\boxtimes	\boxtimes	29			
NOTIFICATION A	APPLIANCES							
Audible			\boxtimes	\boxtimes		ak		
Visible *			Ø	×				
Speakers								
Voice Clarity					_	V		
	INI	TIATING A	AND SUPI	ERVISOF	RY DEVICE	TESTS AND INSPECTION	ONS	
I 0.00V	Device	Visual	Function		2	Measured		
Loc. & S/N	Type	Check	Test	Fac	ctory Setting	Setting	Pass Fa	il
				-		-]
				100		-]
				-]
				*]
				-		-		
				-]
EMERGENCY CO EQUIPMENT	MMUNICATI	ONS		Visual	Functional	Comments		
Phone Set								
Phone Jacks								_
Off-Hook Indicator								_
Amplifier(s)								_
Tone Generator(s)								_
Call-in Signal								_
System Performance								



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System			П	П
(Specify)	-			
INTERFACE EQUIPMENT				
(Specify)	_			П
(Specify)	_			П
(Specify)	-			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	\boxtimes		1400	
Alarm Restoration	\bowtie			
Trouble Signal	X			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration			-	
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	×		Varrin	1400
Monitoring Agency	\bowtie		Infinity	
Building Occupants	\bowtie		Stoft	/
Other (Specify)				
The following did not operate correctly:				
Section			Date: 26 Jv. 17	1430
System restored to normal operation:				Time:
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sea Jonnelly			Date: 26 Jus 17	Time: 1430
Signature:				
Name of Owner or Representative:		_	Date: 26 Jun 17	Time: 1430
Signature: My My W				



Date: 27	Ju~ 17		Time:	0600	
Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Acc TYPE TRANS	124 - 000426 630 - 369 - 290 GENTITY	600 229	Name:Address: City: Contact:APPROV Contact: Telephone: SERVICE Weekly	☐ Monthly ☐ Quarterly nually ☐ Annually	Dr.
Last Date That Any Softv		Revised:		;-	
		TIATING DEVICES	AND CIRCUI	T INFORMATION	
Quantity of Devices Installed 20	Circuit Style B B B B	Quantity of Devices Tested	Manual Fire Ion Detector: Photo Detector Duct Detector Heat Detector Waterflow S Supervisory Other (Speci	s tors ors witches Switches	
Alarm verification feature	is ☐ disabled ☑ enab	led	(opso.		



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
	B		Horns /strobes
			Chimes
31	B	3/	Strobes
			Speakers
			Other (Specify):
No. of alarm notification a	appliance circuits:		
Are circuits monitored for	integrity? X Yes 1	No	
	SUPERVISORY SIGN	AL-INITIATING DE	VICES 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
		-0	Switch Transfer
		-y 	Generator Engine Running
		-	Other (Specify):
SIGNALING LINE CIR			
Quantity and style of signa	aling line circuits connected	to system (see NFPA 7.	2 [®] , Table 6.6.1):
Quantity	/	Style(s)	
SYSTEM POWER SUF	PPLIES		
(a) Primary (Main): Non	ninal Voltage	DOVAC	Amps
Overcurrent Protection	: Type	Breaker	Amps
Location (of Primary S	Supply Panelboard):		Rm 116
Disconnecting Means l	Location:	EMPD H	16
(b) Secondary (Standby):	2400 Storage	e Battery: Amp-Hr Ratir	ng _ 2-12VOC 55Ah
Calculated capacity in		Amp-Hrs to operate sys	tem for hours
Engine-driven generate	or dedicated to fire alarm sy	stem: Sc	ilding Geneartor



TYPE			Visual	Functi	onal	Comments		
Control Unit			×			8K		
Interface Equipmen	t		×	M				
Lamps/LEDs			N N					
Fuses			M					
Primary Power Sup	ply		囟	×				
Trouble Signals			X	M		1		
Disconnect Switche	s		X			\/		
Ground-Fault Moni	toring		\bowtie	X N	-	V		
SECONDARY P	OWER							
TYPE			Visual	Function	onal	Comments		
Battery Condition			Ø		8	ok		
Load Voltage				\boxtimes				
Discharge Test								
Charger Test								
Specific Gravity								
TRANSIENT SUP	PRESSORS							
REMOTE ANNUM	CIATORS		\bowtie			A		
NOTIFICATION A	APPLIANCES							
Audible			\boxtimes			ok		
Visible			Ħ	\boxtimes				
Speakers								
Voice Clarity						V		
	INI	TIATING	AND SUP	ERVISC	RY DEVICE	TESTS AND INSPECT	IONS	
Loc. & S/N	Device	Visual Check	Function			Measured	D	F-11
Luc. & 5/14	Type	П	Test	r	actory Setting	Setting	Pass	Fail
	-			-				
							_	
	·					•		
	(<u> </u>					-		
						-		
ELEBORISM CO		0.110						ш
EMERGENCY CO EQUIPMENT	DMMUNICATI	ONS		Visual	Functional	Comments	i	
Phone Set								
Phone Jacks								
Off-Hook Indicator								
Amplifier(s)						-		
Tone Generator(s)								
Call-in Signal								
System Performance	2							



COMBINATION SYSTEMS	,	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System				
(Specify)	at .			
INTERFACE EQUIPMENT				_
(Specify)				П
(Specify)				П
(Specify)				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	\boxtimes		1400	the state of the s
Alarm Restoration	\boxtimes			
Trouble Signal	X			
Trouble Signal Restoration				
Supervisory Signal			Y	
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	\boxtimes		Jose	1400
Monitoring Agency	\boxtimes		Infinity	
Building Occupants	M		Staff	
Other (Specify)			-	
The following did not operate correctly:				
System restored to normal operation:			Date: 27 Ju-17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	NCE I	NITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sear Donnelly		_	Date: 27 Ju~ 17	Time:
Signature:				
Name of Owner or Representative:			Date: 27 Ju~ 17	Time: 1430
Signature: for Gylin				



Date: 28	Ju~ 17		Time:0600
SERVICE OF Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Acc TYPE TRANS McCulloh Reverse Prio Other (Speci Control Unit Ma Model No.: Circuit Styles: Number of Circuit Software Rev.: Last Date System Had An Last Date That Any Softy	Hal Hauser 124-000429 630-369-29 6	1900 -6243 -6243	PROPERTY NAME (USER) Name:
	ALARM-INIT	TIATING DEVICES A	AND CIRCUIT INFORMATION
Quantity of Devices Installed 20 256 12 8	Circuit Style B B B B	Quantity of Devices Tested 20 256 12 8	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches
Alarm verification feature	is ☑ disabled ☐ enab	led	Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested		
			Bells	
201	B	201	Horns/5trobes	
<u> </u>	-		Chimes	
9	B	9	Strobes	
-			Speakers	A.
			Other (Specify):	
No. of alarm notification a	appliance circuits:	18		
Are circuits monitored for	integrity? Xes	□No		
	SUPERVISORY S	IGNAL-INITIATING DEV	/ICES AND CIRCUI	TINFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested		
			Building Temp.	
	_		Site Water Temp.	
		-	Site Water Level	
			Fire Pump Power	
			Fire Pump Running	
	1		Fire Pump Auto Position	on
			Fire Pump or Pump Co	ntroller Trouble
			Fire Pump Running	
	-		Generator in Auto Posi	tion
			Generator or Controlle	Trouble
	-		Switch Transfer	
			Generator Engine Runi	ning
			Other (Specify):	
SIGNALING LINE CIR	CUITS			
Quantity and style of signa	lling line circuits connec	eted to system (see NFPA 72		
Quantity		Style(s)	3	
SYSTEM POWER SUF	PPLIES			
(a) Primary (Main): Non	ninal Voltage	DOVAC	Amps _	8
Overcurrent Protection	: Type	Breaker	Amps _	20
Location (of Primary S	supply Panelboard):	FACP Rm		
Disconnecting Means I	Location:	Em1 # 2		
(b) Secondary (Standby):	Sto.	rage Battery: Amp-Hr Ratin	g 2-12VDC	55 A L
Calculated capacity in		Amp-Hrs to operate syst		hours
Engine-driven generate	or dedicated to fire alarn			



TYPE			Visual	Functional			Comments		
Control Unit			X	\bowtie		ok			
Interface Equipment	nt			\boxtimes	-				
Lamps/LEDs				\triangleright	_				
Fuses			\boxtimes						
Primary Power Sup	oply			\boxtimes	_				
Trouble Signals			\boxtimes						
Disconnect Switch	es		M			1/			
Ground-Fault Mon	itoring		\boxtimes			V			
SECONDARY P	OWER								
TYPE			Visual	Functional			Comments		
Battery Condition			\boxtimes			O.K			
Load Voltage				\boxtimes					
Discharge Test					_				
Charger Test				\boxtimes					
Specific Gravity									
TRANSIENT SUI	PPRESSORS				_				
REMOTE ANNU	NCIATORS		\mathbb{Z}			V			
NOTIFICATION	APPLIANCES								
Audible			\bowtie		2	ok			
Visible			$ \boxtimes $	M					
Speakers					1	1			
Voice Clarity						V			
	IN	ITIATING .	AND SUP	ERVISORY	DEVICE	TESTS ANI	D INSPECT	ONS	
Loc. & S/N	Device Type	Visual Check	Function: Test		y Setting		leasured Setting	Pass	Fail
not a sin	Турс	П		ractor	y Setting		setting	rass	
				7-					
	3								
						: 			
				1					
EMERGENCY CO	OMMUNICAT	IONS		Visual Fur	ictional		C		
Phone Set				visuai rui	ictional		Comments		
Phone Jacks									
Off-Hook Indicator									
Amplifier(s)					П				
Tone Generator(s)					_				
Call-in Signal									
System Performanc	e								



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS Fire Extinguisher Monitoring Device/System				_
Carbon Monoxide Detector/System				
(Specify)	-		П	Ц
INTERFACE EQUIPMENT				
(Specify)	-			
(Specify)	-			
(Specify)				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	\bowtie		1400	
Alarm Restoration	\boxtimes			
Trouble Signal	×			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	\boxtimes		Mike	1400
Monitoring Agency	\boxtimes		Infinity	
Building Occupants	\boxtimes		19×45	/_
Other (Specify)			8	
The following did not operate correctly:				
			24 7 12	Wa s
System restored to normal operation:			Date: 28 Ju- 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Signature: Sea C. Donnelly		_	Date: 28 Ju~ 17	Time: 1430
Name of Owner or Representative:			Date: 38 Jun 17	Time: 1430
Signature: An Co 12/2				



Date:	n 1/		Time:	0600
SERVICE OR Name: Address: Representative: License No.: Telephone: MONITORING Contact: Telephone: Monitoring Accord TYPE TRANS McCulloh Reverse Prior Other (Speciff Control Unit Ma Model No.: Circuit Styles: Number of Circuit Software Rev.:	GANIZATION Sound Inc. 1550 Shore Ro Hal Hauser , 24-000428 630-368-2 GENTITY 947-878-8500 Dunt Ref. No.: 99- MISSION Multiplex Digital ity AFF y) NFS 2-640 B its: Data / NAC	6224 1	PROPERT Name: Address: City: Contact:	Y NAME (USER) East View Elementery 4209 Rt. 7/ Osweso Mark Coziar NG AGENCY Osweso Swag FI7 630-554-2110
Last Date System Had Any	Service Performed:			(4)
Last Date That Any Softw	are or Configuration Was	s Revised:		
Quantity of Devices Installed	ALARM-INI Circuit Style B B	Quantity of Devices Tested	Manual Fire A Ion Detectors Photo Detector Duct Detectors	larm Boxes
Alarm verification feature	is ⊠ disabled □ enab	7	Heat Detectors Waterflow Sw. Supervisory Sv. Other (Specify	itches witches



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested		
		×	Bells	
	B		Horns /strabes	
			Chimes	
27	B	27	Strobes	
			Speakers	
			Other (Specify):	_
No. of alarm notification	appliance circuits: 22	2		
Are circuits monitored for	r integrity? 🔀 Yes 🛚	No		
	SUPERVISORY SIG	NAL-INITIATING DEV	/ICES AND CIRCUIT INFORMATION	
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested		
	-		Building Temp.	
			Site Water Temp.	
	s s		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 CIF	RCUITS			
Quantity and style of sign	aling line circuits connecte	d to system (see NFPA 72	2 [®] , Table 6.6.1):	
Quantity		Style(s)		
SYSTEM POWER SU	PPLIES			
(a) Primary (Main): No	minal Voltage	120VAC	Amps	
Overcurrent Protection	n: Type	Brewker	Amps20	
Location (of Primary	Supply Panelboard):	Mechanical	Bm 18	*
Disconnecting Means	Location:	EMP #	2	
(b) Secondary (Standby):	. 00	ge Battery: Amp-Hr Ratin	ng 2-12VDC 55AL	
Calculated capacity in		Amp-Hrs to operate syst		
Engine-driven generat	tor dedicated to fire alarm s	system:		



TYPE			Visual	Function	ıal		Comments		
Control Unit			\bowtie	\boxtimes		ol			
Interface Equipme	ent		×	À					
Lamps/LEDs			Ø	\bowtie					
Fuses			×						
Primary Power Su	pply		\boxtimes						
Trouble Signals			\bowtie						
Disconnect Switch	nes		\bowtie	M	_	1/			
Ground-Fault Mor	nitoring		M	\boxtimes		V			
SECONDARY F	POWER								
TYPE			Visual	Function	al		Comments		
Battery Condition						ok			
Load Voltage			,	M		1			
Discharge Test									
Charger Test				\boxtimes					
Specific Gravity									
TRANSIENT SU	PPRESSORS					/			
REMOTE ANNU	NCIATORS		\boxtimes			V			
NOTIFICATION	APPLIANCES								
Audible			\bowtie	\boxtimes	(, K			
Visible			\bowtie	\bowtie					
Speakers									
Voice Clarity						$V_{\underline{}}$			
	INI	TIATING A	ND SUP	ERVISOR	Y DEVICE	TESTS	AND INSPECTI	ONS	
	Device	Visual	Function				Measured		
Loc. & S/N	Type	Check	Test	Fact	tory Setting		Setting	Pass	Fail
-				-					
				-		-			
-						-	*		
				_		_			
EMERGENCY C EQUIPMENT	OMMUNICATI	ONS	,	Visual I	unctional		Comments		
Phone Set									
Phone Jacks									
Off-Hook Indicator									
Amplifier(s)									
Tone Generator(s)									
Call-in Signal									
System Performance	e								



COMBINATION SYSTEMS Fire Extinguisher Monitoring Device/System	ð	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	X			
Trouble Signal	Ø			
Trouble Signal Restoration				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	\bowtie		Mark	1400
Monitoring Agency	\bowtie		Infinity	
Building Occupants	X		Staff	
Other (Specify)				
The following did not operate correctly:				
			20 T 1	1//20
System restored to normal operation:			Date: 29 Ju- 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	PPLICABLE NFPA S	STANDARDS
Name of Inspector: Sear C. Dy	,	_	Date: 29 Jun 17	Time: 1430
Signature:				
Ma / N in	iAF		Date: 29 Jun 17	Time: 1430
Signature: Jam Ug/01				



Date: 16 J	1 17		Time: 0600
SERVICE OF Name: Address: Representative License No.: Telephone: MONITORING Contact: Telephone: Monitoring Acc TYPE TRANS McCulloh Reverse Prio Other (Speci Control Unit Mat Model No.: Circuit Styles: Number of Circuit Software Rev.: Last Date System Had Any Last Date That Any Software	34 - 000429 630 - 369 - 29 GENTITY	Ad 100 0 -6231 11	PROPERTY NAME (USER) Name: Old Post Elementary Address: 100 Old Post Rd. Owner Contact: Stere Hierz Telephone: 630 - 688 - 2845 APPROVING AGENCY Contact: Oswan FP Telephone: 630 - 554 - 2110 SERVICE Weekly Monthly Quarterly Semiannually Mannually Other (Specify)
Quantity of	ALARM-INI		AND CIRCUIT INFORMATION
Devices Installed	Circuit Style	Quantity of Devices Tested	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors
17 Alarm verification feature i	ß s ⊠'disabled □ enabl	17	Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested		
		***************************************	Bells	
26	В	26	Horns /strubes	
44	В	114	Chimes	
	<i>D</i>	44	Strobes	
			Speakers	
			Other (Specify):	
No. of alarm notification	• •			
Are circuits monitored for	r integrity? 💢 Yes 🛚	No		
	SUPERVISORY SIG	NAL-INITIATING DEV	ICES AND CIRCL	IIT INFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested		
			Building Temp.	
			Site Water Temp.	
			Site Water Level	
		1	Fire Pump Power	
			Fire Pump Running	
			Fire Pump Auto Posit	ion
		I	Fire Pump or Pump C	ontroller Trouble
		I	Fire Pump Running	
		(Generator in Auto Po	sition
			Generator or Controll	er Trouble
		S	Switch Transfer	
			Generator Engine Rur	ning
			Other (Specify):	
SIGNALING LINE CIRC	CUITS			
Quantity and style of signal	ling line circuits connected	i to system <i>(see NFPA 72</i> °	, Table 6.6.1):	
Quantity		Style(s)		
SYSTEM POWER SUP	PLIES			
(a) Primary (Main): Nom	inal Voltage	120 VAC	Amps	<u>8</u>
Overcurrent Protection:	Туре	Braker	Amps	20
Location (of Primary Su	upply Panelboard):	Main electric	hm	
Disconnecting Means L	ocation:	EMP #20	·-···	· · · · · · · · · · · · · · · · · · ·
(b) Secondary (Standby):				CC 11
24	IV OC Storage	e Battery: Amp-Hr Rating	12 vac	-55 AL
Calculated capacity in		Amp-Hrs to operate system	n for	hours
Engine-driven generator	dedicated to fire alarm sy	stem:		



TYPE			Visual	Functional		Comments		
Control Unit			Ø	Ø	01	(
Interface Equipm	ent		₽	Þ				
Lamps/LEDs			×	₽				
Fuses			×					
Primary Power Su	upply		\boxtimes	Ø	-			
Trouble Signals			囟	\square				
Disconnect Switch	hes		⋈					
Ground-Fault Mon	nitoring		Ø	<u> </u>				
SECONDARY	POWER							
ТҮРЕ			Visual	Functional		Comments		
Battery Condition			Ø			K		_
Load Voltage				X				
Discharge Test								
Charger Test				Ø				
Specific Gravity								
TRANSIENT SUI	PPRESSORS							
REMOTE ANNU	NCIATORS		A	図	W			
NOTIFICATION	APPLIANCES				1			
Audible			X	囡	ok			······································
Visible				囟				• •
Speakers								
Voice Clarity					Y			
	ENI	TIATING A	ND SUPE	RVISORY D	EVICE TEST	S AND INSPECT	ONS	
Loc. & S/N	Device Type	Visual Check	Functiona Test	l Factory	Setting	Measured Setting	Pass	Fail
						•		
-								
								
								
EMERGENCY CO	NAME IN ICA TO	C)				· · · · · · · · · · · · · · · · · · ·		
EQUIPMENT	MIMIUNICATI	UNS	v	isual Func	tional	Comments		
Phone Set]			
Phone Jacks]			
Off-Hook Indicator]	·		
Amplifier(s)]			
Tone Generator(s)					J <u>—</u>			
Call-in Signal								
System Performance	•				J			



		Visual	Device Operation	Simul	ated Operation
COMBINATION SYSTEMS			•		•
Fire Extinguisher Monitoring Device/System					
Carbon Monoxide Detector/System					
(Specify)	-				
INTERFACE EQUIPMENT					
(Specify)	_				
(Specify)	_				
(Specify)	-				
SUPERVISING STATION MONITORING	Yes	No	Time	C	omments
Alarm Signal	赵		1400		
Alarm Restoration	X			·	·····
Trouble Signal	X				·····
Trouble Signal Restoration					
Supervisory Signal					
Supervisory Restoration					- ,
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who		Time
Building Management	囟		Strue	 •	1400
Monitoring Agency	B		Inf.~:21		
Building Occupants	图		S+++		W_
Other (Specify)					
The following did not operate correctly:					
System restored to normal operation:			Date: 10 Jul 17	Time:	1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE '	WITH A	APPLICABLE NFPA S	TANDAR	eds.
					1430
C		_	Date: 10 Jul 17	Time:	
Signature:		· · · · · · · · · · · · · · · · · · ·			
Name of Owner or Representative		 ;	Date: 10 Jul 17	Time:	1430
Signature:					
Signature.			7.1		



Date://	Jul 17		Time: 0600
Name:	124-00042 630-369- NG ENTITY 1247-879-850 Secount Ref. No.: 99 125 12	9 2900 0 -6238 al .f.:r	PROPERTY NAME (USER) Name:
Quantity of Devices Installed 42	Circuit Style	Quantity of Devices Tested	Manual Fire Alarm Boxes Ion Detectors
31	В	3/	Photo Detectors
	B	17	Duct Detectors
	^		
3	<i>B</i>	3	Heat Detectors
3	<u>B</u>		Heat Detectors Waterflow Switches
3	<u>B</u>	3	



Quantity and style of signaling line circuits connected to system (see NFPA 72*, Table 6.6.1): Quantity	Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
Chimes Strobes Strob				Bells
102		<u> </u>	121	Horns /5+46 + 5
Speakers Other (Specify): No. of alarm notification appliance circuits: Other (Specify): No. of alarm notification appliance circuits: SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Quantity of Devices Tested Building Temp. Site Water Level Fire Pump Power Fire Pump Power Fire Pump Power Fire Pump Auto Position Fire 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 Style(s) BYSTEM POWER SUPPLIES a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panetboard): FACP Fire Disconnecting Means Location: FMP - 1 # 10 b) Secondary (Standby): 2440C Storage Battery: Amp-Hr Rating 2-1040C Amps Hrs to operate system for hours	102		102	
Other (Specify): No. of alarm notification appliance circuits: 27				
No. of alarm notification appliance circuits: 27 Are circuits monitored for integrity? 27 yes No SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of				_
Are circuits monitored for integrity?	No of alarm potification or	mlianas simuits. 27	,	Other (Specify):
SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity of Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump Auto Position 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 Style(s) BYSTEM POWER SUPPLIES BY Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): FACP Bm Calculated capacity in Amp-Hrs to operate system for hours	-		-	
Quantity of Devices Installed Circuit Style Devices Tested Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump Auto Position Fire Pump Running Generator or Controller Trouble Switch Transfer Generator Engine Running Other (Specify): SIGNALING LINE CIRCUITS Punantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1): Style(s) Pystem Power Supplies a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): FACP Bm Disconnecting Means Location: FMP - 1 # 10 b) Secondary (Standby): 24VIC Storage Battery: Amp-Hr Rating 2-10VIC Storage Battery: Amp-Hr Rating Amp-Hrs to operate system for hours		•		TOES AND CIDELUT INCODES TION
Devices Installed Circuit Style Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position 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 77th, Table 6.6.1): Quantity and style of Signaling Voltage Apprimary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): Disconnecting Means Location: Emp - 1 # 10 Storage Battery: Amp-Hr Rating 2-12 VDC Storage Battery: Amp-Hr Rating Calculated capacity in Amp-Hrs to operate system for hours		SUPERVISORT SIG		ICES AND CIRCUIT INFORMATION
Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Running 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		Circuit Style		
Site Water Level Fire Pump Power Fire Pump Power Fire Pump Running Fire Pump Auto Position 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 72th, Table 6.6.1): Quantity			<u> </u>	Building Temp.
Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump Running 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				Site Water Temp.
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				Site Water Level
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				Fire Pump Power
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	·····		I	Fire Pump Running
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]	Fire Pump Auto Position
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			I	Fire Pump or Pump Controller Trouble
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 Style(s) SYSTEM POWER SUPPLIES A) Primary (Main): Nominal Voltage 120 VAC Amps 8 Overcurrent Protection: Type 1/24 V/C Amps 20 Location (of Primary Supply Panelboard): FACP Rm Disconnecting Means Location: EmP - 1 # 10 b) Secondary (Standby): 24 V/C Storage Battery: Amp-Hr Rating 2 - 12 V/C 26 Ahc Calculated capacity in Amp-Hrs to operate system for hours	 		I	Fire Pump Running
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		··· · · · · · · · · · · · · · · · · ·		Generator in Auto Position
Generator Engine Running Other (Specify): SiGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72 ⁶ , Table 6.6.1): Quantity	 .	·····		Generator or Controller Trouble
Other (Specify): SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72 [®] , Table 6.6.1): Quantity	-		S	Switch Transfer
Quantity and style of signaling line circuits connected to system (see NFPA 72 [®] , Table 6.6.1): Quantity				Generator Engine Running
Quantity and style of signaling line circuits connected to system (see NFPA 72®, Table 6.6.1): Quantity				Other (Specify):
Amps Style(s) BYSTEM POWER SUPPLIES a) Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panelboard): Disconnecting Means Location: FACP Rm Disconnecting Means Location: FMP-1 # 10 b) Secondary (Standby): 2400C Storage Battery: Amp-Hr Rating Calculated capacity in Amp-Hrs to operate system for hours	SIGNALING LINE CIRC	UITS		
Amps 8 Overcurrent Protection: Type Braker Amps 20 Location (of Primary Supply Panelboard): FACP Rm Disconnecting Means Location: Emp-1 # 10 b) Secondary (Standby): 2400C Storage Battery: Amp-Hr Rating 2-1200C 26Ab Calculated capacity in Amp-Hrs to operate system for hours	Quantity and style of signaling	ng line circuits connected	i to system <i>(see NFPA 72</i> ®	, Table 6.6.1):
Amps B Overcurrent Protection: Type Braker Amps B Location (of Primary Supply Panelboard): FACP Rm Disconnecting Means Location: Emp-1 # 10 b) Secondary (Standby):	Quantity		Style(s)	
Overcurrent Protection: Type Braker Amps 20 Location (of Primary Supply Panelboard): FACP Rm Disconnecting Means Location: FMP-1 # 10 b) Secondary (Standby): 24VIC Storage Battery: Amp-Hr Rating 2-12VIC 26AL Calculated capacity in Amp-Hrs to operate system for hours	SYSTEM POWER SUPP	PLIES		
Location (of Primary Supply Panelboard): FACE Rm Disconnecting Means Location: FMP-1 # 10 b) Secondary (Standby): 2400C Storage Battery: Amp-Hr Rating 2-1000 2646 Calculated capacity in Amp-Hrs to operate system for hours	a) Primary (Main): Nomir	nal Voltage		Amps <u>8</u>
Disconnecting Means Location: FMP-1 # 10 b) Secondary (Standby): 2400C Storage Battery: Amp-Hr Rating 2-1300C 36AL Calculated capacity in Amp-Hrs to operate system for hours	Overcurrent Protection:	Туре	Breaker	Amps
b) Secondary (Standby): 2400 Storage Battery: Amp-Hr Rating 2-1000 3646 Calculated capacity in Amp-Hrs to operate system for hours	Location (of Primary Sup	ply Panelboard):	FACP Rm	
2400C Storage Battery: Amp-Hr Rating 2-1000 2646 Calculated capacity in Amp-Hrs to operate system for hours	Disconnecting Means Lo	cation:	Emp-1 #	10
Calculated capacity in Amp-Hrs to operate system for hours		VICStorage	e Battery: Amp-Hr Rating	
			•	
	• •		• •	



TYPE			Visual	Functional		Comments		
Control Unit			Ø	\B		ok		
Interface Equipr	ment) M	₽		1		
Lamps/LEDs			×	Ø				
Fuses			Ø					
Primary Power S	Supply		X	X				
Trouble Signals)	Æ		<u> </u>		
Disconnect Swite	ches		Z	Ø				
Ground-Fault Me	onitoring		Ø	X		····		
SECONDARY	POWER							
TYPE			Visual	Functional		Comments		
Battery Condition	1		Ø		- ok			
Load Voltage				Ø				
Discharge Test								
Charger Test				M				
Specific Gravity								
TRANSIENT SU	PPRESSORS					,		
REMOTE ANNU	UNCIATORS		Æ	乜	<u>V</u>			
NOTIFICATION	N APPLIANCES		•					
Audible				囡	<u>ok</u>			
Visible			Ø	A				•
Speakers								
Voice Clarity								
	INI	TIATING A	AND SUPE	RVISORY D	EVICE TEST	S AND INSPECT	ONS	
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory	Setting	Measured Setting	Pass	Fail
***************************************				***************************************				

EMERGENCY CO	OMMUNICATIO	ONS	Vi	isual Funct	tional	Comments		
Phone Set]			
Phone Jacks]			
Off-Hook Indicator			i]	<u>-</u>		
Amplifier(s)			1]			
Tone Generator(s)			I]			
Call-in Signal]			
System Performano	е		ſ	п г	1			



COMPANIA		Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			· 	
Fire Extinguisher Monitoring Device/System				
Carbon Monoxide Detector/System				
(Specify)	-			
INTERFACE EQUIPMENT				
(Specify)	_			
(Specify)	_			
(Specify)	-			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	Ø		1400	
Alarm Restoration	×			
Trouble Signal	M			
Trouble Signal Restoration	区			
Supervisory Signal	M			
Supervisory Restoration	Ħ			
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	Ø		· · · · · · · · · · · · · · · · · · ·	1400
Monitoring Agency	Ø		Influray	
Building Occupants	Ø		Staff	, <u> </u>
Other (Specify)				
The following did not operate correctly:				
				1.72
System restored to normal operation:			Date: 11 Jul 7	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORD	ANÇE	WITH A	APPLICABLE NFPA ST	ANDARDS
Name of Inspector: Sean C. Donn	elly		Date: 11 Jul 7.	Time: 1430
Signature: SCOS				
Name of Owner or Representative:			Date: 11 Jul 17	Time: 1430
1) 60 × 2				



Time:
PROPERTY NAME (USER) Name: Lempheach Elementary Address: ASBONSHOW & 7 Longbeach Owner Contact: Gres Mason Telephone: 630-688-284 APPROVING AGENCY Contact: Osweso FP Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
AND CIRCUIT INFORMATION Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):
•



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	1	
			. Belis	
65	B	65	Horns /strobes	
			Chimes	
79	B	79	Strobes	
			Speakers	
			Other (Specify):	
No. of alarm notification ap	pliance circuits:	1		
Are circuits monitored for i	ntegrity? XYes 🖂	No	•	
	SUPERVISORY SIGI	NAL-INITIATING DE	VICES AND CIRC	UIT 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 Posi	ition
			Fire Pump or Pump (Controller Trouble
			Fire Pump Running	
			Generator in Auto Po	sition
			Generator or Control	ler Trouble
			Switch Transfer	
-			Generator Engine Ru	nning
			Other (Specify):	·
SIGNALING LINE CIRC	UITS			
uantity and style of signalin	ig line circuits connected	to system (see NFPA 7.	2 [®] , Table 6.6.1):	
Quantity 2		Style(s)		
YSTEM POWER SUPP	LIES			4
a) Primary (Main): Nomir	nal Voltage	120VAC	Amps	
Overcurrent Protection:	Туре	Breaker	Amps	_20
Location (of Primary Sup	ply Panelboard):	Electric R		
Disconnecting Means Loc	cation:	EM-W #	13	
b) Secondary (Standby):	4		_ 1_	
2	400C Storage	Battery: Amp-Hr Ratin	g 2-Dul	oc 26AL
Calculated capacity in		Amp-Hrs to operate syst	em for	_ hours
Engine-driven generator of	ledicated to fire alarm sy	stem:		, , , , , , , , , , , , , , , , , , ,



TYPE			Visual	Functional		Comments		
Control Unit			烟	×	8	<u>L</u>		
Interface Equipn	nent		Ø	Ø				·
Lamps/LEDs			Ø	₽				
Fuses			Ø			<u> </u>		
Primary Power S	upply		Ø	Ø	-			
Trouble Signals			Ø	Ø		/		
Disconnect Switch	ches		图	囡		<u>V</u>		
Ground-Fault Mo	onitoring		囡	瓦		·		
SECONDARY	POWER							
TYPE			Visual	Functional		Comments		
Battery Condition	l		Ø		છ\			
Load Voltage			·	Ħ				
Discharge Test								
Charger Test				Ħ				
Specific Gravity								
TRANSIENT SU	PPRESSORS					/		
REMOTE ANNU	INCIATORS		X	∖ ⊠				
NOTIFICATION	APPLIANCES	}			,			
Audible			Ø	M	ok			
Visible			Ø	Ø				•
Speakers						··		
Voice Clarity					Y			
	INI	TIATING	AND SUPE	RVISORY D	EVICE TEST	S AND INSPECT	IONS	
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory:	Satting	Measured	Pass	Fail
	1,100			ractory	Detting	Setting		
		П						
					 			
		П						
			_					\Box
EMERGENCY CO	OMMUNICATI	ONS	Vi	isual Funct	tional	Comments		
Phone Set]			
Phone Jacks			1]			
Off-Hook Indicator			1		J			
Amplifier(s)			I]			
Tone Generator(s)			[]			
Call-in Signal			I		J			
System Performance	e		[]			



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System		П	П	П
Carbon Monoxide Detector/System			П	Ü
(Specify)			П	П
	_	ш	Ь	
INTERFACE EQUIPMENT				
(Specify)	-			
(Specify)	-			
(Specify)	_			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	Ø		1400	
Alarm Restoration				
Trouble Signal	X			
Trouble Signal Restoration	Ø		 -	
Supervisory Signal				·
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	Ø		(5125	1400
Monitoring Agency	团		Infinity	
Building Occupants	Ħ		Statt	/_
Other (Specify)				
The following did not operate correctly:				•
			10 < 115	11/24
System restored to normal operation:			Date: 10011	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE '	WITH A	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Scan Donnelly		_	Date: 12 Jul 17	Time: 1430
		_		
Signature: CL/S			1 17	1437
Name of Owner or Representative:			Date: 12 Jul 17	Time: 1430
Signature: Huy Mu	20	2		



Date:	Jul 17		Time: 0600
Name:	124-00042 630-369- NG ENTITY	2900 0 1-6225	PROPERTY NAME (USER) Name: Fox Chase Elementary Address: 260 Fox Chase Dr. Owner Contact: Gari~ Brow~ Telephone: 630-688-2831 APPROVING AGENCY Contact: Oswayo FD Telephone: 630-554-2110 SERVICE Weekly Monthly Quarterly Semiannually Annually Other (Specify)
	tware or Configuration Wa	s Revised:	
	_	TIATING DEVICES	AND CIRCUIT INFORMATION
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
	Circuit Style		Manual Fire Alarm Boxes
	B	Devices Tested	Manual Fire Alarm Boxes Ion Detectors
	Circuit Style	Devices Tested	·
Devices Installed		Devices Tested	Ion Detectors
Devices Installed	B	Devices Tested	Ion Detectors Photo Detectors
Devices Installed		Devices Tested	Ion Detectors Photo Detectors Duct Detectors
Devices Installed 22		Devices Tested	Ion Detectors Photo Detectors Duct Detectors Heat Detectors



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
	<u> </u>	115	Homs /strobes
7:/			Chimes
34	B	34	Strobes
			Speakers
			Other (Specify):
No. of alarm notification ap	pliance circuits:	21	
Are circuits monitored for in	ntegrity? 💢 Yes 🗆] No	·
;	SUPERVISORY SIG	SNAL-INITIATING DEV	VICES 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 CIRCU	STIL		
Quantity and style of signalin	g line circuits connecte	, D	®, Table 6.6.1):
Quantity		Style(s)	
SYSTEM POWER SUPP	LIES		
a) Primary (Main): Nomin	al Voltage	120VAC	Amps
Overcurrent Protection:	Туре	Breaker	Amps <u>20</u>
Location (of Primary Supp	ply Panelboard):	FACP R	
Disconnecting Means Loc	eation:	PPEM	#15
b) Secondary (Standby):	VIC Storag	ge Battery: Amp-Hr Rating	2-12VDC 26AL
Calculated capacity in	_	Amp-Hrs to operate syste	em for hours
Engine-driven generator d			Um Generator



TYPE			Visual	Functional		Comments		
Control Unit			X	Ø		»K		
Interface Equipme	ent		Ø	×				
Lamps/LEDs			Ø	×				
Fuses			×					
Primary Power Su	pply		⊠	Ø	-			
Trouble Signals			Ø	, Ø				
Disconnect Switch	nes		Ø	Ø	<u></u>			
Ground-Fault Mor	nitoring		赵	M		· · · · · · · · · · · · · · · · · · ·		
SECONDARY F	POWER							
ТҮРЕ			Visual	Functional		Comments		
Battery Condition			Ø		8	K		
Load Voltage			•	×	-			
Discharge Test								
Charger Test				×				
Specific Gravity								
TRANSIENT SUI	PRESSORS							
REMOTE ANNU	NCIATORS		M	[3]	V	V		
NOTIFICATION	APPLIANCES					,		
Audible			Ø	Ø	0			
Visible			Ø	Ø				· · · · · · · · · · · · · · · · · · ·
Speakers						<u>/ · </u>		·
Voice Clarity								
	INI	FIATING A	ND SUPE	RVISORY D	EVICE TES	TS AND INSPECT	IONS	
Loc. & S/N	Device Type	Visual Check	Functional Test	l Factory	Setting	Measured Setting	Pass	Fail
								
			П					
								
						-		
	· · · · · · · · · · · · · · · · · · ·							
EMERGENCY CO EQUIPMENT	MMUNICATIO	ONS	v	isual Func	tional	Comments		
Phone Set]			
Phone Jacks					J			
Off-Hook Indicator]			
Amplifier(s)]			
Tone Generator(s)]			
Call-in Signal			-					
System Performance			1	m -	7			



COMPINATION ON OTHER CO		Visua	Device Operation	Simulated Operation
COMBINATION SYSTEMS		-	_	_
Fire Extinguisher Monitoring Device/System		L		
Carbon Monoxide Detector/System			Ш	
(Specify)				
INTERFACE EQUIPMENT				
(Specify)	_			
(Specify)	_			
(Specify)	_			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	X		1400	· · · · · · · · · · · · · · · · · · ·
Alarm Restoration	X			
Trouble Signal	Ø			
Trouble Signal Restoration	×			
Supervisory Signal			<u> </u>	
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	Ø		Garin	1400
Monitoring Agency	Ø		Infinity	
Building Occupants	M		Staff '	
Other (Specify)				
The following did not operate correctly:				
Horn Strobe outside Classicon 190	did	Not	work.	
System restored to normal operation:			Date: 13 Jul 17	Time:
THIS TESTING WAS PERFORMED IN ACCORD	ANCE	WITH	APPLICABLE NFPA S	TANDARDS
Name of Inspector: Sean Downelly		_	Date: 13 Jul 17	Time: 1430
Signature: SCD				
Name of Owner or Representative:			Date: 13 Jul 17	Time: 1430
Signature:				



Date: 17-	18th Jul 1	7	Time: OLOO				
SERVICE ORGANIZATION Name: Sawd Inc Address: 1550 Shore Rd Representative: Hal Hauser License No.: 124-606429 Telephone: 430-369-2900 MONITORING ENTITY Contact: 1947-879-8500 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: Date //NAC's/lur/Ann Software Rev.: Last Date System Had Any Service Performed:			PROPERTY NAME (USER) Name: Oswego East Hist School Address: ISQS Harvey Rd, Owner Contact: Joe Make ala junes Telephone: 630 - 327 - 1944 APPROVING AGENCY Contact: Oswego FD Telephone: 630 - 554 - 2110 SERVICE Weekly Monthly Quarterly Semiannually (Annually) Other (Specify)				
Last Date That Any Soft	_	•	AND CIRCUIT INFORMATION				
Quantity of Devices Installed 65	Circuit Style B B B B	Quantity of Devices Tested 65 144 35	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify):				
Alarm verification feature	is 🔊 disabled □ enab	oled	Chief (Openly).				



Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
llac			Bells
405	<u> </u>	405	Homs /strobes
52	В	52	Chimes
	<u>D</u>		Strobes
		,	Speakers
		-	Other (Specify):
No. of alarm notification a	appliance circuits:	0	
Are circuits monitored for	integrity? 🛚 Yes 🗆	No	·
	SUPERVISORY SIG	NAL-INITIATING DE\	/ICES 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
		4	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 CIRC	CUITS		
Quantity and style of signal	ing line circuits connected	i to system (see NFPA 72	[®] , Table 6.6.1):
Quantity2		Style(s) B	·
SYSTEM POWER SUP	PLIES		
(a) Primary (Main): Nom	inal Voltage	120VAC	Amps <u>(</u>
Overcurrent Protection:	Туре	Breaker	Amps <u>20</u>
Location (of Primary Su	pply Panelboard):	Electric	Rm E/55
Disconnecting Means Lo	ocation:	RP182 #	42
(b) Secondary (Standby):	VDC Storage	e Battery: Amp-Hr Rating	2-12VDC 40AL
Calculated capacity in	•	Amp-Hrs to operate syste	
• •	dedicated to fire alarm sy	•	Building Generator
<u> </u>			



TYPE			Visual	Functional		Comments		
Control Unit			×	×	0			
Interface Equip	ment		Ø	X				
Lamps/LEDs			মৈ	Ø				
Fuses			×					
Primary Power	Supply		\boxtimes	×				
Trouble Signals	1		×	×			* -	
Disconnect Swit	tches		M	×		/		
Ground-Fault M	Ionitoring		Ħ	×				
SECONDARY	POWER							
TYPE			Visual F	unctional		Comments		
Battery Condition	on		Ø		ok			
Load Voltage				≯				
Discharge Test								
Charger Test				X				
Specific Gravity				Ø				
TRANSIENT S	UPPRESSORS			•				
REMOTE ANN	UNCIATORS		Þ	凶	V			
NOTIFICATIO	N APPLIANCES	3	•					
Audible			M	K	oK			
Visible			×	Ø				• •
Speakers								
Voice Clarity					V			
	iN	ITIATING .	AND SUPER	VISORY DI	EVICE TESTS	AND INSPECT	ONS	
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory	Setting	Measured Setting	Pass	Fail
	-71-			ractory	betting	Setting	L 433	
								
					,	· · · · · · · · · · · · · · · · · · ·		
								$\overline{\Box}$
								
					-			
EMERGENCY C	COMMUNICATI	ONS	Vist	ual Funct	ional	Comments		
Phone Set			Ε	_				
Phone Jacks					_			
Off-Hook Indicato	r							
Amplifier(s)) []			
Tone Generator(s)]			
Call-in Signal]			
System Performance	œ							



COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System				П
Carbon Monoxide Detector/System			ā	n
(Specify)	_			
INTERFACE EQUIPMENT				
(Specify)			П	П
(Specify)	_			
(Specify)	-			
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	Ø		1400	
Alarm Restoration	Ø			
Trouble Signal	Ø			
Trouble Signal Restoration	Ø			
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	X		Joe	
Monitoring Agency	X		Tufinily	
Building Occupants	, M		Staff '	
Other (Specify)				
The following did not operate correctly:			•	
System restored to normal operation:			Date: 18 Jul 17	Time: 1430
THIS TESTING WAS PERFORMED IN ACCORDA	MOE	ANTLI A		· · · · · · · · · · · · · · · · · · ·
a a 1	INCE	AAII LI Y		_
Name of Inspector: Sean Donnelly		_	Date: 18 Jul 17	Time: <u>/430</u>
Signature:				
Signature.			.,,,	
Name of Owner or Representative:			Date: 18 Jul 17	Time: 1430



INSPECTION AND TESTING FORM

Date: _	19 Jul 17		Time: 0600
Na Add Rep Lice Tele MC Corr Tele Moor Tyl R Corr Mood Circe Num Softw Last Date Syste	presentative: Hal Harpersentative: Hal Harpersentative: Hal Harpersentative: Hal Harpersentative: Hal Harpersentative: 124-000 Personal Rephone: 124-876-850 Personal Rephone: 1247-876-850 129 2900 2900 2900 200 297-6240 gital 40's / Ann / Pur Was Revised:	PROPERTY NAME (USER) Name:	
Quantity Devices Inst		Quantity of Devices Tested	Manual Fire Alarm Boxes
35 10 4	B B B	35 10 4	Ion Detectors Photo Detectors Duct Detectors Heat Detectors
A larm verificati	ion feature is disabled		Waterflow Switches Supervisory Switches Other (Specify):



ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
154	<u> </u>	154	Horns /strobes
29	В	29	Chimes Strobes
			Speakers
<u> </u>			Other (Specify):
No. of alarm notification appliar	nce circuits: 29		
Are circuits monitored for integr	rity? 🛮 Yes 🗆	No	•
SUF	PERVISORY SIG	NAL-INITIATING DEV	VICES 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	3		
Quantity and style of signaling lin	e circuits connected	i to system (see NFPA 72	, Table 6.6.1):
Quantity	· · · · · · · · · · · · · · · · · · ·	Style(s)	
SYSTEM POWER SUPPLIES	3		
(a) Primary (Main): Nominal V	oltage	120 VAC	Amps
Overcurrent Protection: Typ	ne	Breaker	Amps
Location (of Primary Supply F	anelboard):	FACP Rm	
Disconnecting Means Location): ·	EMP) #	10
(b) Secondary (Standby): しょうけんり	CStorage	e Battery: Amp-Hr Rating	2-12 V DC 55AL
Calculated capacity in	_	Amp-Hrs to operate syste	
Engine-driven generator dedicate		•	



SYSTEM TESTS AND INSPECTIONS

TYPE			Visual	Functional		Comments		
Control Unit			Ø	A				
Interface Equipn	nent		⊠	\(\begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
Lamps/LEDs			⊠	X				
Fuses			×					
Primary Power S	upply		×	Ø			·	
Trouble Signals			Ø	Ø				
Disconnect Switch	hes		M	Ø				
Ground-Fault Mo	nitoring		Ø	M		/ 		
SECONDARY	POWER							
TYPE			Visual	Functional		Comments		
Battery Condition	ı		***		No			
Load Voltage				Ø				
Discharge Test								
Charger Test				Ø				
Specific Gravity								
TRANSIENT SU	PPRESSORS				-V			
REMOTE ANNU	NCIATORS		X	×	Α			
NOTIFICATION	APPLIANCES			•				
Audible			Ø	囡,	ok			
Visible			Ø	Ħ.				
Speakers								
Voice Clarity								
	INI	TIATING .	AND SUPE	RVISORY DI	EVICE TESTS A	AND INSPECTI	ONS	
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory :	Setting	Measured Setting	Pass	Fail
								$\overline{\Box}$
							П	П
								
								
EMERGENCY CO	OMMUNICATI	ONS	Vi	sual Funct	ional	Comments		
Phone Set]			
Phone Jacks			į]			
Off-Hook Indicator			ĺ]			_
Amplifier(s)			[
Tone Generator(s)			[
Call-in Signal			[J [
System Performance	:		E					



		Visual	Dev	ice Operation	Sim	lated Operation
COMBINATION SYSTEMS				•		
Fire Extinguisher Monitoring Device/System						
Carbon Monoxide Detector/System						
(Specify)	-					
INTERFACE EQUIPMENT						
(Specify)	_					
(Specify)	_					
(Specify)	-					
SUPERVISING STATION MONITORING	Yes	No		me	(Comments
Alarm Signal	X		14	00		
Alarm Restoration	X					
Trouble Signal	X			· .		
Trouble Signal Restoration	Ø			_		
Supervisory Signal				,		
Supervisory Restoration						
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No		Who		Time
Building Management	Ø			ary		1400
Monitoring Agency	又			.linizy		
Building Occupants	M			1 44ff		
Other (Specify)						
The following did not operate correctly:						
System restored to normal operation:			Date:	19 Jul 17	Time:	1430
THIS TESTING WAS PERFORMED IN ACCORDA	ANCE	WITH A	APPLICA	BLE NFPA	STANDA	RDS
Name of Inspector: Sear Donnelly Signature: Sear Donnelly		-	Date:	19 Jul 17	Time:	<u>1430</u>
Name of Owner or Representative:			Date:	1950117	Time:	1430
Signature: Racy Wallen						



Inspection and Service Report Pre-Engineered System

Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-282

Company: Bednard	ik Jr High Co				Company:	
On-site address: 3025 City/St/ZIP: Aurora	11, 60503 Cel				Billing address:	
Phone:					City/St/ZIP: Phone:	-
A. System Information					C. Operations Test (cont.) Y N	I N/A
Manufacturer: Ansul		_			5. Operation of gas shutoff verified?	
Model: R-102	·	_			6. Operation of micro switch verified and electrical	
ype: _Wet Chem		_			appliances shut down?	_
Cyl. 1 Size: 3 gal	Last Serviced Date	e:	2013		7. Bursting disk in place?	
Cyl. 2 Size: 3 gal	Last Serviced Date	e:	2014		8. Powder or liquid checked?	
Cyl. 3 Size:	Last Serviced Date	e:			9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size:	Last Serviced Date	e:			10. Customer offered pipe integrity test but declined:	
Monitoring Company: Phone:	**************************************				D. Component Check/Replace	
Accuation: Manual 🗌 Auto	o 🗌 Both 🗹				200	2017
					Link type: K Quantity: 5 Degrees: 360 Date:	2017
3. Pre-inspection		Υ	N	N/A	Link type: — Quantity: Degrees: — Date:	
. Alarm system called out of servi	ice for testing?		V		Link type: Quantity: Degrees: Date:	
. System armed and pressure gai	•	· 🖸			Link type: — Quantity: Degrees: — Date:	
. Nozzle caps in place on arrival?	ige operational on annion	v	$\bar{\Box}$	$\overline{\Box}$	1. Blow off caps reinstalled 7 Yes No N/A Qt	y:6
. Nozzles clean and free of grease	e buildup?	V				/ ·
i. Piping and cylinder securely fas	*	$\overline{\mathbf{Q}}$	$\overline{\Box}$		E. Post-inspection Y N	N/A
5. Appliances in same position sin		\mathbf{r}			•	
7. Pull station located between 42	·	~			1. Tension placed back on system for automatic operation? \Box	
3. Pull station accessible and locat	ted in a path of egress?	~			2. Gas valve reset/pilots relit?	
9. Pull station clearly identifies the	hazard protected?	$\overline{\mathbf{Q}}$			3. Breaker reset for electric appliances?	
10. Pull station tamper seal intact	?	V			4. Pull station tamper seal replaced?	
1. Filters present?		~			5. Cartridge reinstallec?	
12. Overall physical condition and	l cleanliness of hood:	Good			6. Alarm called back into service?	
					7. Type K portable fire extinguisher present?	
C. Operations Test		Υ	Ν	N/A	8. Extinguisher placarded as backup extinguishment means?	
					9. Extinguisher is within thirty feet of suppression system	
. Cartridge removed and weight 2. Cartridge size:LTA-101-30	checked within .5 ounce?	~	_		and on a path of egress?	لا لا
3. Remote pull station tested and	operational?	\subseteq			This certifies that the above equipment was inspected and left in operating cor- in accordance with the N.F.P.A. and the original Manufacturer's prescribed proc	
4. Operation of automatic detection	on verified?	~			However, any comments or deficiencies noted must be corrected as soon as po for TOTAL FIRE PROTECTION.	
Notes:						
	ign Bellform		Print			013-12
Owner/Agent	Owne Agent				Inspector inspector In	spector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report
Pre-Engineered System
Inspector: J McElroy
Date: June 6, 2017
Job#: F&S17-283

				Mike Baar				
	mce Pi	none	:		Billing addre	?SS:	···	
A. System Information	a			C. Operations				N/A
				,				
Manufacturer: Pyrochem				5. Operation of gas				·
Model: PCL-600 Type: Wet Chem	_			6. Operation of mic		nd electrical		
ype:				appliances shut do				
Cyl. 1 Size: 6 Gal Last Serviced Da	ate:	2017		7. Bursting disk in p				9
Cyl. 2 Size: - Last Serviced Da	ite:			8. Powder or liquid			= =	
Cyl. 3 Size: — Last Serviced Da	ate:			9. Blow out lines/pi		,		
Cyl. 4 Size: — Last Serviced Da	ate:			10. Customer offered	d pipe integrity test	t but declined:		
Monitoring Company:				D. Componen	t Check/Repla	ice		
Accuation: Manual 🗌 Auto 🗌 Both 🗹								4=
				Link type: K	Quantity: 2	Degrees: 360	Date: 201	17
3. Pre-inspection	Υ	N	N/A	Link type: —	Quantity:	Degrees:	Date:	
Alama matana adla di anti afaamiina fantaatina 7		v		Link type:	Quantity:	Degrees:	Date:	-
. Alarm system called out of service for testing?				Link type: —	Quantity:	Degrees:	Date:	·····
2. System armed and pressure gauge operational on arriva					to relie de la M	🗀 🗤 🗀 🗤	. [] or	8
3. Nozzle caps in place on arrival?	ママ			i. Blow oπ caps re	unstalled / Ye	es 🗌 No 🗌 N/	A 🖭 Qiy:	
4. Nozzles clean and free of grease buildup?				C Doct income	-tion		YNI	N/A
5. Piping and cylinder securely fastened to structure?				E. Post-inspec	Luon		1 19 1	1/A
5. Appliances in same position since last inspection?				1 Toneion placed b	hack on system for	automatic operation	· 🗹 🗆	П
7. Pull station located between 42-48 inches above floor?	2			2. Gas valve reset/p	-	automatic operation		닌
B. Pull station accessible and located in a path of egress?	2				electric appliances	•7		<u>.</u>
9. Pull station clearly identifies the hazard protected?				4. Pull station tamp) .	0	
10. Pull station tamper seal intact?	<u> </u>			5. Cartridge <u>replan</u>				
11. Filters present?	<u>V</u>							<u>.</u>
12. Overall physical condition and cleanliness of hood:	Good			6. Alarm called bac				
					fire extinguisher pr			
C. Operations Test	Υ	N	N/A			extinguishment mear	ns? 🗹 🗌	LJ
1. Cartridge removed and weight checked within .5 ounce	? 🗹			and on a path of e	•	suppression system	9	
2. Cartridge size: <u>16 gram CO2</u> 3. Remote pull station tested and operational?	· •			This certifies that the	above equipment wa	s inspected and left in c	perating condition	an
•	(1)	H		in accordance with th	he N.F.P.A. and the ori	ginal Manufacturer's pre	escribed procedur	res.
4. Operation of automatic detection verified?	ت	Ш		However, any commo for TOTAL FIRE PROT		oted must be corrected :	as soon as possibl	le
Notes:								
Print Sign		Print		Joe McElroy Sign	a Ave	License#	1870	-12
rine sign				Inspector	Inspect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.070	

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report Pre-Engineered System Inspector: Ben Assell June 7, 2017 Date: ____ F&S17-284 Job#:

	hurchill Elementary				Comp	any:		
On-site address: _						address:		
City/St/ZIP:					City/S			
Phone:	<u> </u>	_ Email:	-		Phone	2: <u></u>		
. System Inform	nation				C. Operations Test (co	nt.)	ΥN	N/A
lanufacturer: Ansul					·			ו רו
lodel: R-102					5. Operation of gas shutoff veri			ليا ل
ype: Wet Chem					6. Operation of micro switch ve	ermed and electrical		
			3000		appliances shut down?			
Cyl. 1 Size: 3 gal	Last Service		2005	2	7. Bursting disk in place?			
Cyl. 2 Size:	Last Service				8. Powder or liquid checked?	. 4 4 1 - 4		
Cyl. 3 Size:	Last Service				9. Blow out lines/pipe integrity			J L.
Cyl. 4 Size: —	Last Service	ed Date:			10. Customer offered pipe integ	nty test but declined:	L	
lonitoring Company: hone:					D. Component Check/	'Replace		
ccuation: Manual	☐ Auto ☐ Both 🗹							
					Link type: K Quantit	-	Date:	2017
. Pre-inspection	1	Y	N	N/A	Link type: — Quantit		Date:	
		,	ت ٦		Link type: Quantit	***************************************	Date:	
-	out of service for testing?			片	Link type: Quantit	y: Degrees:	Date:	
	ressure gauge operational on a	_			and the second s	🗖 🗖	(~)	1
. Nozzle caps in place		Ŀ			1. Blow off caps reinstalled	? Yes 🗹 No 📙 N/	'A ∐ Qty	/:4
	ee of grease buildup?	Ŀ			· · · · · · · · · · · · · · · · · ·			
	securely fastened to structure?				E. Post-inspection		ΥN	I N/
. Appliances in same p	position since last inspection?	0				6	, D C	n —
. Pull station located b	between 42-48 inches above flo				1. Tension placed back on syst	em for automatic operation		י ה
Pull station accessible	le and located in a path of egre				2. Gas valve reset/pilots relit?			
. Pull station clearly id	lentifies the hazard protected?				3. Breaker reset for electric app			
0. Pull station tamper	seal intact?	9			4. Pull station tamper seal repl	aced?		
1. Filters present?		_ [5. Cartridge <u>reinstallec</u> ?			
Overall physical co	ndition and cleanliness of hood	l:Goo	d		6. Alarm called back into servi			
					Type K portable fire extingu	•		
. Operations Te	est	``	N	N/A	Extinguisher placarded as b	• •	ns? 🔽 🗌	
		_		_	Extinguisher is within thirty	feet of suppression system		
. Cartridge removed a . Cartridge size:LT	and weight checked within .5 o 30R	unce? L	ـا ك	L	and on a path of egress?			L
. Remote pull station	tested and operational?	G	2 🗆		This certifies that the above equip			
Operation of automa	atic detection verified?	0	2 🗆		in accordance with the N.F.P.A. and However, any comments or deficie for TOTAL FIRE PROTECTION.			
Notes:					for TOTAL FIRE PROTECTION.	***************************************		
Exchanged curre	nt tank with hydro tested	d tank						
	A.A. a	Un			A			
rint Mike Hos	sler Sign		Print		Ben Assell Sign	License#	20	013-12

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





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 Phor	1e:	Billing address:	
			City/St/ZIP:	
Phone:	Email:		Phone:	
A. System Information			C. Operations Test (cont.)	Y N N/A
Manufacturer: Ansul			5. Operation of gas shutoff verified?	
Model: R-102			6. Operation of micro switch verified and electrical	
ype: Wet Chem	.—		appliances shut down?	
Cyl. 1 Size: 3 gal Last Serviced	Date: 201	16	7. Bursting disk in place?	
Cyl. 2 Size: Last Serviced	Date:		8. Powder or liquid checked?	
Cyl. 3 Size: — Last Serviced	Date:		9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size: — Last Serviced	Date:		Customer offered pipe integrity test but declined:	
Monitoring Company:			D. Component Check/Replace	
Accuation: Manual Auto Both				
Abrida - Ado - Dati -			Link type: K Quantity: 1 Degrees: 360	Date: 2017
3. Pre-inspection	Y N	I N/A	Link type: — Quantity: Degrees: —	Date:
•			Link type: Quantity: Degrees:	Date:
Alarm system called out of service for testing?			Link type: Quantity: Degrees:	Date:
System armed and pressure gauge operational on arri	val? 🗹 🗌			
3. Nozzle caps in place on arrival?			1. Blow off caps <u>reinstalled</u> ? Yes ☑ No ☐ N/A	A 📙 Qty: <u>4</u>
1. Nozzles clean and free of grease buildup?	2			
5. Piping and cylinder securely fastened to structure?			E. Post-inspection	Y N N/A
5. Appliances in same position since last inspection?				
7. Pull station located between 42-48 inches above floor			Tension placed back on system for automatic operation?	
3. Pull station accessible and located in a path of egress?			2. Gas valve reset/pilots relit?	
9. Pull station clearly identifies the hazard protected?			3. Breaker reset for electric appliances?	
10. Pull station tamper seal intact?			4. Pull station tamper seal replaced?	
11. Filters present?			5. Cartridge <u>reinstaller</u> ?	
12. Overall physical condition and cleanliness of hood: _	Good		6. Alarm called back into service?	
			7. Type K portable fire extinguisher present?	
C. Operations Test	ΥN	A\N I	8. Extinguisher placarded as backup extinguishment mean	ıs? 🗹 🗌 🖺
	- — -		9. Extinguisher is within thirty feet of suppression system	
 Cartridge removed and weight checked within .5 ound Cartridge size: 101-20 	ce? 🗹 🗌 —	_	and on a path of egress?	
3. Remote pull station tested and operational?			This certifies that the above equipment was inspected and left in op- in accordance with the N.F.P.A. and the original Manufacturer's pre-	
4. Operation of automatic detection verified?			However, any comments or deficiencies noted must be corrected a for TOTAL FIRE PROTECTION.	
Notes:				
-A A -			A 00 - 10	
Print Mark Coziar Sign	Prin	t	Ben Assell Sign License#	2013-12
Owner/Agent Owner/Age			Inspector Inspector	Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com More.



Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-286

	ox Chase Elementary					Company:			
On-site address:	260 Fox Chase Dr. N	_ Office	Phone	:		Billing address:			
City/St/ZIP:	Oswego II, 60543	_ Cell Ph	one:			City/St/ZIP:			
Phone:	·	_ Email:				Phone:			
A. System Inform	ation				C. Operations	Test (cont.)	,	/ N	N/A
-					•				
Manufacturer: Ansul					5. Operation of gas :		L		Ц
Model: R-102					Operation of micr	o switch verified and elect	_		_
ype: Wet Chem					appliances shut dov	vn?	_		니
Cyl. 1 Size: 3 gal	Last Service	ed Date:	2012		7. Bursting disk in pl	ace?		2 0	
Cyl. 2 Size: —	Last Service	ed Date:			8. Powder or liquid	checked?		2 🖸	
Cyl. 3 Size: —	Last Service	ed Date:			9. Blow out lines/pip	oe integrity test completed	1? [
Cyl. 4 Size: —	Last Service	ed Date:			10. Customer offered	pipe integrity test but de	clined:]	
Monitorina Company:									
hone:	MWMANNAMANAMANAMANAMANAMANAMANAMANAMANAM				D. Component	: Check/Replace			
Accuation: Manual	☐ Auto ☐ Both ☑								
ACCUBACIT. MIDITORI	_ //// _ 20/// _				Link type: K	Quantity: 2 Degr	rees: 450 Da	te:	2017
3. Pre-inspection		γ	N	N/A	Lînk type:	Quantity: Degi	rees: Da	ite:	
					Link type: —	Quantity: Deg	rees: — Da	ite:	
I. Alarm system called	out of service for testing?				Link type:	Quantity: Degi	rees: Da	ite:	
2. System armed and p	ressure gauge operational on a	arrival? 🖸							
3. Nozzie caps in place	on arrival?	·			1. Blow off caps <u>rei</u>	nstalled ? Yes	No 🗌 N/A 🖺	Qty	:5
1. Nozzies clean and fre	ee of grease buildup?	Ŀ							
5. Piping and cylinder s	securely fastened to structure?	Ŀ			E. Post-inspec	tion	•	Y N	N/A
	position since last inspection?	6			·				
,,	oetween 42-48 inches above flo	oor?			 Tension placed b 	ack on system for automa	tic operation? 〔	_	
	le and located in a path of egre	=			2. Gas valve reset/p	ilots relit?	[l L
	entifies the hazard protected?	,		$\overline{\Box}$	3. Breaker reset for	electric appliances?	[
10. Pull station tamper	· ·	Ğ		$\overline{\Box}$	4. Pull station tamp	er seal replaced?	(2 [
11. Filters present?	sea mace.	ē		ñ	5. Cartridge <u>reins</u>	tallec ?	(2] [
•	ndition and cleanliness of hood			_	6. Alarm called baci		ſ] [
12. Overall physical col	indition and cleanings of noot	4			7. Type K portable f	ire extinguisher present?	[<u> </u>	
C. Operations Te	ct	,	/ N	N/A		arded as backup extingui		_ 	i F
C. Operations re	31	,	1 14	11/74		ithin thirty feet of suppres			
1. Cartridge removed a 2. Cartridge size: <u>10</u>	and weight checked within .5 o	unce?			and on a path of eg		· ·	· [
	tested and operational?	—— [•	2 0	$\qquad \qquad \square$	This certifies that the a	above equipment was inspect	ed and left in operat	ing cond	dition
•	atic detection verified?		3 0		in accordance with the	e N.F.P.A. and the original Mar	nufacturer's prescribe	ed proce	dures.
4. Operation of automi	and detection vernicu:	Ļ.			However, any comme for TOTAL FIRE PROTE	nts ar deficiencies noted mus. ตาเดม	t be corrected as soo	n as pos	isible
					101 1011101111011	C110111			
Notes:	,								
Print Gavin Bro	own Sign Duri	6p_	Print		Ben Assell Sign	Bank	License#	20	13-1
	1991) 31011		riini		Dell Assell 5000		たいしていって#	20	

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report Pre-Engineered System Inspector: Ben Assell

Inspector: _	Ben Assell
Date:	June 6, 2017
Job#:	F&S17-287

Company: Grande Park Elementary Company: 20022 Grande Park Plyd	ntact:	·		Company:	
On-site address: 20933 Grande Park BIVd. Off	ice Pl	hone	:	Billing address:	
				City/St/ZIP:	
Phone: Em	nail:			Phone:	
A. System Information				C. Operations Test (cont.)	Y N NZ
Manufacturer: Ansul	_			5. Operation of gas shutoff verified?	
Model: R-102	_			6. Operation of micro switch verified and electrical	
ype: Wet Chem	_			appliances shut down?	
Cyl. 1 Size: 3 gal Last Serviced Date	۵٠	2006		7. Bursting disk in place?	
Cyl. 2 Size: - Last Serviced Date				8. Powder or liquid checked?	
Cyl. 3 Size: — Last Serviced Date				9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size: — Last Serviced Date				10. Customer offered pipe integrity test but declined:	
Monitoring Company:				D. Component Check/Replace	
'hone:	_			b. component checkmeplace	
Accuation: Manual 🗌 Auto 🗌 Both 🗹				Link type: K Quantity: 1 Degrees: 360	Date: 2017
) Dra inancation	v	N.	NI/A		D 0.101
3. Pre-inspection	Y	N	N/A	Link type: Quantity: Degrees: Link type: Quantity: Degrees:	Date:
. Alarm system called out of service for testing?		9			Date:
. System armed and pressure gauge operational on arrival? . Nozzle caps in place on arrival?) - 			Link type: — Quantity: Degrees: — 1. Blow off caps reinstalled ? Yes No N/A	Date:
 Nozzles clean and free of grease buildup? Piping and cylinder securely fastened to structure? 	$\overline{\mathbf{x}}$			E. Post-inspection	Y N N/
5. Appliances in same position since last inspection?	~				
Pull station located between 42-48 inches above floor?	V			1. Tension placed back on system for automatic operation?	
B. Pull station accessible and located in a path of egress?	<u> </u>			2. Gas valve reset/pilots relit?	
P. Pull station clearly identifies the hazard protected?	~			3. Breaker reset for electric appliances?	
0. Pull station tamper seal intact?	~			4. Pull station tamper seal replaced?	
1. Filters present?	~			5. Cartridge <u>reinstallec</u> ?	
2. Overall physical condition and cleanliness of hood:	Good			6. Alarm called back into service?	
				7. Type K portable fire extinguisher present?	
C. Operations Test	Υ	Ν	N/A	Extinguisher placarded as backup extinguishment means	s? 🕗 🗌 🗀
•				Extinguisher is within thirty feet of suppression system	
1. Cartridge removed and weight checked within .5 ounce? 2. Cartridge size:	~	L	U	and on a path of egress?	
3. Remote pull station tested and operational?	V			This certifies that the above equipment was inspected and left in op	
4. Operation of automatic detection verified?	!			in accordance with the N.F.P.A. and the original Manufacturer's pres However, any comments or deficiencies noted must be corrected as for TOTAL FIRE PROTECTION.	
Notes:					
Print Maureen Bergan Sign	۰ ,	Print		Вел Assell Sign ВОМ License#	2013-12
Owner/Agent Owner/Agent				Inspector Inspector	Inspecto

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report Pre-Engineered System Inspector: Ben Assell

Date:June	7, 2017
Job#: F&S	17-288

	2830 Hillsboro Blvd.	Contac	t:		Company:Billing address:
City/St/7ID	Aurora II, 60504	Cell Ph	nne		City/St/ZIP:
Phone:Ansu lanufacturer:Ansu lodel:R-102 lype:Wet Chem Lyl. 1 Size: Lyl. 3 Size: Lyl. 3 Size: Lyl. 4 Size: donitoring Company: hone: ccuation:Manual . Pre-inspection . Alarm system called . System armed and p . Nozzle caps in place . Nozzles clean and fi . Piping and cylinder . Appliances in same	Last Serviced Last Serviced Last Serviced Last Serviced Last Serviced Auto Both n d out of service for testing? pressure gauge operational on ar	d Date: d Date: d Date: d Date:	2014l	N/A	C. Operations Test (cont.) S. Operation of gas shutoff verified? 6. Operation of micro switch verified and electrical appliances shut down? 7. Bursting disk in place? 8. Powder or liquid checked? 9. Blow out lines/pipe integrity test completed? 10. Customer offered pipe integrity test but declined: 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: Link type: — Quantity: Degrees: — Date: 1. Blow off caps reinstalled ? Yes No N/A Qty: 5 E. Post-inspection Y N N/A
3. Pull station accessib 9. Pull station clearly io 10. Pull station tampe 11. Filters present?	ole and located in a path of egress dentifies the hazard protected? or seal intact? ondition and cleanliness of hood:	s? [:			2. Gas valve reset/pilots relit? 3. Breaker reset for electric appliances? 4. Pull station tamper seal replaced? 5. Cartridge reinstallec? 6. Alarm called back into service? 7. Type K portable fire extinguisher present? 8. Extinguisher placarded as backup extinguishment means?
ř	and weight checked within .5 out	-			9. Extinguisher is within thirty feet of suppression system and on a path of egress?
	tested and operational?	[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

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-289

Manufacturer: Ansul Model: R-102 Type: Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Last Serviced Date: 2006 Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company:	City/St/ZIP: Phone: Phone: Ins Test (cont.) Ins State (cont.) Ins S	
A. System Information Wanufacturer: Ansul Model: R-102 Type: Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Cyl. 3 Size: Cyl. 4 Size: Monitoring Company: Phone: Accuation: Manual Auto Both	Phone:	Y N N/A V O Date: 2017 Date: Date:
A. System Information Manufacturer: Ansul Model: R-102 Type: Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Last Serviced Date: Cyl. 3 Size: Last Serviced Date: Cyl. 4 Size: Monitoring Company: Phone: Accuation: Manual Auto Both	ns Test (cont.) gas shutoff verified? nicro switch verified and electrical down? n place? gid checked? //pipe integrity test completed? red pipe integrity test but declined: ent Check/Replace Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Y N N/A N/A N/A Date: 2017 Date: Date:
Annufacturer: Ansul Anodel: R-102 Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Last Serviced Date: 2006 Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Monitoring Company: Dhone: Date: 2006 Date: 2006 Date: 2006 Cyl. 4 Size: Documents Serviced Date: 2006 Documents Serviced Date: 9. Blow out lines/ Documents Serviced Date: 2006 Do	pas shutoff verified? nicro switch verified and electrical down? n place? pid checked? /pipe integrity test completed? red pipe integrity test but declined: ent Check/Replace Quantity: 2 Degrees: 360 - Quantity: Degrees: Quantity: Degrees:	Date: 2017 Date: Date:
Anodel: R-102 Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Last Serviced Date: 2006 Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Monitoring Company: Phone: Cyn. 4 Size: Accuation: Manual Auto Both Auto Both Auto Both Accuation: Manual Accuation	nicro switch verified and electrical down? In place? Id checked? I/pipe integrity test completed? Ired pipe integrity test but declined: I/pipe integrity test but declined: I	Date: 2017 Date: Date:
Model: R-102 Wet Chem Cyl. 1 Size: 1.5 gal Cyl. 2 Size: Last Serviced Date: 2006 Cyl. 3 Size: Cyl. 4 Size: Monitoring Company: Phone: Accuation: Manual Auto Both Manual	nicro switch verified and electrical down? In place? Id checked? I/pipe integrity test completed? Ired pipe integrity test but declined: I/pipe integrity test but declined: I	Date: 2017 Date: Date:
Cyl. 1 Size: 1.5 gal Last Serviced Date: 2006 Cyl. 2 Size: Last Serviced Date: 8. Powder or liqu Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company: D. Compone	n place? sid checked? /pipe integrity test completed? red pipe integrity test but declined: ent Check/Replace Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date: 2017 Date: Date:
Cyl. 1 Size: 1.5 gal Last Serviced Date: 2006 Cyl. 2 Size: Last Serviced Date: 8. Powder or liqu Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company: D. Compone	n place? sid checked? /pipe integrity test completed? red pipe integrity test but declined: ent Check/Replace Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date: 2017 Date: Date:
Cyl. 2 Size: Last Serviced Date: 8. Powder or liqu Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company: D. Compone	red pipe integrity test completed? red pipe integrity test but declined: ent Check/Replace Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date: 2017 Date: Date:
Cyl. 3 Size: Last Serviced Date: 9. Blow out lines/ Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company: D. Compone Accuation: Manual Auto Both	ent Check/Replace Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date: 2017 Date: Date:
Cyl. 4 Size: Last Serviced Date: 10. Customer offer Monitoring Company: D. Compone Accuation: Manual	Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date:
Monitoring Company: D. Compone Accuation: Manual	Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date:
Accuation: Manual Auto Both	Quantity: 2 Degrees: 360 Quantity: Degrees: Quantity: Degrees:	Date:
	- Quantity: Degrees: Quantity: Degrees:	Date:
	- Quantity: Degrees:	Date:
3. Pre-inspection Y N N/A Link type:		
Link type:	- Quantity: Degrees:	Date:
I. Alarm system called out of service for testing?		Dutc.
2. System armed and pressure gauge operational on arrival?		
	reinstalled ? Yes 🗸 No 🗌 N/	/A \square Qty: $\underline{3}$
Nozzles clean and free of grease buildup?		1010 1010 10 0100
5. Piping and cylinder securely fastened to structure?	ection	Y N N/A
5. Appliances in same position since last inspection?		
if all station rocated between 12 to menes above noon.	d back on system for automatic operation	
B. Pull station accessible and located in a path of egress?		
or all station clearly identifies the nazara protected.	for electric appliances?	
10.1 dil station tamper scar intact:	mper seal replaced?	
1. Filters present?		
12. Overall physical condition and cleanings of nood.	pack into service?	
	ole fire extinguisher present?	
a operations rest	olacarded as backup extinguishment mea	ns? 🗸 🗌 📗
	s within thirty feet of suppression system	
1. Cartridge removed and weight checked within .5 ounce?	f egress?	
s. nemote pair station tested and operational.	the above equipment was inspected and left in o	
	h the N.F.P.A. and the original Manufacturer's pr Innents or deficiencies noted must be corrected OTECTION.	
Notes:		
Print Nick Sanderson Sign War Print Ben Assell S Owner/Agent Owner/Agent Inspector	Sign License#	2013-12 Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report
Pre-Engineered System
Inspector: Rep Assell

Inspector:	Ben Assell
Date:	June 6, 2017
Job#:	F&S17-290

Company: <u>Lakewood Creek Elementary</u> On-site address: <u>2301 Lakewood Creek Blvd</u> O	Iontact:	:		Company:	
				Billing address: City/St/ZIP:	
Phone:	Paral?	016H	N/A	Phone:	Y N N/A Image: Imag
8. Pull station accessible and located in a path of egress? 9. Pull station clearly identifies the hazard protected? 9. Pull station tamper seal intact? 11. Filters present? 12. Overall physical condition and cleanliness of hood:	I I I Good			 2. Gas valve reset/pilots relit? 3. Breaker reset for electric appliances? 4. Pull station tamper seal replaced? 5. Cartridge <u>reinstallec</u>? 6. Alarm called back into service? 7. Type K portable fire extinguisher present? 8. Extinguisher placarded as backup extinguishment mean 	
. Cartridge removed and weight checked within .5 ounce	_			9. Extinguisher is within thirty feet of suppression system and on a path of egress?	
2. Cartridge size: LT 20R 3. Remote pull station tested and operational? 4. Operation of automatic detection verified?	- ?			This certifies that the above equipment was inspected and left in o in accordance with the N.F.P.A. and the original Manufacturer's pre However, any comments or deficiencies noted must be corrected a for TOTAL FIRE PROTECTION.	escribed procedures.
Notes: Hood fan inop					
Print Jose Gallegos Sign Owner/Agent Owner/Agent	<u>k</u> ,	Print	,	Ben Assell Sign License#	2013-12 Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Company: _

City/St/ZIP: ____

Long Beach Elementary Contact:

_ Cell Phone: __

On-site address: 67 Long Beach Rd Office Phone:

Montgomery II, 60538

Inspection and Service Report Pre-Engineered System Inspector: Ben Assell Date: _____ June 6, 2017 Job#: <u>F&S1</u>7-291 ____ Company: Billing address: _ City/St/ZIP: __ Phone:

Model: R-102 Model:	Phone: Ema	ail:		Phone:
Model: R-102 Type: Wet Chem Cyl. 1 Size: 3gal Last Serviced Date: 2010 Cyl. 2 Size: Last Serviced Date: 2010 Cyl. 3 Size: Last Serviced Date: 2010 Cyl. 3 Size: Last Serviced Date: 2010 Cyl. 3 Size: Last Serviced Date: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 2. Cyl. 3 Size: Last Serviced Date: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 2. Cyl. 3 Size: Last Serviced Date: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 2. Cyl. 4 Size: Last Serviced Date: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder or liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder out liquid checked? 9. Blow out lines/pipe integrity test but declined: 3. Bowder out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9. Blow out liquid checked? 9.	A. System Information			C. Operations Test (cont.) Y N N/A
Monitoring Company:	Cyl. 2 Size: — Last Serviced Date Cyl. 3 Size: — Last Serviced Date	: :	0	6. Operation of micro switch verified and electrical appliances shut down? 7. Bursting disk in place? 8. Powder or liquid checked? 9. Blow out lines/pipe integrity test completed?
Link type: Quantity: 1 Degrees: 360 Date: 2017	Monitoring Company:	_	1	., , , , , , , , , , , , , , , , , , ,
1. Alarm system called out of service for testing? 2. System armed and pressure gauge operational on arrival? 3. Nozzles caps in place on arrival? 4. Nozzles clean and free of grease buildup? 5. Piping and cylinder securely fastened to structure? 6. Appliances in same position since last inspection? 7. Pull station located between 42-48 inches above floor? 8. Pull station accessible and located in a path of egress? 9. Pull station clearly identifies the hazard protected? 9. Pull station tamper seal intact? 10. Pull station tamper seal intact? 11. Filters present? 12. Overall physical condition and cleanliness of hood: 12. Corperations Test 13. Alarm called back into service? 14. Pull station through the special part of the special part		Y N	N/A	Link type: — Quantity: Degrees: — Date:
Halla — AO all	2. System armed and pressure gauge operational on arrival? 3. Nozzle caps in place on arrival? 4. Nozzles clean and free of grease buildup? 5. Piping and cylinder securely fastened to structure? 6. Appliances in same position since last inspection? 7. Pull station located between 42-48 inches above floor? 8. Pull station accessible and located in a path of egress? 9. Pull station clearly identifies the hazard protected? 10. Pull station tamper seal intact? 11. Filters present? 12. Overall physical condition and cleanliness of hood:G C. Operations Test 1. Cartridge removed and weight checked within .5 ounce? 2. Cartridge size:LT 20R 3. Remote pull station tested and operational?)	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?
Title Olog Macoli Sigit Local Land Contraction Sigit	Notes: Print Greg Mason Sign	Print		Ben Assell Sign License# 2013-12

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Company: _

Phone: __

Model: R-102

Type: Wet Chem

Cyl. 1 Size: 3 gal

Monitoring Company:

B. Pre-inspection

Accuation: Manual 🗌

3. Nozzle caps in place on arrival?

10. Pull station tamper seal intact?

11. Filters present?

C. Operations Test

1. Alarm system called out of service for testing?

5. Piping and cylinder securely fastened to structure? 6. Appliances in same position since last inspection?

7. Pull station located between 42-48 inches above floor?

8. Pull station accessible and located in a path of egress?

12. Overall physical condition and cleanliness of hood:

1. Cartridge removed and weight checked within .5 ounce?

9. Pull station clearly identifies the hazard protected?

4. Nozzles clean and free of grease buildup?

2. System armed and pressure gauge operational on arrival?

Cyl. 2 Size: -

Cyl. 3 Size:

Cyl. 4 Size:

Phone:

City/St/ZIP: ___

A. System Information

Manufacturer: Ansul

Murphy Jr High

Plainfield II, 60585

On-site address: 26923 W Grande Park Blvd. Office Phone:

Contact:

Email: .

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

Auto Both

Cell Phone: __

2008

N N/A

N N/A

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Good

	F	re-	Engine	ered S	syste	em	·
	ļ	nsp	ector:	B	en A	<u>sse</u>	<u> </u>
	[Date	e:	June	6, 2	017	
	j	lob	#:	F&S	17-2	92	
							, , , , , , , , , , , , , , , , , , , ,
	Company: Billing ado City/St/ZIF Phone:	lress :	; 				
C. Operations Te	est (cont.)				Y	N	N/A
5. Operation of gas shu	stoff varified?					~	г
6. Operation of micro			l electrical		. '	' '	_
appliances shut down			. Siccirical		П	7	П
7. Bursting disk in place					ল	Ĭ	П
8. Powder or liquid che							
9. Blow out lines/pipe		comi	oleted?				$\bar{\Box}$
10. Customer offered pi				i:			
		1	Degrees:	450	Date:		017
	Quantity:	2	Degrees:		Date:	2(017
	Quantity:		Degrees:		Date:		
Link type:	Quantity:		Degrees:	_	Date:		
1. Blow off caps reins	talled ?	Yes	☑ No	□ N/A		Qty: ¸	6
E. Post-inspection	on				Υ	N	N/A
1. Tension placed back	con system fo	or auf	tomatic op	eration?	V		
2. Gas valve reset/pilo						$\overline{\mathbb{C}}$	
3. Breaker reset for ele		es?					
4. Pull station tamper					V		
5. Cartridge reinstal	llec ?				P		
6. Alarm called back in						~	
7. Type K portable fire	extinguisher	pres	ent?				
8. Extinguisher placare	ded as backup	exti	nguishme	nt means	? 🔽		
9. Extinguisher is with	in thirty feet o	of sup	opression s	system			
and on a path of egre	ss?						
This certifies that the abo	ve equipment i	vas ir	spected and	d left in op	erating	condit	tion

Inspection and Comics Depart

	ge size: <u>101-20</u> e pull station tested ion of automatic de	,		U ()	in accordanc However, an	e with the N.F.	equipment was inspec P.A. and the original Ma deficiencies noted mu. V.	nufacturer's prescri	bed procedures.
Notes	:								
Print _	Dave Spang Owner/Agent	Sign	Owner/Agent	Print	 en Assell espector	Sign	SQUA Inspector	License#	2013-12

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com





Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Inh#+ F&S17-293

	Old Post Elementary	Conta	:t:		Company:		
On-site address:					Billing address:		
City/St/ZIP:	Oswego II, 60543	Cell Ph	one:		City/St/ZIP:		
Phone:		Email:			Phone:		
. System Inform					C. Operations Test (cont.)	Υ	N N
lanufacturer: Ansul					5. Operation of gas shutoff verified?		
_{odel} . R-102					6. Operation of micro switch verified and electrical		
pe: Wet Chem					appliances shut down?		1
yl. 1 Size: 3 gal	Last Serviced	Date:	201	4	7. Bursting disk in place?	•	
yl. 2 Size: —	Last Serviced I			. 	8. Powder or liquid checked?	<u>-</u>	
yl. 3 Size: —	Last Serviced				9. Blow out lines/pipe integrity test completed?		
yl. 4 Size: —	Last Serviced	***************************************	***************************************		10. Customer offered pipe integrity test but declined:		
				I			
none:					D. Component Check/Replace		
ccuation: Manual	☐ Auto ☐ Both ☑						
	<u> </u>				Link type: K Quantity: 1 Degrees: 360	Date:	2016
. Pre-inspection		Υ	N	N/A	Link type: — Quantity: Degrees: —	Date:	·····
•		_		_	Link type: Quantity: Degrees: -	Date:	
Alarm system called	out of service for testing?				Link type: Quantity: Degrees:	Date:	
System armed and pr	ressure gauge operational on arri						
Nozzle caps in place	on arrival?	P			1. Blow off caps reinstalled ? Yes ☑ No ☐ N/A		Qty:
Nozzles clean and fre	ee of grease buildup?	<u> </u>					
. Piping and cylinder s	securely fastened to structure?	[E. Post-inspection	Υ	N N
Appliances in same p	position since last inspection?	_				_	
Pull station located b	etween 42-48 inches above floor	•			1. Tension placed back on system for automatic operation?		ח ו
Pull station accessible	e and located in a path of egress?				2. Gas valve reset/pilots relit?		
Pull station clearly id	entifies the hazard protected?	Ŀ			3. Breaker reset for electric appliances?		
0. Pull station tamper	seal intact?	Ŀ			4. Pull station tamper seal replaced?		
1. Filters present?		[5.Cartridge <u>reinstallec</u> ?	[7]	
2. Overall physical cor	ndition and cleanliness of hood: _	Goo	.	· · —	6. Alarm called back into service?		
					7. Type K portable fire extinguisher present?		ן וַ
. Operations Te	st	`	N	N/A	8. Extinguisher placarded as backup extinguishment means	? 🔽	
		_			9. Extinguisher is within thirty feet of suppression system		
	nd weight checked within .5 ound one)	_			and on a path of egress?	☑	
Remote pull station t	tested and operational?	Ŀ			This certifies that the above equipment was inspected and left in op		_
	tic detection verified?				in accordance with the N.F.P.A. and the original Manufacturer's pres However, any comments or deficiencies noted must be corrected as for TOTAL FIRE PROTECTION.		
. Operation of automa							

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com More.



Inspectio	n and Service Report
Pre-Engir	eered System
Inspector	: Ben Assell
Date:	June 7, 2017
Job#:	F&S17-303

Company:	Oswego 308 Center	Conta	ict:			vlike konrer Company:		
On-site address:	61 Franklin	Office	Pho	one	:	Mike Rohrer Company:		
City/St/ZIP:	Oswego II, 60543	. Cell P	hon	e:		383-6169 City/St/ZIP:		
Phone:		. Email	:		Mroh	rer@sd308.org Phone:		
. System Inforr						C. Operations Test (cont.)	Υ	N N/A
enufacturer: Pyro	chem					5. Operation of gas shutoff verified?	П	
odel: PCL-300						6. Operation of micro switch verified and electrical	L'	
pe: Wet Chem						appliances shut down?		
yl. 1 Size: 3 gal	1+ 5 i i		2	016		7. Bursting disk in place?	$\overline{\Box}$	
yl. 2 Size: —	Last Serviced			<i>J</i> 10	<u>'</u>			
yl. 3 Size:	Last Serviced				-			
yl. 4 Size:	Last Serviced	•			\dashv	10. Customer offered pipe integrity test but declined:		
·····	Last Serviced					ioi essenici oneres pipe integrity test but declined.	ب	
						D. Component Check/Replace		
ione:						or component and or appace		
cuation: Manual	☐ Auto ☐ Both 🗹					Link type: K Quantity: 1 Degrees: 360 D	17+01	2016
Pre-inspection	n		Y	N	N/A	**************************************	ate: ate:	2017
i ie-inspectioi	11		í	14	IY/A		ate:	2017
Alarm system called	dout of service for testing?	ſ	7		V			
•	pressure gauge operational on arr	rival?				Link type: Quantity: Degrees: D	ate:	
Nozzle caps in place						1. Blow off caps reinstalled ? Yes 🗸 No 🗌 N/A [一 ,	Qty:10
• •	ree of grease buildup?						_ `	~·7·
	securely fastened to structure?		<u>~</u>			E. Post-inspection	Υ	N N//
. •	position since last inspection?					2.7 Out map detroit	•	,,
* -	between 42-48 inches above floo					Tension placed back on system for automatic operation?	Ø	
	ole and located in a path of egress	1				2. Gas valve reset/pilots relit?		
	dentifies the hazard protected?				ñ	3. Breaker reset for electric appliances?	\Box	
. Pull station tampe	· ·					4. Pull station tamper seal replaced?	[]	
. Filters present?	i scal intact:			\Box		5. Cartridge replaced ?		
•	andition and classificate of bond.	_		U.	\Box	6. Alarm called back into service?	\Box	
Overan physical CC	ondition and cleanliness of hood:					7. Type K portable fire extinguisher present?		
Operations T	net		v	N.	NI/A	8. Extinguisher placarded as backup extinguishment means?	<u>-</u>	
. Operations Te	2 51		Υ	N	N/A	S. Extinguisher placarded as backup extinguishment means? S. Extinguisher is within thirty feet of suppression system	Ü	ا ب
Cartridge removed Cartridge size: 10	and weight checked within .5 our	nce? [-			and on a path of egress?	•	
		,	21	\Box	Г	This certifies that the above equipment was inspected and left in opera	itino c	ondition
· ·	tested and operational?	l 1	<u>.</u>	\Box		in accordance with the N.F.P.A. and the original Manufacturer's prescrib	oed pr	ocedures.
	natic detection verified?	(۷	Ш		However, any comments or deficiencies noted must be corrected as so for 10TAL FIRE PROTECTION.	on as	possible
Operation of autoin								

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





				Pre-Engineered Sy	
				Inspector: <u>Be</u>	n Assell
				Date:June 6	, 2017
FIRE & SAFETY				J ob#: F&S1	7-294
a to a landar supple to the annual to a					777
Company: Oswego East High School Con	tact:			Company:	
On-site address: 1525 Harvey Rd Office	ce Ph	one	:	Billing address:	
City/St/ZIP: Oswego II, 60543 Cell	Phor	1e: .		City/St/ZIP;	
Phone: Ema	ail:			Phone:	
A. System Information				C. Operations Test (cont.)	Y N N/A
Manufacturer: Pyrochem	_			5. Operation of gas shutoff verified?	
Model: PCL-460	_			6. Operation of micro switch verified and electrical	
Type: Wet Chem				appliances shut down?	
Cyl. 1 Size: 4.6 gal Last Serviced Date:	: 2	004	.]	7. Bursting disk in place?	
Cyl. 2 Size: — Last Serviced Date:				8. Powder or liquid checked?	
Cyl. 3 Size: — Last Serviced Date:				9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size: — Last Serviced Date:				10. Customer offered pipe integrity test but declined:	
Monitoring Company:					
Phone:	_			D. Component Check/Replace	
Accuation: Manual 🗌 Auto 🔲 Both 🗹	-				
				Link type: ML Quantity: 3 Degrees: 450 D	ate: 2017
B. Pre-inspection	Y	N	N/A	· · · · · · · · · · · · · · · · · · ·	ate:
3. Alaum metaus salled out of conden for taction?		•			ate:
Alarm system called out of service for testing? System armed and process a gauge energinal on arrival?				Link type: Quantity: Degrees: D	ate:
2. System armed and pressure gauge operational on arrival?3. Nozzle caps in place on arrival?				1. Blow off caps reinstalled ? Yes ☑ No ☐ N/A 〔	Qty:8
4. Nozzles clean and free of grease buildup?				1. Blow off caps remotanted ; Tes [] NO [] NA [Qty:
5. Piping and cylinder securely fastened to structure?				E. Post-inspection	Y N N/A
Appliances in same position since last inspection?	2			E. Fost hispection	1 11 11/73
7. Pull station located between 42-48 inches above floor?	$\overline{\mathbf{Q}}$	\Box	П	1. Tension placed back on system for automatic operation?	
				2. Gas valve reset/pilots relit?	
8. Pull station accessible and located in a path of egress? 9. Pull station clearly identifies the hazard protected?		ö		3. Breaker reset for electric appliances?	
•	2				
10. Pull station tamper seal intact?	2		П		
11. Filters present?	ood	ш		6. Alarm called back into service?	
12. Overall physical condition and cleanliness of hood:	~~~		-		
C. Operations Test	v	N	NI/A	8. Extinguisher placarded as backup extinguishment means?	
C. Operations Test	1	IA	N/A	Extinguisher is within thirty feet of suppression system	0 0 0
Cartridge removed and weight checked within .5 ounce? Cartridge size: 16 gram CO2		\Box		and on a path of egress?	
3. Remote pull station tested and operational?	~			This certifies that the above equipment was inspected and left in opera	
4. Operation of automatic detection verified?	7			in accordance with the N.F.P.A. and the original Manufacturer's prescrib However, any comments or deficiencies noted must be corrected as so for TOTAL FIRE PROTECTION.	
Notes:					
Needs Placard					
The second of th					

Ben Assell

Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538

Joe Mikalajunes

Owner/Agent

Print

630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com



2013-12

Inspector

Inspection and Service Report



Company: _

Phone: ___

Model: PCL-460

Type: Wet Chem

Cyl. 2 Size: -

Cyl. 3 Size: -

Cyl. 4 Size: —

Phone:

Cyl. 1 Size: 4.5 gal

Monitoring Company:

B. Pre-inspection

3. Nozzle caps in place on arrival?

10. Pull station tamper seal intact?

2. Cartridge size: 12 gram CO2

3. Remote pull station tested and operational?

4. Operation of automatic detection verified?

11. Filters present?

C. Operations Test

Accuation: Manual Auto Both

1. Alarm system called out of service for testing?

5. Piping and cylinder securely fastened to structure?

6. Appliances in same position since last inspection?

7. Pull station located between 42-48 inches above floor?

8. Pull station accessible and located in a path of egress?

12. Overall physical condition and cleanliness of hood: _

1. Cartridge removed and weight checked within .5 ounce?

9. Pull station clearly identifies the hazard protected?

4. Nozzles clean and free of grease buildup?

2. System armed and pressure gauge operational on arrival?

On-site address: _

A. System Information

Manufacturer: Pyrochem

City/St/ZIP: ____

Oswego East High School Contact:

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

_ Cell Phone: ___

2005

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[7] \Box

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Good

_ Email: ____

Oswego II, 60543

Inspection and Service Report **Pre-Engineered System** Inspector: Ben Assell June 6, 2017 Date: ____ **Job#:** ____ F&S17-294 ___ Company: _ 1525 Harvey Rd Office Phone: Billing address: City/St/ZIP: ____ Phone: ___ C. Operations Test (cont.) N/A 5. Operation of gas shutoff verified? 6. Operation of micro switch verified and electrical appliances shut down? $\overline{\mathbf{r}}$ \Box 1 7. Bursting disk in place? 8. Powder or liquid checked? $\overline{\mathbf{Q}}$ 9. Blow out lines/pipe integrity test completed? 10. Customer offered pipe integrity test but declined: D. Component Check/Replace Link type: K Degrees: 450 2017 Quantity: Date: N N/A 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: \Box N/A E. Post-inspection Ø 1. Tension placed back on system for automatic operation? ~ 2. Gas valve reset/pilots relit? 3. Breaker reset for electric appliances? \mathbf{r} 4. Pull station tamper seal replaced? 5. Cartridge replaced ? [6. Alarm called back into service? \odot П 7. Type K portable fire extinguisher present? 8. Extinguisher placarded as backup extinguishment means? N N/A 9. Extinguisher is within thirty feet of suppression system and on a path of egress? 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.

Needs Placard

Notes:

Print

Joe Mikalajunas



Ben Assell Inspector



Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Job#: F&S17-294

On-site address: City/St/ZIP:		~ **	- 1		Company:
City/St/ZIP:	1525 Harvey Rd				Billing address:
-	Oswego II, 60543				City/St/ZIP:
Phone:		Email:			Phone:
A. System Informa	ation				C. Operations Test (cont.) Y N N/A
/Janufacturer: Pyroch	em				5. Operation of gas shutoff verified?
Model: PCL-300					**************************************
ype: Wet Chem	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6. Operation of micro switch verified and electrical appliances shut down?
			200	. 1	
Cyl. 1 Size: 3 gal	Last Serviced		2004	+	
Cyl. 2 Size: —	Last Serviced	***************************************			
Cyl. 3 Size: —	Last Serviced				
Cyl. 4 Size: —	Last Serviced				10. Customer offered pipe integrity test but declined:
flonitoring Company:					D. Component Check/Replace
hone:		*****			D. Component Check/Replace
accuation: Manual	Auto 🗌 Both 🗹				Linkson V. Ougasian 2 December 450 D. 2017
) Dun in		,	, ki	NI /A	Link type: K Quantity: 2 Degrees: 450 Date: 2017
. Pre-inspection		Y	iN.	N/A	Link type: — Quantity: Degrees: — Date:
Alarm system called o	ut of service for testing?	Г	·		Link type: Quantity: Degrees: Date:
•	essure gauge operational on arr	rival?			Link type: Quantity: Degrees: - Date:
. Nozzle caps in place o				ā	1. Blow off caps reinstalled ? Yes P No N/A Qty: 5
. Nozzles clean and free		Ē			1. allow off caps removalies , Tes [] No [] N/A [] Qty
	curely fastened to structure?	Ē			E. Post-inspection Y N N/
	osition since last inspection?	Ē			E. Fost Hopothon
	etween 42-48 inches above floor	_		\Box	1. Tension placed back on system for automatic operation?
	and located in a path of egress	-		Ē	2. Gas valve reset/pilots relit?
	ntifies the hazard protected?			$\overline{\sqcap}$	3. Breaker reset for electric appliances?
0. Pull station tamper s	•	Ē		ñ	4. Pull station tamper seal replaced?
1. Filters present?		Ē		П	5. Cartridge _ replaced _?
•	dition and cleanliness of hood: _			_	6. Alarm called back into service?
					7. Type K portable fire extinguisher present?
. Operations Tes	t	}	/ N	N/A	8. Extinguisher placarded as backup extinguishment means?
a operations (es	•	•		1971	9. Extinguisher is within thirty feet of suppression system
.Cartridge removed an	d weight checked within .5 oun gram CO2	nce?			and on a path of egress?
. Remote pull station te		 	0 0		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.
		-		_	for TOTAL FIRE PROTECTION.
4. Operation of automat	•		<u> </u>		However, any comments or deficiencies noted must be corrected as soon as poss

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com More.



Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-295

On-site addre City/St/ZIP: Phone:		uri anth		1		
			ce Pl	none	:	Billing address:
Phone:			: Pho - ::	ne: ,		City/St/ZIP:
		Ema	an:			Phone:
. System Inf	ormation					C. Operations Test (cont.) Y N N/A
lanufacturer: A	insul					5. Operation of gas shutoff verified?
lodel: R-102			-			6. Operation of micro switch verified and electrical
ype: Wet Cher	n	*****	~			appliances shut down?
Cyl. 1 Size: 3 ga		Last Serviced Date		2012	$\overline{}$	7. Bursting disk in place?
Cyl. 1 Size: 3 ga Cyl. 2 Size: 3 ga				2012		8. Powder or liquid checked?
Cyl. 3 Size: 3 ga		Last Serviced Date		2012		9. Blow out lines/pipe integrity test completed?
Cyl. 4 Size: 3 ga		Last Serviced Date		2012		10. Customer offered pipe integrity test but declined:
		Last Serviced Date		2012		To. Customer oriered pipe integrity test but declined.
- '	any:		_			D. Component Check/Replace
hone:			_			
.ccuation: Mar	nual 📙 Auto 📙	Both 🗵				Link type: ML Quantity: 6 Degrees: 360 Date: 2016
. Pre-inspec	tion		Υ	N	N/A	Link type: K Quantity: 3 Degrees: 450 Date: 2017
ic hispec			'	.,	1117	Link type: - Quantity: Degrees: - Date:
. Alarm system ca	alled out of service for	testing?		$\overline{\mathbf{C}}$		Link type: Quantity: Degrees: - Date:
. System armed a	and pressure gauge op	perational on arrival?	~			2
. Nozzle caps in p			r			1. Blow off caps reinstalled ? Yes 🗹 No 🗌 N/A 🔲 Qty: 23
	nd free of grease build	lup?				The second secon
	nder securely fastened	•				E. Post-inspection Y N N/A
	ame position since last		~			
	ated between 42-48 in	•	~			1. Tension placed back on system for automatic operation?
	essible and located in					2.Gas valve reset/pilots relit?
	arly identifies the haza	· -			$\overline{\Box}$	3. Breaker reset for electric appliances?
	mper seal intact?	- р /	<u></u>		П	4. Pull station tamper seal replaced?
1. Filters present	•		থ	H	Ä	5. Cartridge _ reinstallec ?
•	al condition and clean	liness of hoods G	bood	_	_	6. Alarm called back into service?
z. Overall priyac	a, condition and cican	(IIIC33 OI 1100G.			-	7. Type K portable fire extinguisher present?
. Operation	c Tost		Υ	N	N/A	8. Extinguisher placarded as backup extinguishment means?
Operation	3 1631		1	11	WA	9. Extinguisher is within thirty feet of suppression system
. Cartridge remo	ved and weight check 2 Double Tanks	ed within .5 ounce?	•			and on a path of egress?
		tional?	[v]			This certifies that the above equipment was inspected and left in operating condition
•					H	in accordance with the N.F.P.A. and the original Manufacturer's prescribed procedures.
. Operation of at	ntomatic detection ver	meo:				However, any comments or deficiencies noted must be corrected as soon as possible for TOTAL FIRE PROTECTION.
3. Remote pull sta	ation tested and opera utomatic detection ver		·			in accordance with the N.F.P.A. and the original Manufacturer's prescribed pro However, any comments or deficiencies noted must be corrected as soon as p

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 7, 2017
Job#: F&S17-295

		Contact:				_ Company: _	5S\$			
On-site address:	4250 Rt. 71	Office Ph	one:			Billing addres	5S:			
						City/St/ZIP: _				
Phone:	***************************************	Email:				Phone:				
A. System Informa	tion				C. Operations 1	Гest (cont.)		Υ	N N	N/A
lanufacturer: Ansul					E Operation of one of	hutaff varifical?			~	$\overline{}$
Nodel: R-102					 Operation of gas si Operation of micro 		of alactrical	1 1	(- i	L
ype: Wet Chem					•		io electrical		v	
			016		appliances shut dow			<u>. </u>		
Cyl. 1 Size: 3 gal	Last Serviced		016	 i	7. Bursting disk in pla					
Cyl. 2 Size: 3 gal	Last Serviced		016		8. Powder or liquid d		1 . 4 19	○		
Cyl. 3 Size: —	Last Serviced	 			9. Blow out lines/pip		•		٧	Ц
Cyl. 4 Size: —	Last Serviced	Date:			10. Customer offered	pipe integrity test	but declined:	L		
Monitoring Company: hone:		·····			D. Component	Check/Repla	ce			
ccuation: Manual	Auto Both									
					Link type: K	Quantity: 4	Degrees: 450	Date:	20	17
I. Pre-inspection		Y	N	N/A	Link type: —	Quantity:	Degrees:	Date:		
		 -	_		Link type:	Quantity:	Degrees: —	Date:		
. Alarm system called ou	-				Link type:	Quantity:	Degrees:	Date:		
	ssure gauge operational on arri							_		_
. Nozzle caps in place on	arrival?				 Blow off caps reir 	nstalled ? Ye	s 🗹 No 🗌 N/A		Qty:	
. Nozzies clean and free	of grease buildup?									
. Piping and cylinder sec	curely fastened to structure?				E. Post-inspect	ion		Y	N	N/A
. Appliances in same pos	sition since last inspection?							_	_	
. Pull station located bet	tween 42-48 inches above floor				1. Tension placed ba	=	utomatic operation?			
. Pull station accessible a	and located in a path of egress?	_			2. Gas valve reset/pil				Image: Control of the control of the	
. Pull station clearly iden	itifies the hazard protected?	7			Breaker reset for e			[7]		1_
0. Pull station tamper se	eal intact?	~			4. Pull station tampe	•		<u>~</u>	\Box	\sqcup
1. Filters present?		$\overline{\mathbf{r}}$			Cartridge reinst	allec?		[~]		
2. Overall physical condi	ition and cleanliness of hood: _	Good			Alarm called back	into service?				
					Type K portable fir	re extinguisher pre	esent?			
. Operations Test		Y	N	N/A	8. Extinguisher placa	irded as backup ex	tinguishment mean	s? 🔽		
,		_	_		9. Extinguisher is wit	thin thirty feet of s	uppression system			
.Cartridge removed and .Cartridge size:LT 30	l weight checked within .5 ound DR	ce? 🗹			and on a path of egr	ess?				
. Remote pull station tes		~			This certifies that the al		•	_		
. Operation of automatic	c detection verified?	•			in accordance with the However, any commen					
•		_			for TOTAL FIRE PROTEC		ea must de correcteurs:	3 30011 83	, trossini	'E
Notes:				***************************************						
rint John Barnes	s Sign KA	■ Pr	int		Ben Assell Sign	150m	License#		2013	-12
Owner/Agen					Inspector	Inspecto			Inspe	ctor

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Service Report Pre-Engineered System Inspector: Ben Assell

mspector	·
Date:	June 7, 2017
Job#:	F&S17-295
	<u></u>
ny:	

	ego High School	Contact:		Company:Billing address:	
On-site address:		Office Phone:		Billing address:	
,				City/St/ZIP:	
Phone:		. Email:		Phone:	
A. System Informatio	on		C. Operation	ns Test (cont.)	Y N N/A
Manufacturer: Ansul			5 Operation of a	as shutoff verified?	
Model: R-102				nicro switch verified and electrical	[
ype: Wet Chem	······································	***************************************	appliances shut of		
	3 + C 3		7. Bursting disk in		
Cyl. 1 Size: 1.5 gal Cyl. 2 Size: —	Last Services		8. Powder or liqui	'	
Cyl. 2 Size: — Cyl. 3 Size: —	Last Services	· · · · · · · · · · · · · · · · · · ·	-	'pipe integrity test completed?	
Cyl. 4 Size: —	Last Services			red pipe integrity test but declined:	_
	Last Service		10. Customer oner	ed pipe integrity test but declined.	Lamed
Monitoring Company:		thrumini ———	D. Compone	nt Check/Replace	
hone:		**************************************	Di Compone	are director replace	
Accuation: Manual 📙	Auto 🗌 Both 🗹		Link type: K	Quantity: 1 Degrees: 4	50 Date: 2017
3. Pre-inspection		Y N N			
o. Tre mapection		: 14 143	Link type:		
i. Alarm system called out o	f service for testing?		Link type:		
2. System armed and pressu	re gauge operational on ar	rival? 🗹 🗌 🕻]		
3. Nozzie caps in place on a] 1. Blow off caps	reinstalled ? Yes 🗸 No 🗌	N/A Qty:1
1. Nozzles clean and free of	grease buildup?]		
5. Piping and cylinder secur	ely fastened to structure?] E. Post-inspe	ection	Y N N//
5. Appliances in same positi	on since last inspection?)		
7. Pull station located betwe	een 42-48 inches above floo		1. Tension placed	d back on system for automatic oper	
3. Pull station accessible and	i located in a path of egres	s? 🗹 🗌	2. Gas valve reset	t/pilots relit?	
9. Pull station clearly identif	ies the hazard protected?		-	or electric appliances?	
10. Pull station tamper seal	intact?			nper seal replaced?	
11. Filters present?			5. Cartridge <u>rei</u>	installec?	
12. Overall physical condition	on and cleanliness of hood:	Good	-	ack into service?	
				le fire extinguisher present?	
C. Operations Test		Y N N		lacarded as backup extinguishment	
			~	within thirty feet of suppression sy	
I. Cartridge removed and w		nce? 🔽 🗌	and on a path of	egress?	
2. Cartridge size: LT 20R			75.7		_f
B. Remote pull station teste	•			he above equipment was inspected and I the N.F.P.A. and the original Manufacture	
4. Operation of automatic d	etection verified?			ments or deficiencies noted must be corr	
			IDI TOTAL FIREFRO	TECTION.	
Notes:					
1					
	• • •			AN -	
Print John Barnes	Sign	Print	Ben Assell Si	ign Licer	nse# 2013-12
		gent	Inspector		Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





	Insp	oect	ion	an	d S	er	vic	e F	(ep	ort
	Pre	-Eng	jine	ere	ed S	Sys	ste	m		
	Inst	pect	or:		В	er	١A	\\$\$ C	11	
	Dat	e: _			une	7 د	. 2	017	7	Mahama Nafar
	Lab)#: <u></u>			⊏ Ω . ⊂	1	7_7	206		
	JOD)#: <u></u>			ı Q.) /		200		
Company Billing ad City/St/ZI Phone:	P:	s:								
est (cont.))					,	Ý	N	N/.	Α
utoff verified	2					٢	7	[~]	Е	-
witch verifie		ا مامر	trical			,	•	į., į	١	-
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heck/Re _l	plac	e								
Quantity:	3		rees:			Da	ite:		017	
Quantity:	1	Degi	rees:	360)	Da	ite:	2	017	
Quantity:		Degi	rees:	-		Da	ite:			
Quantity:		Deg	rees:	_		Da	ite:			
talled ?	Yes	V	No		N/A]	Qty:	8	
on						•	Y	Ν	N/	Α
on system i	for au	toma	tic op	erat	ion?		~]
ts relit?			•]
ctric applian	ces?					I		[]		-
seal replaced						ĺ	~		Γ]
lec?							7	\Box		<u> </u>
to service?						Ì		[7]	Ė	7
extinguishe	r pres	ent?				Ì	2		ŗ]
ded as backu			shme	nt m	eans	? [7	$\overline{\Box}$	r	-
in thirty feet	•	_				- 1		_	_	_
55?		, J		,		1	~]
ve equipment .F.P.A. and the or deficiencie. ON.	origin	al Mar	ufact	urer's	pres	crib	eď p	roce	lures.	

Company:	Plank Jr High	Contact:	Company:	
On-site address: _	510 Secretariat Ln.	Office Phone:	Company:Billing address:	
City/St/ZIP:	Oswego II, 60543	Cell Phone:	City/St/ZIP:	
Phone:			Phone:	
A. System Inform	nation		C. Operations Test (cont.)	Y N N/A
Manufacturer: Ansu	1		5. Operation of gas shutoff verified?	
Model: R-102	**************************************		6. Operation of micro switch verified and electrical	[1 [1]
Type: Wet Chem	***************************************	····	appliances shut down?	
Cyl. 1 Size: 3 gal		Date: 2006	7. Bursting disk in place?	
Cyl. 2 Size: 3 gal	Last Serviced	2.2.2	8. Powder or liquid checked?	
Cyl. 3 Size: —	Last Serviced Last Serviced		9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size: —	Last Serviced		10. Customer offered pipe integrity test but declined:	
			to, customer offered pipe integrity test but declined.	
Phone:		Andrille management	D. Component Check/Replace	
Accuation: Manual	☐ Auto ☐ Both ☑	CANNO -	·	
Tracautorii Indiiadi			Link type: K Quantity: 3 Degrees: 450	Date: 2017
B. Pre-inspection	n	Y N N/A	Link type: K Quantity: 1 Degrees: 360	Date: 2017
•			Link type: Quantity: Degrees: -	Date:
 Alarm system called 	l out of service for testing?		Link type: — Quantity: Degrees: —	Date:
2. System armed and p	pressure gauge operational on arr			_
Nozzle caps in place			1. Blow off caps reinstalled 🤰 Yes 🔽 No 🔲 آ	√A 🗌 Qty: <u>8</u>
Nozzles clean and fr	ree of grease buildup?			
Piping and cylinder.	securely fastened to structure?		E. Post-inspection	Y N N/A
6. Appliances in same	position since last inspection?			
	between 42-48 inches above floor		Tension placed back on system for automatic operation	
8. Pull station accessib	ole and located in a path of egress		2. Gas valve reset/pilots relit?	
Pull station clearly ic	dentifies the hazard protected?		Breaker reset for electric appliances?	
Pull station tamper	r seal intact?		4. Pull station tamper seal replaced?	
11. Filters present?			5. Cartridge <u>reinstallec</u> ?	
Overall physical co	ondition and cleanliness of hood: _	Good	6. Alarm called back into service?	
			7. Type K portable fire extinguisher present?	
C. Operations Te	est	Y N N/A	8. Extinguisher placarded as backup extinguishment me	
			9. Extinguisher is within thirty feet of suppression system	
	and weight checked within .5 oun	ce?	and on a path of egress?	
2. Cartridge size: 10			This certifies that the above equipment was inspected and left in	operating condition
	tested and operational? satic detection verified?		in accordance with the N.F.P.A. and the original Manufacturer's p	rescribed procedures.
4. Ореганоп огацот	and detection venned:		However, any comments or deficiencies noted must be correcte for TOTAL FIRE PROTECTION.	d as soon as possible
Notes:				
		2-0	Anan	
Print Darrick Ga	affney Sign	Print	Ben Assell Sign License	[#] 2013-12
Owner/Ag	gent Owner/Ag	ent 7	Inspector Inspector	Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





rity test completed?
Inspector: Ben Assell Date: June 6, 2017 Job#: F&S17-297 mpany:
Date: June 6, 2017 Job#: F&S17-297 mpany: ing address: //St/ZIP: one: cont.) Y N N/A verified?
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appliances? eplaced? rvice? guisher present? s backup extinguishment means? rty feet of suppression system uipment was inspected and left in operating condition and the original Manufacturer's prescribed procedures.

, ,	Prairie Point Elementary 3650 Grove Rd.				Company:		
On-site address	·	_ Office Pi	hone	<u> </u>	Billing address:		
City/St/ZIP:					City/St/ZIP:		
Pnone:		Email:			Phone:		
. System Info	rmation				C. Operations Test (cont.)	YN	N/A
anufacturer: Ans	sul				5. Operation of gas shutoff verified?		
odel: R-102					6. Operation of micro switch verified and electrical		٠
_{/pe:} Wet Chem					appliances shut down?		
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.yı. 1 Size: - 9 gai .yı. 2 Size: -	Last Service		200.	<u>'</u>	8. Powder or liquid checked?		П
	Last Service		~~~~		9. Blow out lines/pipe integrity test completed?		
yl. 3 Size: —	Last Servic				10. Customer offered pipe integrity test but declined:		لسا
Iyl. 4 Size: —	Last Service				To: Customer offered pipe integrity test but declined:	L	
• ,					D. Component Check/Replace		
none:		*******			b. component enectancplace		
ccuation: Manua	al 🗌 Auto 🗌 Both 🗹				Link type: K Quantity: 1 Degrees: 360	20	017
Dra inchactio	on.	Υ	N	N/A			717
. Pre-inspection	UII	ī	14	IN/A	Link type: - Quantity: Degrees: -	Date:	
Alarm system calle	ed out of service for testing?		V		Link type: Quantity: Degrees:	Date:	
•	d pressure gauge operational on a	rrivai? 🗹			Link type: Quantity: Degrees:	Date:	
. Nozzle caps in pla					1. Blow off caps reinstalled ? Yes 🗹 No 🗌 N/	A Qty:_	4
	free of grease buildup?				1. Blow off caps 14	A 📋 Qiyi_	
	er securely fastened to structure?				E. Post-inspection	ΥN	N/A
· •	ne position since last inspection?				L. 1 Ost-Inspection	I IN	14//
	ed between 42-48 inches above flo	_			1. Tension placed back on system for automatic operation	? P 🗆	Г
		_	5	П	2. Gas valve reset/pilots relit?		_
	sible and located in a path of egre	»: □		П	3. Breaker reset for electric appliances?		
	ridentifies the hazard protected?			=	4. Pull station tamper seal replaced?		, _
D. Pull station tamp	per seal intact?	() ()			5. Cartridgereinstallet ?		_
1. Filters present?		~	LJ	لــا	6. Alarm called back into service?		[
2. Overall physical of	condition and cleanliness of hood	:		_			ļ
		.,			7. Type K portable fire extinguisher present?	= =	<u> </u>
. Operations 1	lest	Y	N	N/A	8. Extinguisher placarded as backup extinguishment mean	ns? 🗸 🗌	ـــا
Castridae reasona	م المادان المصادمة المادان المصادة المادان	unce?	П	\Box	9. Extinguisher is within thirty feet of suppression system		_
	d and weight checked within .5 o LT 30R	ince:	ட		and on a path of egress?		_
Cartridge size:					This certifies that the above equipment was inspected and left in c	merating condi-	iar
•	on tested and operational?	2	닏		in accordance with the N.F.P.A. and the original Manufacturer's pre		
Operation of auto	matic detection verified?		L		However, any comments or deficiencies noted must be corrected for TOTAL FIRE PROTECTION.	as soon as possib	ole
Notes:	** 0 **********************************						
Exchanged tan	k due for hydro test replace	ed CO2 Ca	rtrid	ge			
	A	• •			Kn .		
int Steve W	/hitlock Sign		int		Ben Assell Sign License#	2013	3-12
Owner/	Agent Owner//	Agent (6	•	Inspector Inspector	Inspe	ecto

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Company: _

Southbury Elementary

820 Preston Dr.

_ Contact: _

Inspection and Se Pre-Engineered Sy Inspector: <u>Be</u> Date: <u>June</u> Job#: <u>F&S1</u>	yste en A 6, 2	m .sse 017		t -
pany: g address: St/ZIP: e:				<u> </u>
ont.) rified? verified and electrical y test completed? grity test but declined:		Image: section of the content of t	N/A	
ty: 2 Degrees: 360 ty: Degrees: —	Date: Date: Date:		017 016	
? Yes ☑ No ☐ N/A	□ Y		4 N/A	-
stem for automatic operation? opliances? olaced? rice? uisher present? oackup extinguishment means? y feet of suppression system		\ \ \ \		
oment was inspected and left in open nd the original Manufacturer's prescr iencies noted must be corrected as s	ibed p	roced	lures.	

On-site address:	820 Preston Dr.	Office Phone:	Billing address:	
City/St/ZIP:		. Cell Phone:	City/St/ZIP:	_www.
Phone:			Phone:	
A. System Inform Manufacturer: _Ansul Model: R-102 Type: Wet Chem Cyl. 1 Size: 3 gal Cyl. 2 Size: - Cyl. 3 Size: - Cyl. 4 Size: -	Last Serviced Last Serviced Last Serviced Last Serviced Last Serviced Last Serviced	d Date: 2008 d Date: d Date: d Date:	C. Operations Test (cont.) 5. Operation of gas shutoff verified? 6. Operation of micro switch verified and electrical appliances shut down? 7. Bursting disk in place? 8. Powder or liquid checked? 9. Blow out lines/pipe integrity test completed? 10. Customer offered pipe integrity test but declined: D. Component Check/Replace Link type: K Quantity: 1 Degrees: 450 Link type: ML Quantity: 2 Degrees: 360	Y N N/A
2. System armed and pr 3. Nozzle caps in place of 4. Nozzles clean and fre 5. Piping and cylinder s 6. Appliances in same pr 7. Pull station located br 8. Pull station accessible 9. Pull station clearly ide 10. Pull station tamper 11. Filters present?	ee of grease buildup? securely fastened to structure? position since last inspection? petween 42-48 inches above floc e and located in a path of egress entifies the hazard protected?		Link type: Quantity: Degrees: Link type: Quantity: Degrees: 1. Blow off caps reinstalled ? Yes No N/A E. Post-inspection 1. Tension placed back on system for automatic operation? 2. Gas valve reset/pilots relit? 3. Breaker reset for electric appliances? 4. Pull station tamper seal replaced? 5. Cartridgereinstallec? 6. Alarm called back into service? 7. Type K portable fire extinguisher present?	Y N N/A
C. Operations Te	st	Y N N/A	8. Extinguisher placarded as backup extinguishment mean	s? 🗹 🗌 🗀
2. Cartridge size:10	tested and operational?	nce?	9. Extinguisher is within thirty feet of suppression system and on a path of egress? This certifies that the above equipment was inspected and left in of in accordance with the N.F.P.A. and the original Manufacturer's pres However, any comments or deficiencies noted must be corrected as for TOTAL FIRE PROTECTION.	cribed procedures.
Print Rob Man Owner/Ag			Ben Assell Sign License#	2013-12 Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





Inspection and Se	ervio	e R	eport	:
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backup extinguishment means? y feet of suppression system	نا ؛		_	
2 rection adult castom ayatem	$ \mathbf{\square} $			
ipment was inspected and left in ope and the original Manufacturer's presc ciencies noted must be corrected as	ribed p	orocea	lures.	

Company: Wheatlands Elementary	Contact:	Company:	
On-site address: 2290 Barrington Dr. W	Office Phone:	Billing address:	
		City/St/ZIP:	
Phone:	Email:	Phone:	
A. System Information		C. Operations Test (cont.)	Y N N/A
Manufacturer: Ansul		5. Operation of gas shutoff verified?	
Model: R-102		6. Operation of micro switch verified and electrical	
Type: Wet Chem		appliances shut down?	
Cyl. 1 Size: 3 gal Last Serviced	Date: 2014	7. Bursting disk in place?	
Cyl. 2 Size: — Last Serviced		8. Powder or liquid checked?	
Cyl. 3 Size: — Last Serviced		9. Blow out lines/pipe integrity test completed?	
Cyl. 4 Size: — Last Serviced		10. Customer offered pipe integrity test but declined:	
Monitoring Company:			
Phone:		D. Component Check/Replace	
Accuation: Manual Auto Both	·····		
riceduler Walker E. Hute E. Selli E.		Link type: K Quantity: 2 Degrees: 360	Date: 2017
B. Pre-inspection	Y N N/A	Link type: — Quantity: Degrees: —	Date:
•		Link type: Quantity: Degrees: -	Date:
Alarm system called out of service for testing?		Link type: Quantity: Degrees: -	Date:
System armed and pressure gauge operational on arr			
3. Nozzle caps in place on arrival?		1. Blow off caps reinstalled ? Yes 🗹 No 🗌 N	/A 🗌 Qty: <u>5</u>
4. Nozzles clean and free of grease buildup?			
5. Piping and cylinder securely fastened to structure?		E. Post-inspection	Y N N/A
6. Appliances in same position since last inspection?			
7. Pull station located between 42-48 inches above floor		Tension placed back on system for automatic operation	
8. Pull station accessible and located in a path of egress		2. Gas valve reset/pilots relit?	
9. Pull station clearly identifies the hazard protected?		3. Breaker reset for electric appliances?	
10. Pull station tamper seal intact?		4. Pull station tamper seal replaced?	
11. Filters present?		5. Cartridge _ reinstallec ?	
12. Overall physical condition and cleanliness of hood:	Good	6. Alarm called back into service?	
		7. Type K portable fire extinguisher present?	
C. Operations Test	Y N N/A	8. Extinguisher placarded as backup extinguishment mea	ans? 🔽 🗌 🗀
		9. Extinguisher is within thirty feet of suppression system	
Cartridge removed and weight checked within .5 oun Cartridge size:	ce? 🗹 🗌 📗	and on a path of egress?	
3. Remote pull station tested and operational?		This certifies that the above equipment was inspected and left in	
4. Operation of automatic detection verified?		in accordance with the N.F.P.A. and the original Manufacturer's p Hawever, any comments or deficiencies noted must be corrected for TOTAL FIRE PROTECTION.	
Notes:			
Print Larry Byrnes Sign	Print	Ben Assell Sign License#	2013-12
Owner/Agent Owner/Ag	ent	Inspector Inspector	Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538





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Pre-Engineered S				
Inspector: Be]]	_
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cont.)	Υ	Ν	N/A	
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ntity: Degrees: — I ntity: Degrees: — I ntity: Degrees: — I d ? Yes No N/A ystem for automatic operation? t? appliances? eplaced?	Date: Date: Parent Par	Oty: N	8 N/A	
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A. System Information Manufacturer: Pyrochem Model: PCL-300 Type: Wet Chem Model: PCL-300 Type: Wet Chem Solvestion of gas shutoff verified? Cyl. 1 Size: 3 gal	
Phone:	
A. System Information Annufacturer: Pyrochem Special Company Cyl. 1 Size: 3 gal	
Anufacturer: Pyrochem Anodel: PCL-300 Another: PCL-300 Another: PCL-300 Another: Wet Chem Special Component Check Another: Cyl. 1 Size: 3 gal Last Serviced Date: 2016 Cyl. 2 Size: Last Serviced Date: 2016 Cyl. 2 Size: Last Serviced Date: 3. Blow out lines/pipe integrity test completed on the component Check of the check of the check of the check of the check of the check of the check of the check of the check of the check o	
Model: PCL-300 Wet Chem Speed Spee	Y N N/A
Alarm system called out of service for testing? System armed and pressure gauge operational on arrival? Nozzle caps in place on arrival? Nozzle caps in place on arrival? Nozzle sclean and free of grease buildup? Pull station located between 42-48 inches above floor? Pull station located between 42-48 inches above floor? Pull station tamper seal intact? O. Pull station tamper seal replaced? O. Pull station tamper seal intact? O. Pull station tamper seal replaced? O. Pull station tamper seal intact? O. Pull station tamper seal intact? O. Pull station tamper seal intact?	
Cyl. 1 Size: 3 gal	lectrical
Solution Cyl. 2 Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Solution Size: Last Serviced Date: Size: Link type: Size: Countity: Size: Link type: Countity: Size: Link type: Countity: Size: Link type: Countity: Size: Countity: Size: Link type: Countity: Size: Link type: Countity: Size: Link type: Countity: Size: Link type: Countity: Size: Countity: Size: Size: Size: Countity: Size:	
Cyl. 3 Size: — Last Serviced Date: Cyl. 4 Size: — Last Serviced Date: Monitoring Company:	
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Adonitoring Company:	eted?
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D. Component Check/Replace Control Auto Both Auto	
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S. Pre-inspection Y N N/A	450 - 2017
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Link type: — Quantity: Described out of service for testing? System armed and pressure gauge operational on arrival?	Degrees: — Date: Degrees: — Date:
2. System armed and pressure gauge operational on arrival?	Degrees: — Date: Degrees: — Date:
1. Blow off caps reinstalled ? Yes [1. Nozzles clean and free of grease buildup? 2. Piping and cylinder securely fastened to structure? 3. Appliances in same position since last inspection? 4. Pull station located between 42-48 inches above floor? 5. Pull station accessible and located in a path of egress? 6. Pull station clearly identifies the hazard protected? 7. Pull station tamper seal intact? 7. Pull station tamper seal intact? 8. Pull station tamper seal intact? 8. Pull station tamper seal intact? 9. Pull station tamper seal intact? 9. Cartridge _ replaced ? 9. Cartridge _ replaced ? 9. Cartridge removed and weight checked within .5 ounce? 9. Cartridge removed and weight checked within .5 ounce? 9. Cartridge size: _ 16 gram CO2 9. Remote pull station tested and operational? 9. Operation of automatic detection verified? 9. Cartridge removed and the above equipment was inspin accordance with the N.F.P.A. and the original However, any comments or deficiencies nated in for TOTAL FIRE PROTECTION.	egrees. — Date:
B. Nozzles clean and free of grease buildup? B. Piping and cylinder securely fastened to structure? C. Pull station located between 42-48 inches above floor? C. Pull station accessible and located in a path of egress? C. Pull station clearly identifies the hazard protected? C. Pull station tamper seal intact? C. Pull station tamper seal intact? C. Overall physical condition and cleanliness of hood: C. Operations Test C. Cartridge removed and weight checked within .5 ounce? C. Cartridge size: C. Cartridge size: C. Operation of automatic detection verified? D. Pull station tamper seal replaced? D. Pull station tamper seal replaced? C. Cartridge size: C. Operations Test Y. N. N/A B. Extinguisher placarded as backup exting 9. Extinguisher is within thirty feet of supp and on a path of egress? This certifies that the above equipment was inspin accordance with the N.F.P.A. and the original However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	□ No □ N/A □ Qty: <u>8</u>
E. Post-inspection Appliances in same position since last inspection? Pull station located between 42-48 inches above floor? Pull station accessible and located in a path of egress? Pull station clearly identifies the hazard protected? Pull station tamper seal intact? Apull station tamper seal replaced? Coverall physical condition and cleanliness of hood: Coverall phy	
5. Appliances in same position since last inspection? 7. Pull station located between 42-48 inches above floor? 8. Pull station accessible and located in a path of egress? 9. Pull station clearly identifies the hazard protected? 9. Pull station tamper seal intact? 10. Pull station tamper seal intact? 11. Filters present? 12. Overall physical condition and cleanliness of hood: 12. Overall physical condition and cleanliness of hood: 13. Filters present? 14. Pull station tamper seal replaced? 15. Cartridge replaced? 16. Alarm called back into service? 17. Type K portable fire extinguisher present 18. Extinguisher placarded as backup exting generating and on a path of egress? 19. Cartridge size: 10. Operations Test 10. V N N/A 11. Filters present? 12. Overall physical condition and cleanliness of hood: 13. Extinguisher placarded as backup exting generating and on a path of egress? 14. Cartridge size: 15. Cartridge size: 16. Gram CO2 16. Remote pull station tested and operational? 17. The scentifies that the above equipment was inspinated in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the	Y N N/A
2. Gas valve reset/pilots relit? 3. Breaker reset for electric appliances? 4. Pull station tamper seal intact? 4. Pull station tamper seal replaced? 5. Cartridge replaced? 7. Type K portable fire extinguisher present gent of suppersonand on a path of egress? 7. Cartridge removed and weight checked within .5 ounce? 7. Cartridge size: 16 gram CO2 8. Remote pull station tested and operational? 8. Operation of automatic detection verified? 9. Pull station tamper seal replaced? 9. Cartridge replaced? 9. Cartridge replaced? 9. Cartridge replaced? 9. Cartridge replaced as backup extinguisher placarded as backup extinguisher is within thirty feet of suppersonance in a path of egress? 9. Cartridge size: 16 gram CO2 16. Remote pull station tested and operational? 17. This certifies that the above equipment was inspinated in accordance with the N.F.P.A. and the original However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	
3. Breaker reset for electric appliances? 4. Pull station tamper seal intact? 4. Pull station tamper seal replaced? 5. Cartridge replaced? 7. Type K portable fire extinguisher present seating is within thirty feet of supplicating and on a path of egress? 7. Cartridge size: 16 gram CO2 7. Remote pull station tested and operational? 7. Operation of automatic detection verified? 7. Type K portable fire extinguisher present seating in accordance with the N.F.P.A. and the original However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	
1. Filters present?	
11. Filters present?	
1. Filters present? 12. Overall physical condition and cleanliness of hood:	
7. Type K portable fire extinguisher presen 7. Type K portable fire extinguisher presen 8. Extinguisher placarded as backup extinguisher presen 9. Extinguisher is within thirty feet of supp and on a path of egress? 9. Cartridge size: 16 gram CO2 9. Remote pull station tested and operational? 1. Operation of automatic detection verified? 7. Type K portable fire extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher placarded as backup extinguisher presen 9. Extinguisher is within thirty feet of supplement was inspirated and on a path of egress? This certifies that the above equipment was inspirated as path of egress? 1. Operation of automatic detection verified?	
C. Operations Test Y N N/A 8. Extinguisher placarded as backup exting 9. Extinguisher is within thirty feet of supp and on a path of egress? 9. Cartridge removed and weight checked within .5 ounce? 1. Cartridge size: 16 gram CO2 1. Remote pull station tested and operational? 1. Operation of automatic detection verified? 2. Cartridge removed and weight checked within .5 ounce? 3. Extinguisher placarded as backup exting 9. Extinguisher is within thirty feet of supp and on a path of egress? 1. Cartridge size: 16 gram CO2 1. Remote pull station tested and operational? 1. Operation of automatic detection verified? 1. Operation of automatic detection verified? 1. Operation of automatic detection verified?	
9. Extinguisher is within thirty feet of support and on a path of egress? 2. Cartridge size: 16 gram CO2 3. Remote pull station tested and operational? 4. Operation of automatic detection verified? 9. Extinguisher is within thirty feet of support and on a path of egress? This certifies that the above equipment was inspiral in accordance with the N.F.P.A. and the original However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	it? 🕝 🗌
9. Extinguisher is within thirty feet of supp and on a path of egress? 2. Cartridge size: 16 gram CO2 3. Remote pull station tested and operational? 4. Operation of automatic detection verified? 9. Extinguisher is within thirty feet of supp and on a path of egress? This certifies that the above equipment was inspin accordance with the N.F.P.A. and the original However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	guishment means? 🗹 🗌 🗀
2. Cartridge size: 16 gram CO2 3. Remote pull station tested and operational?	ression system
3. Remote pull station tested and operational? 4. Operation of automatic detection verified? Fig. 1. This certifies that the above equipment was inspiring accordance with the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the original of the N.F.P.A. and the N.F.P.A. and the original of the N.F.P.A. and the N.F.P.A	
A. Operation of automatic detection verified? In accordance with the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in the N.F.P.A. and the original in accordance with the N.F.P.A. and the original in a	
4. Operation of automatic detection verified? However, any comments or deficiencies noted in for TOTAL FIRE PROTECTION.	
Notes:	
Print Jodi Clements Sign Octil Cornells Print Ben Assell Sign 1994	License# 2013-12

Inspector

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538

Owner/Agent

630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com

Owner/Agent



Inspector

inspector



Inspection and Service Report
Pre-Engineered System
Inspector: Ben Assell
Date: June 6, 2017
Inh#: F&S17-301

Company:	Traughber Jr High	Contac	t:		Company:		
On-site address: _	570 Colchester Dr	Office	Phone	2:	Billing address:		
City/St/ZIP:	Oswego II, 60543	Cell Ph	one:		City/St/ZIP:		
Phone:		Email:			Phone:		
System Inform	nation				C. Operations Test (cont.)	Υ	N N/A
anufacturer: Ansul					5. Operation of gas shutoff verified?		
odel: R-102					Operation of gas studion verified and electrical	ι:	
_{rpe:} (none)					appliances shut down?		7
		154	2009	0	7. Bursting disk in place?		
yl. 1 Size: 3 gal	Last Servic		200	•	8. Powder or liquid checked?		
yl. 2 Size: —	Last Servic				9. Blow out lines/pipe integrity test completed?		
Tyl. 3 Size: —	Last Servic				10. Customer offered pipe integrity test but declined:	H	ــا لــا
yl. 4 Size: —	Last Servic				To. Customer offered pipe integrity test but declined.		
		*********			D. Component Check/Replace		
hone:					or domportant and distributed		
ccuation: Manual	Auto Both				Link type: K Quantity: 1 Degrees: 450	Date:	2017
. Pre-inspection	1	Y	N	N/A	Link type: K Quantity: 2 Degrees: 360	Date:	
. i re-inspection	'	•	11	IVA	Link type: Quantity: Degrees:	Date:	
Alarm system called	out of service for testing?				Link type: Quantity: Degrees:	Date:	
System armed and p	ressure gauge operational on	arrival? 🖸			2	<u> </u>	<u> </u>
. Nozzle caps in place	on arrival?	[1. Blow off caps reinstalled ? Yes 🗹 No 🗌 N	/A 🗌	Qty:6
Nozzles clean and fr	ee of grease buildup?	2			·		•
	securely fastened to structure?	€			E. Post-inspection	Υ	N N/
. Appliances in same _l	position since last inspection?	~			·		
Pull station located b	between 42-48 inches above fl	oor?			1. Tension placed back on system for automatic operation	۱? 🗹	
Pull station accessib	le and located in a path of egre	ess?			2. Gas valve reset/pilots relit?		
Pull station clearly id	lentifies the hazard protected?				3. Breaker reset for electric appliances?		P [
D. Pull station tamper	seal intact?	[4. Pull station tamper seal replaced?	v	
1. Filters present?		2			5.Cartridge reinstallec?	[~]	
2. Overall physical co	ndition and cleanliness of hoo	d: Good	J		6. Alarm called back into service?		
					7. Type K portable fire extinguisher present?	~	
. Operations Te	est	Y	N	N/A	8. Extinguisher placarded as backup extinguishment mea	ıns? 🗹	
•		_	. —		9. Extinguisher is within thirty feet of suppression system		
.Cartridge removed a .Cartridge size:10	and weight checked within .5 o)1-20	ounce?	نا ك		and on a path of egress?	•	
	tested and operational?				This certifies that the above equipment was inspected and left in	operating	condition
·	atic detection verified?				in accordance with the N.F.P.A. and the original Manufacturer's pi However, any comments or deficiencies noted must be corrected		
•			_	_	for TOTAL FIRE PROTECTION.	as sourt a	з розвине
Notes:	·						<u> </u>
Notes:							
int Jason Co	osta Sign Qa	~60	Print		Ben Assell Sign		2013-12
Owner/Ac		Agost			Inspector Inspector		Inspecto

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com More.



Company: __

City/St/ZIP: __

Phone: ___

Model: R-102

Type: Wet Chem

Cyl. 1 Size: 3 gal

Monitoring Company:

B. Pre-inspection

Accuation: Manual

3. Nozzle caps in place on arrival?

10. Pull station tamper seal intact?

11. Filters present?

C. Operations Test

1. Alarm system called out of service for testing?

4. Nozzles clean and free of grease buildup?

5. Piping and cylinder securely fastened to structure? 6. Appliances in same position since last inspection?

7. Pull station located between 42-48 inches above floor?

8. Pull station accessible and located in a path of egress?

12. Overall physical condition and cleanliness of hood:

9. Pull station clearly identifies the hazard protected?

2. System armed and pressure gauge operational on arrival?

Cyl. 2 Size: -

Cyl. 3 Size: -

Cyl. 4 Size: --

Phone:

On-site address: _

A. System Information

Manufacturer: Ansul

Wolfs Crossing Elementary Contact:

_ Office Phone: __

Cell Phone: ___

2005

N N/A

 \Box

N N/A

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Email:

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

Last Serviced Date:

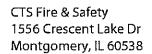
3015 Heggs Rd.

Auto 🗌 Both 🗹

Aurora II, 60503

Inspec	ction and Service Report
Pre-Er	ngineered System
	tor: Ben Assell
Date	June 6, 2017
lah#•	F&S17-302
Job#.	10017 304
Company:	
Billing address:	
City/St/ZIP:	
C. Operations Test (cont.)	Y N N/A
5. Operation of gas shutoff verified?	
6. Operation of micro switch verified and ele	
appliances shut down?	
7. Bursting disk in place?	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
8. Powder or liquid checked?	ed?
9. Blow out lines/pipe integrity test complet	ed?
10. Customer offered pipe integrity test but d	leclined:
D. Component Check/Replace	
Link type: K Quantity: 1 De	grees: 360 Date: 2017
	grees: — Date:
	grees: — Date:
Link type: Quantity: De	grees: 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 autom	natic operation?
2. Gas valve reset/pilots relit?	
3. Breaker reset for electric appliances?	
4. Puli station tamper seal replaced?	
5. Cartridge reinstallec?	
6. Alarm called back into service?	
7. Type K portable fire extinguisher present	?
8. Extinguisher placarded as backup extings	
9. Extinguisher is within thirty feet of suppre	
and on a path of egress?	
This certifies that the above equipment was inspe in accordance with the N.F.P.A. and the original M However, any comments or deficiencies noted mu for TOTAL FIRE PROTECTION.	lanufacturer's prescribed procedures.

 Cartrid Cartrid 		ight check	ked within .5 ounce?	•		and on a pa	ath of egress?			•		
	e pull station tested tion of automatic de	•		·		in accordanc	e with the N.F.F	equipment was inspect A, and the original Mai deficiencies noted mus	nutacturer's presc	ribed pro	ocedu	ires.
							RE PROTECTION			.0011115	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,
Notes	5:											
Print	Bill Lehmann Owner/Agent	Sign	Owner/Agent	P	rint	 en Assell nspector	Sign	10ml Inspector	License#		2013 Inspe	
										-	i	







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WEEKLY

6/28/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170045/42919 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO:	Osw	ego C	USD	#308								PR	OPERTY:	Bouk	der Hill E	lement	эгу						
ADDRESS:												AD	DRESS:	163 E	Boulder	Hill Pas	S						
CITY:							STA	ATE:				CIT	Y: Osw	/ego				ST	ATE:	IL			
MONITORING AC	SENCY						PC)S#				C	PERATOR (OUT:	Hand	led By	OPERATOR IN: Bldg			dg Staff			
YES N/A	NO	A)	GENE	RAL	(To be	answ	ered b	y the (Owner	or Ow	ner's i	epr	esentative)				_						
<u>x</u> _x							ed? T						up ie d ined the sam	e since	the last in	spection?		x	First In	spection			
<u>x</u> _		•				- 50 10	systen				incrits i	CITIO	inco sic som	ic silice	uic idat iii	abernou.			-	spectorii			
<u> </u>		•									cation (огас	tuations of de	evices o	r alarms s	ince the la	st inspec	ions?	x	First Inspec			
				-		_	•				rs regu	olarly	exposed to	temper	atures ne	ar 300°F7	•			1000000			
		B)	GENE		•						0			andre Lee									
<u>x</u> —		•				1.00							eas of the bu of all storag	_		ieflector?							
x		•											including its	_			areas, w	nere acce	ssible?				
		C)	CONT			_	•			•			•										
х					•								alves in the	approp	riate open	or closed	l position	7					
x		,											position?	t	ol position								
<u>x</u> —		•					revent			_		_	nd returned I	to nonn	ai positioi	ır							
<u> </u>		•	22.5								,		MAIN DRAI	N TEST	RESULT	S MADE	DURING	THIS INS	PECTIO	N			
													Wate	r Supply	Source:	City:	×	Other					
CONTROL VAL	.VES		ity	Pu	mp	Sect	tional	Sys	item	E	ev.	1	SYSTER	VI #	1	2			Ī				
Туре			ection SY		111			0	SY	16	BV	Test Pine Location @Base							\vdash				
No. of Valve			2	\vdash					2	Н	2	H	Size Test	Pipe	of Riser	>			 	+-			
Yes / No		Υ	N	Y	N	Y	N	Y	N	Y	N		Static Pres		65	>			_	+			
Easily Access	ible	×			<u> </u>			x	-	x	-	H	Residual Pro		45	>			\vdash	_			
Signs		x		-				×	┢	×	 		Static Pres		55	>	=			+			
Valve Oper	n	×		\vdash				×		x	\vdash	H	After Waterflow	Time	w/in 60	w/in 60			-	-			
Secured		х		\vdash				x		x			(Sec)							† 			
Sealed			ж						x		х	H	Test Pipe Lo	ocation									
Locked			х	Г					x		×		Size Test	Pipe									
Supervised	1	x						х		х		lÌ	Static Pres										
Supervision Oper	rational	х						×		х		[Residual Pro	essure									
VER 41/4	МО				•	•						' I	Static Pres										
YES N/A	МО	D)	TANK	S. PUI	MPS. F	IRE D	EPT. 0	ONNE	CTIO	NS		ŀ	After Waterflow					 		+			
	x	_,				Site? F					_		(Sec.)										
x		,				•					-	_	h the use of				ers within	the last 1	2 month	s?			
<u>x</u>				,	, ,								be in good			n?							
<u>x</u> _x	_			_									ure and/or v s free, caps			e and cha	ck valve	s not leeki	na?				
<u> </u>	_	E)	WET			J 100	()			ruill	<i></i>	Pr. 10 1/2	in mont oabs	- or proj	an in bino			- /IOS ROUNI	··· 8 ·				

NDDRESS	163	Boulder Hill	Pass.	Oswe
			1 444	99



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017	
DATE	

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOLD EMERGENCY SERVICE (630) 761-3168

IN170045/42919

	1011		24-HOUR EMERG	ENCY SERV	ICE (630)	761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF F	PROTECTION:	1	2	3	4
	<u>x</u>		1. Have all the antifreeze systems been les					
			C) Al appea	TEMP:	1	²	3	4
U			G) ALARMS 1. Did water flow alarm devices operate pro	endu?				
<u>~</u>			2. Did the electric alarms operate properly?					
<u> </u>			3. Did the valve supervisory switches opera					
х			4. Are all alarm devices free of physical dan	1 105				
			H) SPRINKLERS - PIPING					
<u>x</u>			Do sprinklers generally appear to be in go				on?	
x			2. Do sprinklers generally appear to be free					
×			 Are the proper number of extra sprinklers Does the exterior condition of the piping. 			,	in he entistantes O	
`			Has the piping in all systems been check				The second secon	Last inspected: 2015
			6. Have all check valves, pre-action and/or			_		
		×	7. Are all pressure gauges in good condition					2010
	X	=	8. Are any of the sprinkler heads 50 years o	r older? (Testin	g and/or repla	acement is recomme	ended for such sprin	klers)
	x		9. Are any quick response heads 20 years of	or older or any di	ry pendant he	ads 10 years or olde	er?	
			I) DRY SYSTEMS					
			Number of systems Date of last trip test:		Make and	d Model		
	×		2. Is the air pressure and priming water leve	uls normal?				
	x		Did the air compressor operate satisfactor					
	×		4. Were all auxiliary drains drained during the			If yes, ho	ow many?	
	X		Did all quick opening devices operate sat	•			0.500	
	X		Did the low air alarm operate satisfactoril	1992				
	<u>x</u>		Did all dry valves operate satisfactority dt B. Do dry valves appear to be protected from	4000	lion?			
*Replac	ce out date	ed system	pressure gauges. (Over 5 years old / x2 / 2011)					
							<u> </u>	
						-		
MODIF	CATION	S OR C	DRRECTIONS MADE DURING THIS INSPECTIO	DN:				
*None								
INSPE	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED WI	TH THE UNDE	RSIGNED:			
			P.O.C - Copy of Report Left On-Site)		- (Maintena NAME	nce / Engineer)		6/28/2017 DATE
			on this form is confict of the time and place of any new oted in comments above.	-		tested at this time wa	as left in operational c	
Y			11/249		el Rivera			2124400
INSPEC	CTOR SIG	NATURE	1		NAME			#124498 NICET #



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7/13/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170046/43213 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

DDRESS:										_	ADDRESS:	1000 F	ifth St					
CITY:						ST	ATE:				CITY: Oswe	ego				STA	ATE:	IL
ONITORING AGENCY		Sound	t Incorp	poraled		PC)S#		99-622	3	OPERATOR O	OUT:	Carolin	e	OPERAT	OR IN:	C	hristine
X X X X X X X X X X X X X X X X X X X	B)	1. Is 2. H: 3. A: 4. H: 5. A: GENE 1. H: 2. D: 3. A: CONT 1. A:	the bas the re all fas the re any ERAL ave the re the EROL Tere all s	uilding occupative pro- system vextra	occup ancy cla tection remain high te answ kler sy pear to g area sr system	ied? T assifical system ned in s mperal ered b rstems be prote s prote	enant : ition and ns in sin sin service tures s y the i been elected been lected been le	spaces I hazan ervice? without older s nspeci extende earanc y a wet	mot cu d of cor modifie prinkle tor) ed to al e between syster	ntently ntents n cation o rs regu I visible een the n, heat	epresentative) occupied emained the same r actuations of det larly exposed to t areas of the bui top of all storage ed, including its be er valves in the a	evices or a temperate ildings? e and spr blind attic	larms since ares near 3 inkler defle s and peri	e the las 300°F? ector? meter a	reas, whe		X	spection First inspe
X X X CONTROL VALVES		3. H 4. Is	ave al	ll contr	ol valve kflow F	es beer	opera er on t	ited thr	ough f		MAIN DRAIN	TEST R	ESULTS I		DURING T	THIS INS	PECTIO	ON .
	1927	ection	-	anib	Jec	uona	<u> </u>	_										
Туре	-	SY						SY			Test Pipe Loc		Riser	_		_		
No. of Valves		1		_				1			Size Test P		2"					
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Static Press Before		60					
Easily Accessible	x						х				Residual Pre	essure	45					
Signs	x						х				Static Press After	sure	50					
Valve Open	x						х				Waterflow T (Sec.)	1 34	/in 60					
Secured	x						×				SYSTEM	#						
Sealed		х						х			Test Pipe Loc	cation						
Locked	L	х						×			Size Test P	Pipe						
Supervised	x						х				Static Press Before							
upervision Operational	x					_	x				Residual Pres					- 1		
ES N/A NO	D)	TANK	e DII	MDS 1		EPT (CONNE	CTIO	ie.		Static Press After							
<u>x</u> x		1. Fi 2. Ha	re Pur ave al	mp on I fire po	Site? F umps b	SI: een te	sted to	their fo	ıll capa	_	Waterflow T (Sec.) ough the use of I ar to be in good e	hose stre		w meter	rs within t	he last 1	2 monti	ns?

	ADDRESS_	1000 Fifth St
TRE SPRINKLER INSPECTION REPO	RT (PAGE	2)

JALLEY FIRM
TO THE WAY

F

7/13/2017	
DATE	

	البدا							771372017
								DATE
70		N. C.						
EC	TION SE	24		D FIRE PROTECTION SYSTE		- 101 State 1		N170046/43213
			24-HOU	R EMERGENCY SERV	/ICE (630)	761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
120	×	,,,,	1. Have all the antifreeze syste		'			 '
		_	•	TEMP:	1	2	3	4
			G) ALARMS		·			.500 100 10
x			Did water flow alarm devices					
x			2. Did the electric alarms opera					
<u>x</u> _			3. Did the valve supervisory sw					
<u> </u>			4. Are all alarm devices free of	physical damage?				
_			H) SPRINKLERS - PIPING	or to be in good external cor	udition and fre	on of point or compaine?		
_ x			Do sprinklers generally appe Do sprinklers generally appe	*CAN - ABBAN		•		
<u>~</u>			Are the proper number of ex	_				
<u>~</u>			Does the exterior condition of	• • • • • • • • • • • • • • • • • • • •		•	atisfactory?	
		x	5. Has the piping in all systems				,	Last inspected: Unknown
			6. Have all check valves, pre-a				years? Last	-
		×	7. Are all pressure guages in g	ood condition and been teste	d for accurac	cy or replaced within the la	st 5 years?	9-
	x		Are any of the sprinkler head	ds 50 years or older? (Testir	ig and/or repl	acement is recommended	for such sprin	klers)
	×		Are any quick response hear	ds 20 years or older or any d	ry pendant he	eads 10 years or older?		
			I) DRY SYSTEMS					
			1. Number of systems		Make an	nd Model		
			Date of last inp test:					
	<u>x</u>		2. Is the air pressure and primi	70. U 20 Al				
—	<u>x</u>		Did the air compressor oper Were all auxiliary drains dra			If yes, how ma	nv2	
	_ <u>x</u>		5. Did all quick opening device			ii yes, now ma		
			6. Did the low air alarm operate	and the same of th				
	<u>x</u>		7. Did all dry valves operate sa		tion?			
	×		8. Do dry valves appear to be p	T 17				
THE IN	EDECT	AD SUC	CETE THE COLLOWING MECERS	ABY INDOMENENTS. #5	ana suggastii	one are not the moult of an	onalneodna a	urand.
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5YR Int	ernal Insp	ection an	d Gauge Replacement Due					
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			100000000000000000000000000000000000000					
-	_							
		_						
MODIF	ICATION	IS OR C	ORRECTIONS MADE DURING THIS	S INSPECTION:				
AUA								
N/A								
INSPE	CTION 8	SUGGE	STED IMPROVEMENTS WERE DIS	CUSSED WITH THE UNDE	RSIGNED:			
	_		_ 11					
	\wedge		221	•				
ľ	V \		vou Erwen			Norma		7/13/2017
OWNE	R/REPR	ESENTA	TIVE SIGNATURE	PRIN	T NAME			DATE
0	1151							497
			on this form is correct at the time and p oted in comments above	lace of my inspection, and that	l all equipmen	t tested at this time was left	in operational o	condition upon completion of
ans ms	herrion 6)	ochi as II	oted in comments above					
	5	F) well	Reso	don Wakefie	ald		113268
INSPE	CTOR SIG	NATURE			T NAME	ile.		NICET#
			=	1.0314				4.4



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6/28/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170047/42920 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

ADDRESS:											ADDRESS:	520 Secreta	riat Lane				
CITY:					STATE:				CITY: Oswe		STAT	E: _	IL				
MONITORING AGENC	Y				POS#					OPERATOR O	OPERATOR OUT: Har		OPERATO	ERATOR IN: Bldg S		Staff	
YES N/A NO A) GENE				(To be	answ	ered b	y the C	wner	or Ow	ner's i	epresentative)				- 100		
<u>x</u>	_			_						-	occupied						
<u> </u>	_	2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection? x First Inspection?												rst Inspe	ection		
<u>x</u> <u>x</u>	_									cation o	or actuations of de-	vices or alarms	since the la	st inspection:	s?	x f	First Inspect
	_	5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F?															
	B)	GENE		•			-										
<u>x</u>	_										areas of the bui						
x	_				•	•	1000				top of all storage ed, including its t	•		areas where	e accessil	ale?	
<u> </u>	- c)	CONT			_	o prote	cied b	, 8 1001	. System	II, IIGai	eo, mooding to t	DIFFIC BLUCS BITC	pennion	Bross, Wilet	. 40003316	,,,,,	
х	_	1. A	e lla en	sprinkle	r syste	m mai	n conti	ol valv	es and	d all oth	er valves in the a	appropriate ope	n or closed	position?			
x x	_										pen position?		_				
_x	_		lave al s there								je and returned to 2	o normal positio	n?				
<u> </u>	_	7, 13	uioie	a Davi	KIIOW F	1646HG	ei oii u	is opii	IIIKICI .	ay sterri		TEST RESUL	TS MADE	DURING TH	IIS INSPE	CTION	
											Water	Supply Source	City:	x	Other:		
CONTROL VALVES		City Pump		Sectional System			E	ev	SYSTEM	# 1	2			\Box			
Туре		SY						OSY		3V	Test Pipe Lo	cation @Base of Riser	>				
No. of Valves		2						2	2		Size Test F		>				
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Y	N	Static Press Before	75	>				
Easily Accessible	x				1		x		x		Residual Pre	ssure 55	>		=		
Signs	х						×		х		Static Press	sure 65	>				
Valve Open	x						x		×		Waterflow 1	rime win 60	w/in 60				
Secured	×		L				x		×		SYSTEM	#				\rightarrow	
Sealed	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	x	L	_				x		х	Test Pipe Los	cation					
Locked		x						x		x	Size Test F						
Supervised	×		L				x		x		Static Press Before						
	al x						x		x		Residual Pre						
Supervision Operationa	,										Static Press After	sure					
YES N/A NO		TANK					ONNE	CTIO	NS		Waterflow 1	ime					
	D)		ine Pur	mp on	Site? F		eted to	thair fi	ull can	aeitu th	(Sec.) rough the use of	hose streams o	r flow mete	are within the	a lost 12 r	nonths?	
				Gen or	imne h		alcu w	Witch (uii cab	auty u	lough ale use of	11036 Sucallis C	I HOW INCL	CIO MINITI III	Clast IE i	((O))((i))	
YES N/A NO		2. H	lave al		•			ressu	re tank	s appe	ar to be in good e	external condition	n?				
YES N/A NO		2. H 3. D	lave al lo fire p	pumps	gravit	y, surfa	ice or l				ar to be in good e ressure and/or w		on?				
YES N/A NO	- « ·	2. H 3. D 4. A	re fire para	oumps vity, su dept. c	, gravit rface a	y, surfa ind pre	ace or p ssure t	anks a	it the p	roper p		rater levels?		ick valves no	ot leaking	?	

ADD	RESS
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520 Secretariat Ln., Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

 6/28/2017	
 DATE	

	700							0/20/2017	
								DATE	
P	2,13	- 15							
TEC	The state of	RVI	VALUE ENGINEERED FIRE	PROTECTION SYSTE	MS & SERVIC	E FOR OVER 30 YEAR	s	IN170047/42920	
-	TIONS			ERGENCY SERV				JOB NUMBER	-
			241100112111	ENGLIGI OLIV	102 (000)	701-3100		OOD NOMBER	
YES	N/A	NO	E) ANTIEDEE7E SYSTEMS ADE	A OF PROTECTION			•		
TES		NO	March Selection 1975	A OF PROTECTION:	1	22	3	4	
	<u>x</u>		 Have all the antifreeze systems be 						
				TEMP:	1	2	3	4	
			G) ALARMS						
x			 Did water flow alarm devices opera 	ite properly?					
x			Did the electric alarms operate pro						
X			Did the valve supervisory switches	operate properly?					
×			4. Are all alarm devices free of physic	al damage?					
			H) SPRINKLERS - PIPING	-					
×			1. Do sprinklers generally appear to b	e in good external con	dition and free	e of paint or corresion?			
x			2. Do sprinklers generally appear to b	e free of loading or vis	ible obstructi	ion?			
			3. Are the proper number of extra spr						
x			4. Does the exterior condition of the p				o antinfactor.		
			5. Has the piping in all systems been	chacked for obstructive	aivos, anu cir	this the lest 6 years?	e saustactory?		
									Unk.
			6. Have all check valves, pre-action a	nd/or deluge valves be	en internally i	inspected within the las	it 5 years? Last	inspected:	Jnk.
		<u>x</u>	7. Are all pressure gauges in good co	ndition and been leste	for accuracy	y or replaced within the	last 5 years?		
	x		8. Are any of the sprinkler heads 50 y	ears or older? (Testing	g and/or repla	cement is recommende	ed for such sprir	iklers)	
	<u>X</u> _		Are any quick response heads 20 y	ears of older or any dr	y pendant he:	ads 10 years or older?			
			I) DRY SYSTEMS						
			1. Number of systems		Make and	d Model			
			Date of last trip test:	·			·	· · · · · · · · · · · · · · · · · · ·	
	x	_	2. Is the air pressure and priming wat	er fevels normal?					
	×		3. Did the air compressor operate sat	sfactory?					
	x		4. Were all auxitiary drains drained du	5 T 10 T 10 T 10 T 10 T 10 T 10 T 10 T 1		If yes, how n	nany?		
	x		5. Did all quick opening devices opera			,00, 11011 1			
_	x		6. Did the low air alarm operate satisf						
			7. Did all dry valves operate satisfactor		on?				
	_ <u>x</u>	$\overline{}$	8. Do dry valves appear to be protected		OH				
	<u> </u>		o. Do dry varies appear to be protecti	a nom neezngr					
THE IN	SPECTO	OR SUGG	ESTS THE FOLLOWING NECESSARY IN	PROVEMENTS: (the	se suggestion	ns are not the result of a	en engineering :	urvevl	
							an ongmooning c		
*Perform	n 5 year i	nternal ins	pection on system piping and FDC / check val	ve. (No tags or signs of	previously beli	ng done) (4"-GxG)			
*Popleo	o out dat	ad evertore	pressure gauges. (Over 5 years old / x2 / 200	-					
Replac	e but dat	au system	pressure gauges. (Over 5 years old / x2 / 200	1)					
-							_		
				•			<u></u>		
-									
		·			-				
			<u> </u>						
MODIF	CATION	IS OR CO	RRECTIONS MADE DURING THIS INSPI	ECTION:				'	
*None									
					<u>''</u>				
			<u> </u>				_		
22	200								
INSPEC	CTION &	SUGGES	TED IMPROVEMENTS WERE DISCUSSI	ED WITH THE UNDER	SIGNED:				
INSPEC	CTION &	SUGGES	STED IMPROVEMENTS WERE DISCUSSI	ED WITH THE UNDER	SIGNED:				
INSPEC	CTION &	SUGGES	STED IMPROVEMENTS WERE DISCUSSI	ED WITH THE UNDER	SIGNED:				
									_
X (Verb	oal Chec	k Out w/	P.O.C - Copy of Report Left On-Site)	P.O.C	- (Maintenar	nce / Engineer)		6/28/2017	
X (Verb	oal Chec	k Out w/			- (Maintenar	nce / Engineer)		6/28/2017 DATE	
X (Verb	oal Chec	k Out w/	P.O.C - Copy of Report Left On-Site) IVE SIGNATURE	P.O.C PRINT	- (Maintenar NAME			DATE	
X (Verb	pal Chec	k Out w/ ESENTAT	P.O.C - Copy of Report Left On-Site) IVE SIGNATURE on this form is confect of the time and place of	P.O.C PRINT	- (Maintenar NAME	nce / Engineer) ested at this time was le	ft in operational c	DATE	on of
X (Verb	pal Chec	k Out w/ ESENTAT	P.O.C - Copy of Report Left On-Site) IVE SIGNATURE	P.O.C PRINT	- (Maintenar NAME		ft in operational c	DATE	on of
X (Verb OWNER I state th	pal Chec	k Out w/ ESENTAT	P.O.C - Copy of Report Left On-Site) IVE SIGNATURE on this form is confect of the time and place of	P.O.C PRINT	- (Maintenar NAME		ft <mark>in</mark> operational c	DATE	on of
X (Verb OWNER I state th this inspect	pal Chec R/REPRI lat the inf ection ex	k Out w/ ESENTAT	P.O.C - Copy of Report Left On-Site) IVE SIGNATURE on this form is confect of the time and place of	P.O.C PRINT	- (Maintenar NAME all equipment t		ft <mark>in</mark> operational c	DATE	on of



SEMI-ANNUAL

QUARTERLY MONTHLY

6/27/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170048/42921 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO:	Osw	ego C	USD	#308								PI	ROPERTY: East	View El	ementar	у .			
ADDRESS:												Al	DDRESS: 4209	Route '	71				
CITY:							STA	ATE:			•	C	TY: Plainfield				STA	TE:	<u>IL</u>
MONITORING AG	SENCY:			Acadia	n		PC)S#		99622	4		OPERATOR OUT	Car	oline	OPERATO	OR IN:		Katy
YES N/A	NO	A)			•								resentative)			•	_		
x													cupied ained the same since	the last in	spection?		x f	First In-	spection
<u>x</u>		•			-	lection					1101110		arios die danie brios		-p	_	<u> </u>	11.01.01.	specion,
x x			4. H	as the	system	remail	ned in s	ervice	without	modifi	cation	or a	ctuations of devices	or alarms s	ince the la	st inspection	is?	х	First Inspection
x						•				•	rs reg	ılar	ly exposed to tempe	ratures ne	ar 300°F?	?			
		В)			•	answ					ll visibl	0 0	reas of the buildings	?					
x		•											p of all storage and		deflector?				
x			3. A	re the	buildin	g area	s prote	cted b	y a wei	syster	n, hea	ted	including its blind a	ittics and p	erimeter .	areas, wher	e access	ible?	
		C)	CONT				,						t	-:		did			
<u>x</u>					•	-							valves in the approp n position?	nate oper	or closed	position?			
<u>x</u>		•											and returned to nom	nat positio	n?				
x			4. Is	there	a Bac	kflow P	revent	er on ti	he Spri	inkler S	System	17							
													MAIN DRAIN TES					ECTIC	N
												,	Water Suppl	y Source:	City:	×	Other:_		
CONTROL VAL	VES		ity ection	Pu	ımp	Sect	ional	Sys	tem				SYSTEM#	1	2				
Type OSY IBV OSY					1	Test Pipe Location	@Base of Riser	>		\neg									
No of Valve	No of Valves 1						1 1				1	Size Test Pipe	2"	>		\neg			
Yes / No		Y	N	Υ	N	Y	N	Υ	N	Υ	N	1	Static Pressure Before	65	>				
Easily Access	ble	ж			П	х		x				1	Residual Pressure	40	>				
Signs		х				×		×				1	Static Pressure After	50	>				
Valve Oper	n	×				x		x]	Waterflow Time (Sec.)	w/in 60	w/in 60				
Secured		x				x		x					SYSTEM#						
Sealed			x				x		x				Test Pipe Location						
Locked			x				ж		x				Size Test Pipe						
Supervised	i	×				ж		x					Static Pressure Before						
Supervision Oper	rational	×				x		x					Residual Pressure						
YES N/A	NO			_								2	Static Pressure After						-
		D)	TANK	S, PU	MPS, i	FIRE D	EPT. 0	CONNE	CTIO	NS			Waterflow Time						
	<u> </u>				•	Site? F		-414	41-1-4	М			(Sec.)	-1		an wahir d	- 14.60		-2
<u>x</u>					•						-		igh the use of hose : to be in good extern			ers wwin w	e iast 12	monu	15.7
x		•			, ,	-							ssure and/or water le		***				
х		•				оппес	tions ir	satisf	actory	conditi	on col	ıplir	ngs free, caps or plu	igs in plac	e and che	ck valves n	ot leaking	g?	
		E)	WET:			tome			1		Cina	A#	Riser & (1) Sections	ıl Favisco	مالة طاؤيد أم	torffor Det	nction		
x					_	stems _ me pia			1 1. secu	rely at			riser and legible?	" ranhh	S THUI THE		Juon.		

AD		
	DR	

4209 Route 71, Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/27/2017 DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (530) 761-3168

IN170048/42921

		24-HOUR EMERG	ENCY SERV	ICE (630)	761-3168		JOB NUMBER
YES	N/A	NO F) ANTIFREEZE SYSTEMS AREA OF P	ROTECTION:	11	2	3	4
	<u> </u>	Have all the antifreeze systems been tester					
		G) 41 4 5 14 G	TEMP:	1	22	3	4
		G) ALARMS					
		Did water flow alarm devices operate prop	епу?				
<u>x</u>		2. Did the electric alarms operate properly?					
		3. Did the valve supervisory switches operat					
<u> </u>		4. Are all alarm devices free of physical dam H) SPRINKLERS - PIPING	aga r				
×		Do sprinklers generally appear to be in go	od avtemal con	dition and fre	a of paint or compaign?		
<u>~</u>		2. Do sprinklers generally appear to be free			•		
×		3. Are the proper number of extra sprinklers	_				
X		4. Does the exterior condition of the piping, I			· ·	atisfactory?	
		x 5. Has the piping in all systems been checke				edulación y :	Last inspected: Unk
		x 6. Have all check valves, pre-action and/or d				vears? Last	
		x 7. Are all pressure gauges in good condition			AND THE RESERVE AND THE PARTY OF THE PARTY O		
	×	8. Are any of the sprinkler heads 50 years or			. A		klers)
	×	9. Are any quick response heads 20 years of	r older or any di	y pendant he	ads 10 years or older?	•	•
		I) DRY SYSTEMS		•	•		
		1. Number of systems		Make an	d Model		
		Date of last trip test:					
	x_	2, is the air pressure and priming water level	s normal?				
	X	Did the air compressor operate satisfactor	ry?				
	<u>x</u> _	4. Were all auxiliary drains drained during th	is inspection?		If yes, how ma	пу?	
	x	5. Did all quick opening devices operate sati	sfactorily?				
	x	6. Did the low air alarm operate satisfactorily					
	<u> </u>	7. Did all dry valves operate satisfactorily du		ion?			
	x	8. Do dry valves appear to be protected from	freezing?				
54	Su. 76	nternal inspection on system piping and FDC / check valve. (No d system pressure gauges. (Over 5 years old / x2 / 2008)	tags or signs of	previously do	ne) (4*-GxG)		
					<u> </u>		
MODIF	ICATION	S OR CORRECTIONS MADE DURING THIS INSPECTIO	N:				
*None							
racile							
		makes and the second second	<u>. </u>	301gs - 80.002			
INSPEC	CTION &	SUGGESTED IMPROVEMENTS WERE DISCUSSED WIT	TH THE UNDE	RSIGNED:			
V 44 ·	l m						
		k Out w/ P.O.C - Copy of Report Left On-Site)			intenance / Engineer)		6/27/2017
OWNER	TREPRI	SENTATIVE SIGNATURE	PRINT	NAME			DATE
		ormation on this form is conject in the time and place of incomments above.	Section, and that	all equipment	tested at this time was left i	n operational o	condition upon completion of
V		11/2/		1.01			()
X INSDEC	TOR SIG	MATURE		el Rivera			#124498
MOPEC	TUR SIG	NATURE /	PRINT	NAME			NICET#



SEMI-ANNUAL QUARTERLY MONTHLY

6/29/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170049/42922 JOB NUMBER

101 N Raddant Rd Batavia (L 60510 telephone (630) 761-3168 facsimile (630) 293-4338

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

ADDRESS:												AD	DRESS: 260 I	Fox Cha	se Drive	!			
							STA	ATE:			•	CIT					STA	ATE:	IL
MONITORING AGEN							_)S#				c	PERATOR OUT:	Hand	led By	OPERAT	OR IN:	Bld	g Staff
YES N/A I	NO -	A) (GENE	RAL	(To be	answ	- ered b	y the (Owner	or Ov	ner's i	- repr	esentative)			•			
х											urrently			0 1 1:					
						incy cla lection					ntents i	rema	ined the same since	the last in	spection?	-	×	First Ins	pection
x											ication (or ac	tuations of devices o	r alarms s	ince the la	st inspection	ns?	x	First Inspe
				_		_	•				ers regu	ularly	exposed to temper	atures ne	ar 300°F?	•			
		B) (•	answ					II vieibt	0.00	one of the buildings	2					
<u>x</u> — –						_							eas of the buildings' of all storage and		deflector?				
x													including its blind a			areas, whe	re acces	sible?	
		C)			VALVE						1 - 11 - 41		-t!t						
<u>×</u> — –						-							alves in the appropage position?	nate oper	or closed	position /			
<u>x</u>												-	nd returned to norm	at position	n?				
x			4. Is	there	a Bacl	kflow P	revent	er on t	he Spr	inkter :	System								
													MAIN DRAIN TEST						N
		data											Water Suppl	y source:	City:		Other:	_	
CONTROL VALVE	s c	Cit onne	ction	Pu	mp	Sect	tional	Sys	tem	ı			SYSTEM#	1	2				
Туре		os	Υ			IE	BV	I	3V				Test Pipe Location	@Base of Riser	>			7.1	
No of Valves		2	. [= 5	1		2	1		Ш	Size Test Pipe	2°	>				
Yes / No	1	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N		Static Pressure Before	60	>				
Easily Accessible	.	x				х		×				Ш	Residual Pressure	40	>				
Signs		х				х		х					Static Pressure After	50	>				
Valve Open		x				×		x					Waterflow Time (Sec.)	w/in 60	w/in 60				
Secured		x				х		x					SYSTEM#						
Sealed			x				×		x				Test Pipe Location						
Locked			x				x		×				Size Test Pipe						
Supervised		x				x		x					Static Pressure Before						
Supervision Operation	onal	×				х		×					Residual Pressure						
YES N/A !	10											۱ ٔ	Static Pressure						
TES INA I	10	D) '	TANK	S, PU	MPS, I	FIRE D	EPT. 0	ONNE	ECTIO	NS		ŀ	After Waterflow Time						1
	x					Site? P					-	L	(Sec.)						
x											_	_	h the use of hose s			ers within th	ne last 1	2 months	5?
			J. D	បានម	Jumps,	ALMAIC.	y, sunt	ica oi l	บเธอรูน	e talli	re abbe	raii (C	be in good externa	ii conunto	111				
x				re grav	ity, su	rface a	nd pre	ssure (lanks a	t the c	roper r	oress	sure and/or water le	vels?					

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

AΠ	n	R	ES	S

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

		24-HC	OUR EMERGENCY	SERVIC	E (630) 761-	3168		JOB NUMBER
	N/A NO		AREA OF PROTECT	TON: 1		2	3	44
	<u>×</u> —	1. Have all the antifreeze sy		EMP: 1				
		G) ALARMS	•	EMF.		2	3	4
x		1. Did water flow alarm dev	ces operate properly?					
x		2. Did the electric alarms on	perate properly?					
х		Did the valve supervisory		y?				
X		4. Are all alarm devices free						
		H) SPRINKLERS - PIPING						
x		1. Do sprinklers generally a	ppear to be in good exten	nal conditi	on and free of p	aint or corrosion	1?	
_x		2. Do sprinklers generally a						
_ <u>x</u> _		3. Are the proper number of						
<u>x</u> _		Does the exterior condition	on of the piping, hangers,	drain valv	es, and check v	alves appear to	be satisfactory?	
	<u>x</u> _	5. Has the piping in all syste						Last inspected: Unk
— –	<u>x</u>	6. Have all check valves, pr	e action and/or deluge va	lves been	internally inspe	cled within the I	ast 5 years? Last	inspected: Unk
	×	7. Are all pressure gauges in	n good condition and bee	n tested fo	or accuracy or re	eplaced within the	ne last 5 years?	
	- —	8. Are any of the sprinkler h	eads 50 years or older?	Testing a	nd/or replaceme	ent is recommer	ided for such sprin	klers)
	<u> </u>	 9. Are any quick response h I) DRY SYSTEMS 	leads 20 years or older or	any dry p	endant heads 1	0 years or older	?	
		1. Number of systems						
		Date of last trip test:	<u></u>		Make and Mod	el		
	x	2. Is the air pressure and pri	iming water levels normal	ว				
	<u>x</u>	3. Did the air compressor or	•	•				
	_	4. Were all auxiliary drains of		lion?		If yes, how	· manual	
	<u>x</u> —	5. Did all quick opening devi				II yes, non		
	×	6. Did the low air alarm oper						
	x	7. Did all dry valves operate	satisfactorily during this i	nspection'	?			
	×	8. Do dry valves appear to b	2. SH 2					
*Found appr	rox. (10) Cen	GGESTS THE FOLLOWING NECES strai "GB" type sprinklers in use (Previous at should still be replaced. (Possibly m	usly recalled) in misc area	s such as	estrooms, vestib			
*Perform 5 y	ear internal	inspection on system piping and FDC /	check valve (No lags or s	gns of pre	viously being dor	ne.)		
*Replace ou	dated syste	em pressure gauges. (Over 5 years old	/x3/2009)					
	,	The second secon	7 20 20 20 20 20 20 20 20 20 20 20 20 20			 :		
· · · · ·			<u> </u>					
		<u> </u>			<u> </u>			
MODIFICA	HONS OR	CORRECTIONS MADE DURING TH	HIS INSPECTION:					
*None	_							
				200			·····	
INSPECTIO	N & SUGG	ESTED IMPROVEMENTS WERE D	NSCUSSED WITH THE L	INDERSIC	SNED:			
X (Verbal C	Check Out v	W P.O.C - Copy of Report Left On	-Sita)	B O C . //	daintanana /	Ei		0/00/0047
OWNER / RE	EPRESENT	ATIVE SIGNATURE		PRINT NA	Maintenance /	Engineer)		6/29/2017 DATE
		" 1	-					
		n on this form is correct at the time and noted in comments above.	place of my papection, an	d that all e	quipment tested	at this time was	left in operational o	ondition upon completion of
		1110	15				2	
X				Manuel R				#124498
INSPECTOR	SIGNATUR	(E /		PRINT NA	ME			NICET#



SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

6/27/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170050/42923 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO: Osw	-g- ·									•		ROPERTY: Gran			ala Disast			
ADDRESS:										-	<u>A</u> [DDRESS: 2693	33 W. G	rande Pa	irk Blvd.			
CITY:						ST/	ATE:				CI	TY: Plainfield				ST/	ATE:	<u>IL</u>
MONITORING AGENCY	1	S	iound li	nc.		PC)S#				_	OPERATOR OUT	Hank	ded By	OPERA	TOR IN:	Bld	g Staff
YES N/A NO X X X	- A) - - -	1. ls 2. H 3. A 4. H	the bi as the are all fi las the	uilding occupa ire proi system	occupi incy cla tection remail	ied? T issifica system ned in s	enant lion and ns in se service	spaces I hazar ervice? without	not co d of co modifi	irrenti nlents cation	oc rem	resentative) cupled ained the same since	or alarms s	ince the la	st inspecti	x ons?	First Ins	pection First Inspect
х х х х	•	1. H 2. D 3. A CONT 1. A 2. A 3. H	RAL lave the loes the re the re all series a	(To be e sprin ere ap buildin /ALVE sprinkle contro!	answ kler sy pear to g area S er syste valves	ered b stems be prote s prote em mai sealed es been	y the interpretation to the control of the control	nspeci extende earanc y a wet rol valv rvised the	tor) ed to a e betw system es and or loci rough (Il visib een th m, hea d all ot ted in full ran	e a ted ted ner ope	y exposed to tempereas of the buildings p of all storage and including its blind avalves in the appropriate position? MAIN DRAIN TES	? sprinkler of attics and printed open and position	deflector? perimeter n or closed n? TS MADE	areas, wh	THIS INS	PECTIO	N
CONTROL VALVES		ity	Pu	mp	Sec	tional	Svs	tem	E	ev.	1	Water Suppl	y Source:	City:	x	Other		
Туре		ection SY				*	-	3V		3V		Test Pipe Location	@Base of Riser	>		_ ^		19
No. of Valves		2						2				Size Test Pipe	2"	>				
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Y	N		Static Pressure Before	65	>				
Easily Accessible	×						х		×			Residual Pressure Static Pressure	45	>				
Signs	x		_				х		х			After Waterflow Time	60	>				
Valve Open	X						×		×			(Sec.)	w/in 60	w/in 60				
Secured Sealed	×	x	H				×	x	X	х		SYSTEM # Test Pipe Location						
Locked	\vdash	×	-				\vdash	×		X		Size Test Pipe				-		
Supervised	х						×		×			Static Pressure Before				-		
Supervision Operational	x						х		х	=		Residual Pressure	=					
YES N/A NO	D)		ire Pur	np on	Site? P	SI:				acity ti	arou e	Static Pressure After Waterflow Time (Sec.) gh the use of hose to	treams o	r flow met	ers within	the last 1	2 months	?
x x	E)	3. D 4. A 5. A WET	o fire pressente fire fire SYSTE	oumps, rity, su dept. c EMS	gravit rface a	y, surfa ind pre tions in	ssure (satisf	oressu anks a	re tank It the p	s appo roper on cou	ear (pres plin	o be in good externi sure and/or water le gs free, caps or plu Risers Equipped wil	al condition vels? gs in plac	en?	ck valves			

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS	26933 W.	Grande Pari	k Blvd.



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) 761-3168

IN170050/42923

	10N 3-		24-HOUR EMERG	SENCY SERV	ICE (630) 761	1-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF	PROTECTION:	1	2	3	4
	x		1. Have all the antifreeze systems been tes	sted?		1 7		
				TEMP:	1	2	3	4
			G) ALARMS					
x x			Did water flow alarm devices operate pro Did the electric alarms operate properly					
×			Did the valve supervisory switches operate					
x			4. Are all alarm devices free of physical da	10000				
			H) SPRINKLERS - PIPING	V-20				
<u>x</u>			1. Do sprinklers generally appear to be in g	57 5-9		*	n?	
<u> </u>			Do sprinklers generally appear to be free					
<u>x</u>			 Are the proper number of extra sprinkler Does the exterior condition of the piping. 		100		. No collection of	
<u>x</u>			Does the extend condition of the piping. Has the piping in all systems been check			ACCUSED TO THE REAL PROPERTY.	,	Last inspected: Uni
	-	<u> </u>	6. Have all check valves, pre-action and/or			-		
		×	7. Are all pressure gauges in good condition	in and been leste	d for accuracy or	replaced within the	he last 5 years?	
	x		8. Are any of the sprinkler heads 50 years	or older? (Testin	g and/or replace	ment is recommer	nded for such sprin	klers)
_	<u> </u>		9. Are any quick response heads 20 years	or older or any d	y pendant heads	10 years or older	?	
			I) DRY SYSTEMS 1. Number of systems		Adalas and Ad	in alta I		
			Date of last trip test:		Make and M	OGEI		
	×		2. Is the air pressure and priming water lev	rels normal?				
	x		3. Did the air compressor operate satisfact					
	×		4. Were all auxiliary drains drained during			If yes, how	v many?	
_	<u>x</u>		5. Did all quick opening devices operate sa	50.0				
_	X		6. Did the low air atarm operate satisfactor	303				
	x		 Did all dry valves operate satisfactorily d Do dry valves appear to be protected fro 		10117			
			spection on system piping and FDC / check valve (Nature gauges) (Over 5 years old / x2 / 2011)	to tags or signs of	previously done.)	(4"-GxG)	· · · · · · · · · · · · · · · · · · ·	, w
					500			
								30.30
			- C 4A 11341					
ODIF	ICATION	IS OR C	ORRECTIONS MADE DURING THIS INSPECTI	ON:				
one								
			30.2					
								
	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED W	VITH THE UNDER	RSIGNED:			
SPE								
SPE	15.5							
SPE	100000							
		sk Out w	P.O.CConv.of Report Laft On Site	800	- (Maintanasa	e / Engineer\		6/27/2017
(Ver	bal Chec		/ P.O.C - Copy of Report Left On-Site) TIVE SIGNATURE		C - (Maintenanc	e / Engineer)		6/27/2017 DATE
(Ver	bal Chec	ESENTA	TIVE SIGNATURE	PRINT	NAME		100	DATE
(Ver WNE	bal Chec R / REPR	ESENTA [*] formation	on this form is covery at the time and place of	PRINT	NAME		s left in operational o	DATE
(Ver WNE	bal Chec R / REPR	ESENTA [*] formation	TIVE SIGNATURE	PRINT	NAME		s left in operational o	DATE
(Ver WNE	bal Chec R / REPR	ESENTA [*] formation	on this form is covery at the time and place of	PRINT	NAME		s left in operational c	DATE



x ANNUAL SEMI-ANNUAL

QUARTERLY MONTHLY

6/27/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170051/42980 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO: O	lewa	an C	usn	#308								00	ROPERTY: Hom	actand l	Elementa	201	• • •		
ADDRESS	73770	90 0		<i>#</i> 000							•) Hillsbo		41 y			
CITY:							ST	ATE:			•	_	TY: Aurora	7 1 1111000	0 0.10.		ST	ATE:	IL
MONITORING AGEN	NCY:						_	OS#			•		OPERATOR OUT:	Hand	lled By	OPERA	TOR IN:		lg Staff
	NO	A)	GENE	RAL	(To be	อกรพ			Owner	or Ow	mer's		resentative)	7 Idilu	neu py	OFLIG	TORTE	- Dit	ng Stati
		,	1. Is	the b	uilding	occup	ied? T	enant	spaces	not cu	urrently	00	cupied					25.75	
						_	ssifica syster				ntents	rem	ained the same since	the last in	spection?		x	First Ins	spection
x							-				cation	or a	ctuations of devices of	or alarms s	ince the la	st inspecti	ons?	×	First Inspection
<u>x</u> _		D.				-					rs reg	ıları	y exposed to tempe	ratures ne	ar 300°F7				200(0). 0
x		-			-		ered b	-		•	ll v i sib	e ai	reas of the buildings	?					
x			Does there appear to be proper clearance bets Are the huilding areas protected by a well system								een th	e to	p of all storage and	sprinkter (
<u> </u>	_	CI	Are the building areas protected by a wet syst CONTROL VALVES Are all sprinkler system main control valves at Are all control valves sealed, supervised or lo								m, hea	ted.	including its blind a	ttics and (perimeter .	areas, wh	ere acces	ssible?	
<u>x</u>	_	-,					em ma	n cont	rol valv	es and	i all ot	ner '	valves in the approp	riate oper	or closed	position	?		
<u>x</u>	—							101				•	n position? and returned to norm	at positio	n2				
_ x							revent			_		_	ind retained to nom	iai positio	1117				
													MAIN DRAIN TES			DURING	THIS INS	PECTIO	N
												,	Water Suppl	y Source:	City:	х	Other	_	
CONTROL VALVES		Ci Conne	ty ection	Pu	mp	Sec	tional	Sys	tem				SYSTEM#	1	2				
Type	П	0	SY					OSY	/ IBV				Test Pipe Location	@Base of Riser	>				
No. of Valves		•	1					1	& 1				Size Test Pipe	2"	>				
Yes / No		Υ	N	Υ	N	Υ	N	Υ	N	Y	N		Static Pressure Before	55	>				
Easily Accessible	•	х						х					Residual Pressure	45	>				
Signs		x						ж					Static Pressure After	55	>				
Valve Open		x						x	=				Waterflow Time (Sec.)	w/in 60	w/in 60				
Secured		х						x					SYSTEM#						
Sealed			x						х				Test Pipe Location						
Locked	П		х						х				Size Test Pipe						
Supervised	丁	x						х				1	Static Pressure Before						
Supervision Operation	onal	x			\vdash		Т	×			\vdash	1	Residual Pressure						
												J	Static Pressure						-
YES N/A N	10	D)	TANK	S PII	MPS I	IBE N	EPT. (CONNE	CTIO	us.			After Waterflow Time						
	x	,				Site? F) () () () () () () () () () (.01101	10			(Sec.)						
										-			gh the use of hose s			ers within	the last 1	2 month:	s?
<u>x</u>						-	•						o be in good extern: sure and/or water le		n?				
_ ^ -	_			_	-								gs free, caps or plu		e and che	ck valves	not leaki	ng?	
		E)		SYSTE					,									-	
						tems _		muidae	2		•		Risers Equipped wit	h Waterfk	ow Detecti	on.			

DDRESS	2830 (

Hilsboro Blvd., Aurora ,



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/27/2017

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

(0)	TION SE	124	VALUE ENGINEERED FIRE PRO	IECTION SYSTE	MS & SERV	CE FOR OVER 30 YEAR	RS	IN170051/42980
			24-HOUR EMERG	SENCY SERV	ICE (630)	761-3168		JOB NUMBER
YES	N/A X	NO	F) ANTIFREEZE SYSTEMS AREA OF 1. Have all the antifreeze systems been tes	PROTECTION:	1	2	3	4
			The state of the s	TEMP:	1	2	3	4
			G) ALARMS	56-	-			
x			Did water flow alarm devices operate pro					
×			2. Did the electric alarms operate properly?					
<u>×</u>			Did the valve supervisory switches opera					
X			4. Are all alarm devices free of physical dar	mage?				
			H) SPRINKLERS - PIPING 1. Do sprinklers generally appear to be in g	ood external con	dition and fr	as at paint or correcion	2	
<u>^</u>			Do sprinklers generally appear to be free			•	· F	
×			3. Are the proper number of extra sprinklers	_				
×			4. Does the exterior condition of the piping.				be satisfactory?	
x			5. Has the piping in all systems been check	100		100	•	Last inspected: 201
(6. Have all check valves, pre-action and/or	deluge valves be	en internally	inspected within the la	st 5 years? Last	
K			7. Are all pressure gauges in good condition	n and been teste	d for accura	cy or replaced within the	e last 5 years?	
_	x		8. Are any of the sprinkler heads 50 years of	or older? (Testin	g and/or rep	lacement is recommend	ded for such spri	nklers)
_	x		9. Are any quick response heads 20 years of	or older or any d	y pendant h	eads 10 years or older?	?	
			I) DRY SYSTEMS					
			1. Number of systems		Make a	nd Model		
			Date of last trip test:	-10				
	<u>x</u>		 Is the air pressure and priming water level Did the air compressor operate satisfactor 					
_	<u>x</u>		Were all auxiliary drains drained during the sale of the sale			If yes, how	manu?	
_		—	Did all quick opening devices operate sa		-	il yes, now	many:	
_	x		Did the low air alarm operate satisfactorit	777				
	x		7. Did all dry valves operate satisfactorily d	100 S. Contra	ion?			
		9	8. Do dry valves appear to be protected from	m freezing?				
lone								3 8 14 4 1
	55.5							
DIF	ICATION	S OR C	ORRECTIONS MADE DURING THIS INSPECTION	DN:				
one		#11379K ==						
		_				 		
SPEC	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED W	THE UNDE	RSIGNED:			
(Vert	oal Chec	k Out w	/ P.O.C - Copy of Report Left On-Site)	P.O.0	C - Darren (I	Maintenance / Engine	er)	6/27/2017
			TIVE SIGNATURE		NAME		 -	DATE
			on this form is correct at the tipe and place of my intoted in comments above	specifion, and that	all equipmen	it tested at this time was	left in operational	condition upon completion
			/////	Manu	el Rivera			#124498
SPEC	TOR SIG	NATURE		_	NAME			NICET#



SEMI-ANNUAL

QUARTERLY MONTHLY

6/28/2017

DATE

JOB NUMBER

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

101 N Raddant Rd Batavia (L 60510 telephone (630) 761-3168 facsimile (630) 293-4338

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO:	Osw	ego C	USD	#308								Pi	ROPERTY: Hunt	Club E	ementar	у			
ADDRESS:												Αſ	DDRESS: 4001	Hunt C	lub Dr.				
CITY:							ST	ATE:				CI	TY: Oswego				ST	ATE:	IL.
MONITORING A	GENCY	55					PC)S#					OPERATOR OUT: Handled By			OPERA:	TOR IN:	В	dg Staff
YES N/A	NO	A)	GENE	RAL	(To be	answ	ered b	y the (Owner	ог Ом	ner's	rep	resentative)			•			
<u>x</u> <u>x</u>							led? T							the lest in				First C	
x	•	•					systen				nienis	rem	ained the same since	me last ir	spection?		Х	First In	spection
~ ~		•					•				cation	or a	ctuations of devices o	or alarms s	ince the la	st inspectio	ons?		First Inspecti
x x x		•			-								y exposed to tempe			•			
		B)	GENE	RAL	(To be	answ	ered b	y the i	nspec	tor)									
x													reas of the buildings						
x								,					p of all storage and						
<u>x</u>			3. A CONT			_	s prote	cled b	y a wei	syste	m, hea	ted	including its blind a	ttics and	penmeter	areas, who	ere acces	sible?	
x		U)					em mai	n conti	ni valv	es and	l all of	ner '	valves in the approp	riate one	n or closed	1 position?	,		
×	-	•				-							n position?	······································		, position			
x x		•											and returned to norm	nal positio	n?				
x			4. Is	there	a Bac	kflow P	revent	er on ti	he Spri	inkler S	Systen	?							
													MAIN DRAIN TEST			DURING '			NC
													Water Suppl	y Source:	City:	x	Other:		
CONTROL VA	LVES		ity ection	Pu	ımp	Sec	tional	Sys	tem	E	ev.]	SYSTEM#	1	2				
Туре			SY		ex.			16	3V	. 1	3V	١	Test Pipe Location	@Base of Riser	. >				†
No of Valv	es		2						2		2		Size Test Pipe	2"	>				
Yes / No		Υ	N	Υ	N	Υ	N	Υ	N	Υ	N		Static Pressure Before	85	>				
Easily Access	sible	x						х		х			Residual Pressure	55	>				
Signs		х						х		х		1	Static Pressure After	65	>				
Valve Ope	n	х						х		х			Waterflow Time (Sec.)	w/in 60	w/in 60				
Secured		х						х		х			SYSTEM#						
Sealed			×						×		×		Test Pipe Location						\top
Locked			x						х		х		Size Test Pipe						
Supervise	d	×						х		х			Static Pressure Before						
Supervision Ope	rational	х						x		x			Residual Pressure						
140m 1444	110			•		•			•				Static Pressure						\top
YES N/A	NO	D	TANK	S PU	MPS	ire n	EPT. 0	ONNE	CTIO	us.			After Waterflow Time					_	
	x	U				Site? F		,014146	.01101	13			(Sec.)						
x		•			23			sted to	their f	ull cap	acity tl	ILON	gh the use of hose a	treams o	r flow met	ers within 1	the last 1	2 monti	15?
X						•							o be in good externa						
х				_	- 0.00		•						sure and/or water le						
<u>x</u>						оппес	tions in	satisf	actory	conditi	on cor	plin	gs free, caps or plu	gs in plac	e and che	ck valves	not leaki	ng?	
		=}	WET:			tems			2		Size	4"	Risers Equipped wit	h Waterfi	nw Metecti	ion			

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

ADDRESS	4001 Hur	nt Club Dr. Oswepa
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FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/29/2017

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR EMERGENCY SERVICE (630) 761-3168

IN170052/42924

			24	-HOUR EMERGENCY	SERVI	CE (630)	761-3168		JOB NUMBER	
YES	N/A	NO	F) ANTIFREEZE SYSTE	MS AREA OF PROTEC	TION:	1	2	3	4	
	x		1. Have all the antifree	ze systems been tested?						
					TEMP:	1	2	3	4	
			G) ALARMS							
<u> </u>				devices operate properly?						
_ <u>x</u>			2. Did the electric alan							
x				isory switches operate prope	rly?					
<u> </u>				s free of physical damage?						
J			H) SPRINKLERS - PIPIN		0.59 %		. 12 . 100	_		
<u>x</u>			2 De sedeklers gener	ally appear to be in good exte	mal cond	ition and fre	e of paint or corrosio	п?		
<u> </u>				ally appear to be free of load per of extra sprinklers and wre						
×				ndition of the piping, hangers				ha alifatina		
x			5. Has the piping in all	systems been checked for ob	, urani va Istructive	materials wi	ithin the last 5 years	o de sausiaciory?	Less learness and	2045
×				es, pre-action and/or deluge v					Last inspected:	2015
		×	7. Are all pressure gau	ges in good condition and be	en lested	for accuracy	v or replaced within t	ha lact 5 vagre?	inspected:	2015
	X			der heads 50 years or older?					klers)	
	×			nse heads 20 years or older o						
			I) DRY SYSTEMS	•				•		
			1. Number of systems			Make and	d Model			
			Date of last trip te	st;		_		 -	* .	
	x			nd priming water levels norma	al?					
	x			sor operate satisfactory?						
	x		 Were all auxiliary dr. 	ains drained during this inspe	ction?		If yes, how	w many?		
	x		1 1 28	devices operate satisfactorii	y?					
	<u>x</u>			operate satisfactorily?						
	x			erate satisfactorily during this		n?				
	<u> </u>		8. Do dry valves appea	r to be protected from freezing	g?					
*Replace	out date	d system	pressure gauges. (Over 5 yea	rs old / x2 / 2011)	_			-	-	
MODIFI	CATION	S OR CC	PRRECTIONS MADE DURIN	IG THIS INSPECTION:			<u>.</u>			
			1033 0 330							
*None										
									·	
INSPEC	TION &	SUGGES	STED IMPROVEMENTS WE	RE DISCUSSED WITH THE	UNDERS	SIGNED:				
X (Verb	al Check	Out w/	P.O.C - Copy of Report Le	ft On-Site)	P.O.C -	(Maintena:	nce / Engineer)		6/29/2017	,
OWNER	/ REPRE	SENTAT	IVE SIGNATURE		PRINT N				DATE	
state th	at the info	rmation o	on this form is confect at the tirr	e and place of my inspection, a	and that all	l equipment t	ested at this time was	left in operational o		letion of
,			///	× 7-	-					
NEDEC	OR SIGI	IATURE			Manuel				#124498	
NaPEC	UK SIGI	ATURE	/		PRINT N	AME			NICET #	



X ANNUAL

SEMI-ANNUAL QUARTERLY MONTHLY

Water Supply Source:

7/25/2017

DATE IN170053/42981

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

JOB NUMBER

Rob A./Jose CONFERRED WITH

630-401-7887 PHONE NUMBER

telephone (630) 761-3168 facsimile (630) 293-4338

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO: Oswego CUSD 308							PROPERTY: Lakewood Creek Elementary School								
						ADDRESS: 2301 Lakewood Creek Dr									
CITY:				STATE:		CITY;	Montgomery	y	S	STATE:	IL				
MONITO	Sound Inc. POS # Sound Inc. POS # Sound Inc. POS # Sound Inc. POS # Sound Inc. POS # Sound Inc. POS # Sound Inc. POS # It is the building occupied? Tenant spaces X					OPER	RATOR OUT:	#4906	OPERATOR IN	t F	Karen				
YES	N/A	NO -	A) GENERAL (To be an	swered by the Ov	rner or Owner	s represen	itative)		-		_				
Х			1. Is the building occ	cupied? Tenant sp	aces not currer	itly occupie	d								
	X		2. Has the occupancy	classification and ha	zard of contents	remained th	e same since the	last inspection?	X	First Ins	spection				
X			3. Are all fire protect	ion systems in ser	vice?										
	X		4. Has the system ren	nained in service wit	hout modification	or actuation	s of devices or ala	rms since the last	inspections?	X	First Inspection				
		X	5. Are any extra high	temperatures sol	der sprinklers re	gularly exp	osed to tempera	tures near 300°F	7						
			B) GENERAL (To be an	swered by the ins	pector)										
Х			1. Have the sprinkle	r systems been ex	ended to all vis	ible areas o	of the buildings?								
X			2. Does there appear	r to be proper clea	rance between	the top of a	ill storage and sp	orinkler deflector	? (Maintain min. 18	3* Clearand	ce)				
X			3. Are the building a	reas protected by	wet system, h	eated, inclu	ding its blind atti	cs and perimeter	r areas, where acc	essible?					
			C) CONTROL VALVES		Accessed to										
х			1. Are all sprinkler s	vstem main contro	valves and all	other valve	s in the appropri	ate open or close	ed position?						
X			2. Are all control val												
X			3. Have all control v					l position?							
X			4. Is there a Backflo		_	_									
							N DRAIN TEST I	RESULTS MADE	E DURING THIS IN	ISPECTION	N				

City **CONTROL VALVES** System Pump Sectional Connection IBV OS&Y Type No. of Valves 2 3 Yes / No Υ Υ Y Υ N N N N N X X Easily Accessible Signs х х Valve Open х X х X Secured Sealed Locked Supervised Х X Supervision Operational

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				1	
Waterflow Time (Sec.)				I.	

4" RISERS W/ FLOW DETECTION

City: 6° Other:

D) TANKS, PUMPS, FIRE DEPT. CONNEC	поиз
------------------------------------	------

- 1. Fire Pump on Site? PSI N/A
- 2. Have all fire pumps been tested to their full capacity throug
- 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

YES

N/A

NO

- 1. Number of Systems 3 Size
- 2. Is hydraulic name plate, if provided, securely attached to riser and legible?

JALLEY FIRM
TO NETRACE

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

ADDRESS 2301 Lakewood Creek Dr

	4							112312011
								DATE
X	ڪي بخ	100						
TEC	TION S	RV	VALUE ENGINEEREI	D FIRE PROTECTION SYSTE	MS & SERVIC	E FOR OVER 30 YE	ARS	IN170053/42981
	· ION »		24-HOUF	REMERGENCY SERV	ICE (630)	761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	44
	<u>x</u>		Have all the antifreeze system	TEMP:	1	2	3	4
			G) ALARMS					
X			1. Did water flow alarm device:	s operate property?				
X			2. Did the electric alarms opera					
Х			3. Did the valve supervisory sv					
X		_	4. Are all alarm devices free of					
			H) SPRINKLERS - PIPING	hulandi dittidlet				
x			Do sprinklers generally appearance	ear to be in good external on	ndition and fr	00 of part or come	i	
X			Do sprinklers generally appearance				AUITY	
X			Are the proper number of ex					
X			Does the exterior condition (. A B	
X			5 Has the piping in all systems	or the piping, nangers, drain	valves, and c	neck valves appear	to be saustactory?	
			5. Has the piping in all systems					Last inspected: 201
<u></u>			6. Have all check valves, pre-a	icuon and/or deluge valves t	een internali	y inspected within th	e last 5 years? La	st inspected: UN
<u>X</u>			7. Are all pressure gauges in g	ood condition and been test	ed for accura	cy or replaced withir	1 the last 5 years?	
		<u> </u>	8. Are any of the sprinkler head	ds 50 years or older? (Testi	ng and/or rep	lacement is recomm	rended for such spi	rinklers)
		<u>x</u> _	9. Are any quick response hea	ds 20 years of older or any o	iry pendant h	eads 10 years or old	ler?	
			I) DRY SYSTEMS					
			Number of systems	NONE	Make an	d Model	N/	/A
			Date of last trip test:					
	X_		Is the air pressure and primi	ng water levels normal?				
	X		Did the air compressor open	ate satisfactory?				
	Х	=	Were all auxiliary drains drain	ined during this inspection?		If yes, how	w many?	
	X		5. Did all quick opening device	s operate satisfactorily?			· 	
	<u> </u>		6. Did the low air alarm operate	e satisfactorily?				
	<u> </u>		7. Did all dry valves operate sa	tisfactorily during this inspec	tion?			
	X		8. Do dry valves appear to be p					
	this time	61	ESTS THE FOLLOWING NECESSA				or an engineering	Survey)
	_			 -				
							<u> </u>	
				-		·		<u> </u>
OTE-	Suggest	Svr interna	al inspection of piping, check valves and	fire department connection be	performed in 2	020)		
					periorinea in 2	0201		
OUIFI	CATION	3 OK CC	PRRECTIONS MADE DURING THIS	INSPECTION:				
					-			
sted a	and inspe	cted fire s	prinkler system, per NFPA Codes.					
ISPEC	FIIUN &	SUGGE:	STED IMPROVEMENTS WERE DISC	CUSSED WITH THE UNDER	RSIGNED:			
		/						
	d							
	V	\sim (Jose				7/25/20147
WNER	R / REPRE	SENTAT	IVE SIGNATURE	JOSE PRINT	NAME			7/25/2017 DATE
				FRIOT	1 ALARIE			UAIE
state th	at the info	ormation o	in this form is correct at the time and pla	ce of my inspection, and that a	equipment te	sled at this time was t	left in operational co-	ofition upon completion of
is inspe	ection exc	ept as no	led in comments above	, ,			and the second second second	moon sport comprount of
		12	1					
		4-7	71	Chris '	т.			122419
SPEC	TOR SIG	NATURE		PRINT	_	 -		NICET #
								*********** * ****



X ANNUAL SEMI

SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

7/13/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170054/42925 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

DDRESS:											ADDRESS:	67 Lc	ong Bea	h Rd				
ITY:						ST	ATE:				CITY: Osv	vego				STA	ATE:	IL
ONITORING AGENCY	3	F	landle	d		PC)S#		Ву		OPERATOR	OUT:	St	aff	OPERAT	OR IN:		c
ES N/A NO	A)	GENE	RAL	(To be	answ	ered b	y the C	wner	or Ow	ner's r	epresentative)				•			
x x											occupied							
x										ntents r	emained the sar	ne since	the last ins	pection?	_	X	First In	spection
<u>x</u>						systen				ication c	r actuations of c	levices o	r alarme ei	nce the la	et inenaction	ne2	×	Finthern
<u>x</u>											arly exposed to				district.	ia i	<u> </u>	First Inspe
	B)	GENE			4						,							
x		1. H	ave th	e sprir	ıkler sy	stems	been e	extende	ed to a	II visible	areas of the b	uildings?	7					
<u>×</u>		2. D	oes th	ere ap	pear to	be pro	per cle	earanc	e betw	een the	top of all stora	ge and s	sprinkler d	effector?				
<u>× </u>					-	s prote	cted by	y a wei	syste	m, heat	ed, including its	s blind at	tics and p	erimeter	areas, whe	re acces	sible?	
	C)	CONT					in annie	ed wale		d all alla	or values in the		ioto coco	or elenes	Secilians !			
<u>* </u>	,			,							er valves in the pen position?	abpropr	iale open	or closed	position			
x	•										e and returned	to norm:	al position	?				
x	1						•		_	System'								
											MAIN DRA	IN TEST	RESULT	S MADE	DURING T	HIS INS	PECTIO	ON
											Wate	er Supply	Source:	City:	X	Other		
CONTROL VALVES	Conne	ity ection	Pu	mp	Sec	tional	Sys	tem			SYSTE	M#	Main					
Туре	0:	SY					0	SY			Test Pipe L	ocation	@Riser					
No. of Valves	-	1						1			Size Test	t Pipe	2*					
Yes / No	Υ	N	Y	N	Υ	N	Υ	N	Υ	N	Static Pre Before		55					
Easily Accessible	х						х				Residual P	ressure	40			-		
Signs	x						x				Static Pre		50					
Valve Open	x						x				Waterflow (Sec		w/in 60					
Secured	х						х				SYSTE	M #						
Sealed		х		L				x			Test Pipe L	ocation		_ 1				
		x						x			Size Test							
Locked							x				Static Pre Before							
Locked Supervised	×	\Box					x				Residual P	ressure						
	x										Static Pre							
Supervised upervision Operational							ONNE	CTIO	NS		Waterflow							
Supervised	x	TANK	S, PUI	MPS, I	FIRE D	EPT. C												
Supervised upervision Operational	x	1. Fi	re Pur	np on	Site? F	SI:					(Sec	-						
Supervised spervision Operational ES N/A NO x	x	1. Fi 2. Ha	re Pur ave all	np on i	Site? Fumps b	SI: een te	sted to			-	ough the use o	f hose s			ers within th	ne last 1	2 month	ns?
Supervised Upervision Operational ES N/A NO X X	x	1. Fi 2. Ha 3. Da	re Pur ave all o fire p	np on l l fire pu oumps	Site? F umps b gravit	SI: een te: y, surfa	sted to	oressu	re tank	s appe	ough the use our to be in good	f hose si externa	l condition		ers within th	ne last 12	2 month	ns?
Supervised pervision Operational ES N/A NO x	x	1. Fi 2. Ha 3. Do 4. Ar	re Pur ave all o fire p re grav	np on l l fire pu oumps, vity, su	Site? F umps b gravit rface a	SI: een te: y, surfa ind pre	sted to ace or p ssure t	oressu anks a	re tank It the p	s appe	ough the use o	of hose si externa water lev	l condition vels?	7				ns?

	ADDI	ress
FIRE SPRINKLER INSPECTION REPOR	RT (I	PAGE 2)

7/13/2017	
DATE	-

DATE

POPE		RAICE	VALUE ENGINEER	ED FIRE PROTECTION SYS	TEMS & SERVICE FOR OV	ER 30 YEARS	IN170054/42925
- 6	TION SE	•	24-HO	JR EMERGENCY SE	RVICE (630) 761-3168	1	JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION	1: 12		34
	x		 Have all the antifreeze sys 		14 . 2		
				TEM	P: 12		34
			G) ALARMS 1. Did water flow alarm device	or operate property?			
<u>x</u>			Did the electric alarms open				
×			3. Did the valve supervisory	80			
×			4. Are all alarm devices free				
	$\overline{}$		H) SPRINKLERS - PIPING				
x			1. Do sprinklers generally ap	pear to be in good external	condition and free of paint o	or corrosion?	
X			Do sprinklers generally ap				
x			3. Are the proper number of				
<u> </u>			4. Does the exterior condition			* *	583
		x	5. Has the piping in all system				Last inspected: Unknown
		<u>x</u>	 Have all check valves, pre Are all pressure guages in 	- No.		•	
		<u> </u>	B. Are any of the sprinkler he				5.0
	<u>x</u>		9. Are any quick response he		-		out up minutely
			I) DRY SYSTEMS	Fig. 10 - 10			
			1. Number of systems		Make and Model		
			Date of last trip test:				
	x		2. Is the air pressure and price				
	×		3. Did the air compressor op	•	_		
	<u> </u>		4. Were all auxiliary drains d		1?	If yes, how many?	
_	<u>x</u>		5. Did all quick opening devices	VA 11 11 11 11 11 11 11 11 11 11 11 11 11			
	<u>x</u>		 Did the low air alarm open Did all dry valves operate 	AN	naction?		
—			8. Do dry valves appear to be		JOCHOTT .		
			area area area area area area area area	protosted trotte modeling.			
THE IN	ISPECTO	OR SUGO	SESTS THE FOLLOWING NECES	SARY IMPROVEMENTS:	(these suggestions are not	the result of an en	gineering survey)
5YR Int	emal Insp	ection an	d Gauge Replacement Due.				
			22 22 22				
Please	note this	is a partia	al coverage system only				
				_			
_							
-							
		-					
MODIF	ICATION	IS OR C	DRRECTIONS MADE DURING TH	IIS INSPECTION:			
N/A	_						
			·				
INSPE	CTION &	SUGGE	STED IMPROVEMENTS WERE D	ISCUSSED WITH THE UN	DERSIGNED:		
			1.00				
		1	1. Min				
		14	My IUph				7/13/2017
OWNE	R / ŘEPR	ESENTA	TIVE SIGNATURE	PR	RINT NAME		DATE
				1 place of my inspection, and	that all equipment tested at th	is time was left in o	perational condition upon completion of
this ins	pection ex	ccept as n	oled in comments above				
	5		1000				442000
INICOCI	CTOB GIZ	NATURE			andon Wakefield		113268



SEMI-ANNUAL

QUARTERLY MONTHLY

6/28/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170055/42926 JOB NUMBER

101 N Raddant Rd Batavia IL 60510 telephone (630) 761-3168 facsimile (630) 293-4338

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO: Osw	ego C	USD	#308							_	Pi	ROPERTY:	Old F	ost Ele	mentary				
ADDRESS:										_	A	DDRESS:	100 0	Old Post	Rd.				
CITY:						STA	ATE:				CI	TY: Osw	ego				STA	ATE:	1L
MONITORING AGENCY	10					PC)S#					OPERATOR O	OUT:	Hand	led By	OPERA	TOR IN:	Bld	g Staff
YES N/A NO	A)						-					resentative)	•			•			
<u>x</u> <u>x</u> _	-											cupied ained the sam	e since	the last in	spection?		x	First Ins	nection
	-					systen				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-p				poddon
x x x x	_			•								ctuations of de					ons?	X	First Inspection
<u> </u>		5. A GENE			•				•	ers reg	ułar	ly exposed to	temper	atures ne	ar 300°F1	,			
x	٥,			•			-			ll visib	le a	reas of the bu	ildings1	?					
<u>x</u>	_			•	•		•					p of all storag		CT. (C)					
<u>x</u>	cled b	ited	, including its	blind at	tics and	perimeter	areas, wh	ere acces	sible?										
х	٠,	1. A				em mai	n cont	rol valv	es and	d all of	her	valves in the a	appropr	riate oper	or closed	position?	7		
x x = ================================	-											n position?			_				
<u> </u>	-					es beer Prevent			-		_	and returned t	о попп	al positio	n?				
<u> </u>	-	w, 10	, 11010	a Dac	KIIOIV I	101011	o, o,, ,	о фр		a yatan	• •	MAIN DRAIN	N TEST	RESULT	IS MADE	DURING	THIS INS	PECTIO	N
												Water	Supply	Source:	City:	×	Other:		
CONTROL VALVES		ity	Pu	ımp	Sec	tional	Sy:	tem	E	lev.	1	SYSTEM	1#	Main	1	2			
Туре		SY		9		OSY		SY	II	BV	1	Test Pipe Lo	cation	@Base of Riser	>	>			
No. of Valves	1					2		1		2		Size Test I	Pipe	2"	>	>			
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N		Static Pres Before		75	>	>			
Easily Accessible	х				×		x		×			Residual Pre	essure	50	>	>			
Signs	×				х		×		х			Static Pres After	sure	65	>	>			
Valve Open	×				×		x		х			Waterflow (Sec.)		w/in 60	w/in 60	w/in 60			
Secured	×				х		x		х			SYSTEM	1#					*****	
Sealed		x				x		x		×		Test Pipe Lo	cation						
Locked		x				x		x		х		Size Test i							_
Supervised	×				х		x		×			Static Pres Before							
Supervision Operational	×				×		×		×]	Residual Pre	essure						
YES N/A NO						_					-	Static Pres After	sure						
	D)	TANK					CONNE	CTIO	NS			Waterflow							
xx	-			•	Site? F		sted to	their f	ull can	acity t	ימזר	(Sec.) igh the use of	_	treams or	flow met	ers within	the last 1	2 months	<u> </u>
$\frac{\hat{x}}{\hat{x}}$	-											to be in good				DIO *********	410 1001 1		
	_		_							-		sure and/or w							
<u> </u>	- E/	5. A			connec	tions in	satisf	actory	conditi	on co	ıplir	igs free, caps	or plu	gs in plac	e and che	ck valves	not leakir	ng?	
	-,		lumbar		dome			1		Ciro	4"	Riser & (2) Se	actional	le Equipp	ad with M	atodlov F	Octoption		

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

Α.	_	п	R	_	c	~

100 Old Post Rd., Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017 DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 Y	EARS
24-HOUR EMERGENCY SERVICE (630) 761-3168	

IN170055/42926

			24-HO	UR EM ERGENCY	SERVI	CE (630) 761	-3168		JOB NUMBER	
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTEC	TION:	1	2	3	4	
	<u> </u>		Have all the antifreeze sy		TEMP:		•			
			G) ALARMS		ICMP.	1	2	³	4	_
x			1. Did water flow alarm devi	ces operate properly?						
x			2. Did the electric alarms op	and the second s						
х			3. Did the valve supervisory	switches operate prope	erly?					
x			Are all alarm devices free		_					
			H) SPRINKLERS - PIPING							
x			 Do sprinklers generally ap 	ppear to be in good exte	ernal cond	ition and free of	paint or corrosion	?		
x			Do sprinklers generally ap	ppear to be free of load	ling or visi	ble obstruction?				
x			Are the proper number of							
X			4. Does the exterior conditio	n of the piping, hangers	s, drain va	lves, and check	valves appear to	be satisfactory?		
x			5. Has the piping in all syste						Last inspected: 2015	
<u> </u>			6. Have all check valves, pre	action and/or deluge v	valves be	in internally inspi	ecled within the la	ist 5 years? La	st inspected: 2015	
		<u> </u>	7. Are all pressure gauges in	good condition and be	en tested	for accuracy or r	replaced within th	e last 5 years?		7
	_ X		8. Are any of the sprinkler he	eads 50 years or older?	(Testing	and/or replacem	ent is recommen	ded for such sp	rinklers)	
		\longrightarrow	9. Are any quick response he	eads 20 years or older	or any dry	pendant heads 1	10 years or older?	?		
			1. Number of systems							
			Date of last trip test:	_ 		Make and Mo				_
	x		2. Is the air pressure and pri	ming unter levels norm	-12					
	×		3. Did the air compressor op	The second secon	eti r					
	×		4. Were all auxiliary drains d		etion?		Marin have	_11.2		
			5. Did all quick opening devi				If yes, how	палуг		
	×		6. Did the low air alarm open		'7'					
	x		7. Did all dry valves operate		inspectio	n?				
	×		8. Do dry valves appear to be			••••				
THE NA	SPECIE	JR SUGG	ESTS THE FOLLOWING NECES	SARY IMPROVEMEN	TS: (thes	e suggestions ar	e not the result of	f an engineering	survey)	
*Panlace	a out date	ad evetom							_	-
replace	our date	su system	pressure gauges. (Over 5 years old	/ X3 / 2011)					<u> </u>	_
								*		-
			<u> </u>	_						_
		_								
										-
					_					_
		_								
							<u> </u>			-
MODIE	0.471011	-							<u> </u>	_
MODIFI	CATION	S OR CO	RRECTIONS MADE DURING TH	IIS INSPECTION:						
*None										
							<u> </u>			_
										_
INSPEC	# NOIT	SUGGES	TED IMPROVEMENTS WERE D	ISCUSSED WITH THE	UNDERS	IGNED:				
X (Verb	al Checi	k Out w/	P.O.C - Copy of Report Left On-	Site)	POC-	(Maintenance /	(En-inees)		010010047	
OWNER	/REPRE	SENTAT	VE SIGNATURE		PRINT		Ligiteer)		6/28/2017 DATE	_
			11 1	_						
I state tha	at the info	ormation o	n this form is correct at the time and	place of my samection, a	and that all	equipment tested	d at this time was l	eft in operational	condition upon completion of	
this inspe	ction exc	ept as no	ted in comments above.	///				77.0	The state of the s	
			1110	1-	~					
X	0000		- /		Manuel				#124498	
INSPEC1	OR SIGI	NATURE			PRINT N	AME			NICET#	-



X ANNUAL

SEMI-ANNUAL

QUARTERLY MONTHLY

6/29/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170056/42927 JOB NUMBER

101 N Raddant Rd Batavia IL 60510 telephone (630) 761-3168 facsimile (630) 293-4338

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO: Osw	ego C	USD	#308	l						_	PF	ROPERTY: Pr	airie Point					
ADDRESS:										-	Αľ	ODRESS: 36	50 Grove	Rd.				
CITY:						ST	ATE:			•	CI	TY: Oswego	,			STA	TE:	IL
MONITORING AGENCY						PC)S#					OPERATOR OUT	Hand	lled By	OPERAT	OR IN:	Bld	g Staff
YES N/A NO	A)	GENE	ERAL	(To be	answ	ered b	y the (Owner	or Ow	ner's	rep	resentative)			_	_		
x					occupi													
<u>x</u>										ntents	rem	ained the same sin	ice the last ii	nspection?	' -		First Ins	pection
x x	•				tection					cation	or a	ctuations of device	s or alarms	since the I	ast inspection	157		First Inspec
	•			-								ly exposed to tem			· ·	-		m I was erapper
	В)	GENE			-													
x		1, H	lave th	e sprir	ıkler sy	stems	been e	extende	ed to a	ll visib	le ar	reas of the buildin	gs?					
<u>x</u>				•	•	•						p of all storage ar						
3. Are the building areas protected by a wet syst C) CONTROL VALVES												including its bline	d attics and	perimeter	areas, whe	re access	sible?	
	Cj					m mai	n cont	ml valu	oe an	t all at	hor	valves in the appr	onciale one	n or close	d position?			
x x	•											n position?	opilate ope	II UI GUSE	o positions			
x	•										•	and returned to no	rmal positio	n?				
x	•				kflow P				_		_		•					
												MAIN DRAIN TE	ST RESUL	TS MADE	DURING T	HIS INSF	ECTIO	N
												Water Suj	oply Source	City	X	Other:_		
CONTROL VALVES		ity ection	Pu	ımp	Sect	tional	Sys	item	Е	lev.	1	SYSTEM#	1					
Type	$\overline{}$	SY					0	SY	1	BV	1	Test Pipe Location	on @Base					
No of Valves	1							1	-	2	┨	Size Test Pipe	of Riser		1	\neg	==	
			-	_	-	_		1	┢		┨	Static Pressure			-			-
Yes / No	Υ	N	Y	N	Y	N	Y	N	Y	N		Before	80					
Easily Accessible	х						х		х			Residual Pressu	re 50					
Signs	х					-	х		х		1	Static Pressure After	65					
Valve Open	x						x		x		1	Waterflow Time (Sec.)	w/in 60					
Secured	x						х	-	×		1	SYSTEM#		1		Ť		
Sealed		х						x		×	1	Test Pipe Location	on n			\neg		
Locked		x	\vdash	Т				×	_	×	1	Size Test Pipe						
Supervised	×						x		x		1	Static Pressure Before		-				
Supervision Operational	×						x		×		1	Residual Pressu	ne					
				<u> </u>	L	<u> </u>	1				1	Static Pressure			 	_		\vdash
YES N/A NO												After						
	D)	TANK					CONNE	ECTIO	NS			Waterflow Time	•					-
_x					Site? F		etad to	their f	ull coo	acity #	hose	(Sec.)	e streams a	f flow may	tere within th	ne lost 12	months	2
<u>x</u>	•									-		to be in good exte			reto MINIMI N	10 103t 12	. monute	
					_	- 10						sure and/or water						
x		5. A	re fire	dept. c	connec	tions in	n satisf	actory	conditi	on co	ıplin	igs free, caps or i	olugs in plac	ce and ch	eck valves n	ot leakin	g?	
	E)	WET:										2.						
		1. N	lumbei	r of Sys	stems			1		Size	4"	Riser Equipped w	ith Waterfic	w Detecti-	on.			

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

DDRESS	3
--------	---

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

			24-HO	UR EMERGENCY SE	ERVICE (630)) 761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTIO	N: 1	22	3	4
	<u>x</u>		1. Have all the antifreeze sy	stems been tested? TEM	AP: 4	2		
			G) ALARMS	1217		— _	3	—— ⁴ ———
x			1. Did water flow alarm device	ces operate properly?				
x			2. Did the electric alarms op	erate property?				
X			3. Did the valve supervisory	switches operate properly?	,			
×			4. Are all alarm devices free					
			H) SPRINKLERS - PIPING					
x			1. Do sprinklers generally ap	pear to be in good external	condition and f	ree of paint or corresio	nn?	
×			2. Do sprinklers generally ap	pear to be free of loading	or visible obstru	ction?	3141	
×			3. Are the proper number of					
×			4. Does the exterior condition				he satisfactor/2	
×			5. Has the piping in all syste	ms been checked for obstru	uctive materials	within the last 5 years	o be sausiaciony r	Lest inspectado 2015
x			6. Have all check valves, pre					Last inspected: 2015
		\leftarrow	7. Are all pressure gauges in	s acord condition and been t	ested for accura	ny inspected within the	last 5 years / Last	inspected: 2015
			8. Are any of the sprinkler he	ands 50 years or older? /Tr	estico and/or see	ley or replaced within	ine last 5 years?	-(.1)
	<u>x</u>		Are any quick response here.	nade 20 years or older r	esurigi arrozor rep	nacement is recomme	naed for such spar	ikiers)
			I) DRY SYSTEMS	ada 20 years or older or al	ity dry pendant n	ieads to years or olde	rr	
			1. Number of systems		M-1			
			Date of last trip test		Make a	nd Model		
	x							
	$\frac{}{x}$		2. Is the air pressure and pri					
			3. Did the air compressor op		-			
	<u>x</u>		4. Were all auxiliary drains d		n?	lf yes, ho	w many?	
-	<u>x</u>		5. Did all quick opening devi	_				
_	X		6 Did the low air alarm opera					
	X		7. Did all dry valves operate		pection?			
	<u>x</u>		8. Do dry valves appear to be	protected from freezing?				
*None	<u> </u>							
								
							*	
					 			
			·				-	
								<u></u>
10000								<u> </u>
MODIFI	CATION	S OR CC	RRECTIONS MADE DURING TH	IS INSPECTION:				-
*None								
Ivorie	_						<u> </u>	
								
INSPEC	TION &	SUGGES	TED IMPROVEMENTS WERE D	SCHEER WITH THE HA	DEDCIONED.			
3.4	327		· · · · · · · · · · · · · · · · · · ·	SCOSSED WITH THE DM	DERSIGNED:			
X (Verb	al Chec	k Out w/	P.O.C - Copy of Report Left On-	Site) P.	O.C - (Mainten	ance / Engineer)		6/29/2017
OWNER	REPRE	SENTAT	IVE SIGNATURE		RINT NAME	- Lighter)		DATE
			41					WHI E
			n this form is conscious the time and	place of any uninection, and t	that all equipmen	t tested at this time was	left in operational c	andilian upon completion of
his inspe	ection exc	ept as no	led in comments above.	///	4-4			
			11/2	1/5				
X			/ /	Ma Ma	anuel Rivera			#124498
NSPECT	OR SIGI	NATURE	/		INT NAME			#124456 NICET#
			•		et 1 ventus			INICE! #



SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

6/28/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170057/42928 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO: Osw	ego C	CUSD	#308							_	PF	ROPERTY:	Sout	hbury El	ementai	ry			
ADDRESS										_	ΑĮ	DORESS:	820 F	reston	Dr.				
CITY:						ST	ATE:				CI	TY: Osw	vego				STA	ATE:	<u> 1L</u>
MONITORING AGENCY	2					PC)S#					OPERATOR	OUT:	Hand	led By	OPERA	ATOR IN:	Bk	lg Staff
YES N/A NO X X X X X X X	A) - -	1. Is 2. H 3. A 4. H	the boll as the all flas the las the	uilding occupa ire prof system	occupi incy cla tection remai	ied? T assifica system ned in s	enant tion and ns in se service	spaces d hazar ervice? withou	not cu d of co modifi t modifi	urrenti ntents	y oc rem or a	resentative) cupied ained the san ctuations of d	evices o	r alarms s	ince the la		x ions?	First Ins	spection First Inspect
x x x x x x x x x x x x x x x x x x x	•	1. H 2. D 3. A CONT 1. A 2. A	RAL lave the re the re all s	(To be e sprin ere ap buildin VALVE prinkle control	answikler sy pear to g area S ir syste valves	ered b stems be prote s prote em mai	y the libeen of oper clicked but the control of the	nspec extende earanc y a wel rol valv ervised	tor) ed to a e betw t system es and or lock	II visib reen th m, hea d all ot ked in	le ad le to led, her	y exposed to reas of the bi p of all storag including its valves in the n position? and returned	uildings: ge and s blind at	? sprinkter o ttlcs and p riate oper	leflector? perimeter or closed	areas, wh		ssible?	
x	•	4_ ls	there	a Bacl	(flow F	revent	er on t	he Spri	inkler S	Systen	17	MAIN DRAI Wate		RESULT		DURING ×			ON -
CONTROL VALVES		ity ection	Pu	mp	Sec	tional	Sy:	stem	E	lev.		SYSTE	M #	1	2				
Туре	0	SY			7.		H	3V	u	BV	1	Test Pipe L	ocation	@Base of Riser	>				
No. of Valves		2						2		2	1	Size Test	Pipe	2*	>				
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N		Static Pre- Before	-	90	>				
Easily Accessible	х						x		х			Residual Pr	essure	60	>				
Signs	×						ж		×			Static Pre		80	>				
Valve Open	x						x		×			Waterflow (Sec		w/in 60	w/in 60				
Secured	x						x		x			SYSTE	M #					11 27.000	
Sealed		х						x		х		Test Pipe Li	ocation						
Locked		х						×		х		Size Test	Pipe						
Supervised	x						x		×			Static Pres							
Supervision Operational	х						x		×		1	Residual Pr	ressure						
YES N/A NO	D)	2. H 3. D	ire Pur lave all lo fire p	np on l fire po oumps	Site? F Imps t gravit	PSI: een te y, surfa	sted to	their f	ull cap re tank	s app	ear I	Static Pre- After Waterflow (Sec. Igh the use of the in good issure and/or in the control of the	Time) f hose s externa	al conditio		ers within	the last 1	2 month	s?
<u> </u>	. E/	5. A			onnec	tions ir	satisf	actory	conditi	ion col	nilqu	igs free, caps	s or plu	gs in plac	e and che	ck valves	not leaki	ng?	
		1. N	lumber	of Sys				2		-		Risers Equip		h Waterflo	w Detect	ioກ.			
x		2, 19	hydra	ulic na	me pla	ite, if p	rovide	i, secu	rely at	tached	l to i	riser and legi	ble?						

	AD	DR	ESS
--	----	----	-----

820 Preston Dr., Oswego



INSPECTOR SIGNATURE

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017 DATE

TO THE	≱ (€	RVICES	VALUE ENGINEE	RED FIRE PROTECTION SY	STEMS & SERVIC	E FOR OVER 30 VEADS	101	470057/49000
	rion s	• •		UR EMERGENCY SE				170057/42928 JOB NUMBER
YES	N/A x	NO	F) ANTIFREEZE SYSTEMS 1. Have all the antifreeze sy	AREA OF PROTECTIO	N: 1	2	3	4
			1. Have all the antilized by	TEM	P: 1	2	3	4
			G) ALARMS				- '	
×			Did water flow alarm devi	ices operate properly?				
<u> </u>			2. Did the electric alarms op					
X			3. Did the valve supervisory					
<u> </u>			4. Are all alarm devices free	e of physical damage?				
J			H) SPRINKLERS - PIPING					
×			 Do sprinklers generally ap Do sprinklers generally ap 	ppear to be in good external	condition and free	of paint or corresion?		
X			3. Are the proper number of					
X			4. Does the exterior condition				ntiefestom/2	
x			5. Has the piping in all syste	ems been checked for obstru	ctive materials wil	thin the last 5 vears?	-	Last inspected: 2015
×			6. Have all check valves, pre	e-action and/or deluge valve	s been internally i	nspected within the last 5	vears? Lastine	Last inspected: 2015 spected: 2015
	\equiv	X	Are all pressure gauges in	n good condition and been to	ested for accuracy	or replaced within the las	t 5 vears?	2013
	×		Are any of the sprinkler he	eads 50 years or older? (Te	sting and/or replan	cement is recommended	for such sprinkle	ers)
	<u> </u>		Are any quick response h	eads 20 years or older or ar	iy dry pendant hea	ids 10 years or older?	·	•
			i) DRY SYSTEMS					
			1. Number of systems	<u> </u>	Make and	Model		
	v		Date of last trip test:	(-1			_	
	<u>x</u>		 Is the air pressure and pri Did the air compressor op 					
	<u>x</u>		Were all auxiliary drains d		-2	M 1		
	x		5. Did all quick opening devi			If yes, how man		
	×		6. Did the low air alarm oper					
			7. Did all dry valves operate		ection?			
			8. Do dry valves appear to be	e protected from freezing?				
			ESTS THE FOLLOWING NECES pressure gauges (Over 5 years old				angineering surv	
				· · · · · · · · · · · · · · · · · · ·				
			-	-			-	
								
MODIFI	CATION	S OR CO	PRRECTIONS MADE DURING TH	IIS INSPECTION:				
				HO HIGH EGYTON.				
None								
					<u> </u>	_ .		
NSPEC	S NOIT	SUGGES	TED IMPROVEMENTS WERE D	ISCUSSED WITH THE UNI	DERSIGNED:			
X (Verh	al Chac	c Out wil	P.O.C - Copy of Report Left On-	-Cital	00 B-1 0000	7.7 - 1 WHO 188		
OWNER	/REPRE	SENTAT	IVE SIGNATURE		D.C - Rob (Maint INT NAME	enance / Engineer)		6/28/2017
			" 1	_				DATE
state th	at the info	imation o	n this form is covered at the time and	place of any inspection, and to	hat all equipment te	ested at this time was left in	operational cond	lition upon completion of
his inspi	ection exc	ept as no	ted in comments above.	///				was sport completion of
			11/0	1-				
(TOP OIC	MATIES			nuel Rivera			#124498
MAPEC	TOR SIG	NATURE	/	PR	NT NAME			NICET#



SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

6/27/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO:	- J3W	-go c		,,500							-	_		_			mentary				
ADDRESS:											-	A	DDRESS:	2290	Barring	ton Dr.					
CITY;							ST	ATE:				CI	TY: Auror	ra				ST.	ATE:	_	IL
MONITORING A	GENCY						PC)S#					OPERATOR O	UT.	Hand	led By	OPERA	TOR IN:		Bldg St	aff
YES N/A	NO	A)			•			•				•	resentative)				•				
x x x						occup									Ab I A b						
x	4					-					ntents	rem	ained the same	since	the last in	spection?			First -	Inspec	tion
<u> </u>						tection					eation	or a	ctuations of de	vices o	r alarme c	ince the la	st inspecti	one?			st Inspe
<u>x</u>		•			-								y exposed to t					OTIE!		—"	er ausba
<u> </u>		. 8)				answ				•			,,				,				
x		-,			•			•		•	II visib	le a	reas of the bui	ldings'	?						
×		•	2. D	oes th	еге ар	pear to	be pro	per cl	earanc	e betw	een th	e to	p of all storage	e and s	sprinkler o	leflector?					
x			3. A	re the	buildir	ng area	s prote	cted b	y a we	l syste	m, hea	ted,	including its t	olind a	itics and p	erimeter	areas, wh	ere acces	ssible	?	
		C)	CONT															_			
<u>×</u> —		•			•	-							valves in the a	bbrob	nate oper	or close	position	?			
x		•						-					n position? and returned to		al positio	.2					
<u>x</u> —		•				kflow P		•		-		_	silo reloliteo k	<i>J</i> 1101111	ai positio	**					
<u>~</u>		•	4.10	41010				., .,,	-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••	MAIN DRAIN	TEST	RESULT	S MADE	DURING	THIS INS	PEC	пон	
															y Source:		×	Other			
			ity							_		1			,	G.17			_		
CONTROL VA	LVES		ection	Pu	ımp	Sec	tional	Sys	item	1			SYSTEM	#	1	2	3		l		
Туре		0	SY				· ·	IE	3V			1	Test Pipe Loc	cation	@Base of Riser	>	>		П		
No. of Valv	es .		2						3			1	Size Test F	ipe	2*	>	>		П	\neg	
Yes / No)	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	1	Static Press Before	sure	55	>	>		Г	\top	
Easily Acces	sible	×						х				1	Residual Pre	ssure	30	>	>		П	7	
Signs		х						х				1	Static Press After	sure	40	>	>				
Valve Ope	20	×						×				1	Waterflow T	ime	w/in 60	w/in 60	w/in 60				
<u> </u>			-	 						\vdash		┨	(Sec)	4						+	
Secured	·	х	<u> </u>				<u> </u>	×		_	<u> </u>		SYSTEM	#						\rightarrow	
Sealed			x						x				Test Pipe Loc	cation							
Locked			x						ж				Size Test F	ipe					П	1.	
Supervise	ed	x						х					Static Press Before	sure					П	\top	
Supervision Ope	erational	x						х				1	Residual Pre	ssure					Г		
YES N/A	NO						-			1	•	4	Static Press After	sure					Г	十	
125	,,,,	D)	TANK	S, PU	MPS,	FIRE D	EPT. 0	ONNE	CTIO	NS			Waterflow T	ime						\dashv	
	×		1. F	ire Pur	пр оп	Site? F	PSI:				_		(Sec.)								
x			2. H	ave al	lifire p	umps b	een te	sted to	their f	ull cap	acity th	ırou	gh the use of	hose s	treams o	flow met	ers within	the last 1	2 mo	nths?	
x						-	•	•					o be in good e			n?					
x				_									sure and/or w			_ L4					
х		, E,	5. A WET		7 1 7 7 7	connec	tions in	satisf	actory	conditi	on cou	plin	gs free, caps	or plu	gs in plac	e and che	ck valves	not leaki	ng?		
		-)		nwper		rlame .			3		Sizo	(2)	-4" & (1)-3" Ri	ser Fa	uinned w	th Wated	low Dater	tion			

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

AD			



FIRE SPRINKLER INSPECTION REPORT (PAGE 2).

6/27/2017	
DATE	

OFF	TION SE	RVIC	VALUE ENGINEERED FIRE PROTECTI 24-HOUR EMERGENO					JOB NUMBER
YES	N/A	МО	F) ANTIFREEZE SYSTEMS AREA OF PROT	ECTION:	1	2	3	4
	x		 Have all the antifreeze systems been tested? 		-			
				TEMP:	1	2	3	4
			G) ALARMS					
<u>x</u>			Did water flow alarm devices operate properly	?				
<u>x</u>			Did the electric alarms operate properly?					
<u>x</u>			3. Did the valve supervisory switches operate pro					
<u> </u>			Are all alarm devices free of physical damage? SPRINKLERS - PIPING	•				
			Do sprinklers generally appear to be in good e	viernal con	dition and from	of point or correcion?		
-			Do sprinklers generally appear to be free of to					
_ <u>x</u>			Are the proper number of extra sprinklers and					
x	-		4. Does the exterior condition of the piping, hang				tisfactoru?	
			5. Has the piping in all systems been checked for			A. 137	distriction y :	Last inspected: Unk.
			6. Have all check valves, pre-action and/or delug				vears? Last	
			7. Are all pressure gauges in good condition and		_	The state of the s	•	
	x		8. Are any of the sprinkler heads 50 years or olde				-	klers)
	×		9. Are any quick response heads 20 years or old-		_			•
-			I) DRY SYSTEMS	100				
			1. Number of systems		Make and	Model		
			Date of last trip test:					
	x		Is the air pressure and priming water levels no	rmal?				
	×		3. Did the air compressor operate satisfactory?					
	×		 Were all auxiliary drains drained during this ins 	•		If yes, how man	y?	
	<u> </u>		Did all quick opening devices operate satisfact	orily?				
	x		6. Did the low air alarm operate satisfactorily?					
	<u>x</u>		 Did all dry valves operate satisfactorily during the B. Do dry valves appear to be protected from free 		ion?			
		- 1/1	ESTS THE FOLLOWING NECESSARY IMPROVEMED PROVIDENCE OF THE PROVIDE OF THE PROVIDENCE				angineering s	survey)
						7, 1 20,11		
						22		
					5.7	AT .		
-								
				===				
							*	
MODIF	CATION	S OR CO	PRRECTIONS MADE DURING THIS INSPECTION:					
*None								
		-						
INSPEC	STION &	SUGGES	STED IMPROVEMENTS WERE DISCUSSED WITH T	HE UNDE	RSIGNED:			
			nadia (a marian)	_		9.000		
			P.O.C - Copy of Report Left On-Site)			enance / Engineer)		6/27/2017
OMNER	CAREPR	AIMac	IVE SIGNATURE	PRINT	NAMÉ			DATE
I state the	nat the inf ection ex	ormation o	on this form is correct of the time and place of my inspected in comments above	n, and that	all equipment te	sted at this time was left in	operational o	condition upon completion of
Х			1 219	Manu	el Rivera			#124498
_	TOR SIG	NATURE			NAME	 :		NICET #



SEMI-ANNUAL

QUARTERLY MONTHLY

6/26/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170059/42929 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO: 0)sw	ego C	USD	#308							_	PI	ROPERTY: Wolf	's Cross	ing Elen	nentary				
ADDRESS:									ADDRESS: 3015 Heggs Rd.											
CITY:							ST/	ATE:			-	CI	CITY: Oswego S					TATE: IL		
MONITORING AGENCY: Sound Inc. POS # OPERATOR OUT: Handled By OPERATOR IN Blidg State YES N/A NO A) GENERAL (To be answered by the Owner or Owner's representative) x 1. Is the building occupied? Tenant spaces not currently occupied x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x 3. Are all fire protection systems in service?	g Staff																			
	NO	A)			*			*					•			•	•			
_x					_				•					the last is	onedien?			en		
		,				-					ntents	rem	ained the same since	the last m	spection	-	<u>x</u>	rirst ins	pection	
<u> </u>											cation	or a	ctuations of devices of	or alarms s	ince the la	st inspection	ns?	x	First Inspection	
			5. A	re any	extra	high te	mperal	tures s	older s	prinkle	rs reg	ular	ly exposed to tempe	ratures ne	аг 300°F1	?	11/60*		_	
		B)																		
<u>x</u>																				
_ x					•		•	•						•			re perec	eiblo2		
<u> </u>		Cl				-	a prote	oteu D	y a wa	i Syste	11, 1100	itou	modeling its brind a	tuos enta (2011110101	areas, wile	ie auces	Sibio t		
х							em mai	n cont	rol valv	es and	all ot	her	valves in the approp	riale oper	or closed	position?				
x								85				•	-							
										_		_	and returned to norm	nal positio	n?					
<u>x</u> _			4. IS	there	a Bac	KNOW P	revent	er on t	ne Spr	inkler	system	17	MAIN DOAIN TES	r DECIII '	re Marie	DURING T	HIC INC	DECTIO	M	
																		FECTIO	N	
			ia.					_		_		3	Trailer Suppr	y Jource.	Oity.		Ollier.			
CONTROL VALVE	S			Pu	ımp	Sect	lional	Sys	tem				SYSTEM#	1	2					
Туре		0	SY					11	3V				Test Pipe Location		>					
No. of Valves			2						2				Size Test Pipe	2*	>					
Yes / No		Y	N	Υ	N	Υ	N	Υ	N	Υ	N			60	>					
Easily Accessible	9	×						х				1	Residual Pressure	40	>					
Signs		×						ж						45	>			•		
Valve Open		×						x						w/in 60	w/in 60			4.5		
Secured		x						х]	SYSTEM#							
Sealed			×						х				Test Pipe Location							
Locked			x						×				Size Test Pipe							
Supervised		×						×]								
Supervision Operation	3000			\vdash				-				1	***			\vdash	\neg		\vdash	
Supervision Operation	UNAT	Х						×					36.00							
YES N/A N	NO																			
		D)	TANK	S, PU	MPS, I	FIRE D	EPT. C	ONNE	CTIO	NS										
	x				•						-			<u> </u>					لــــــــــــــــــــــــــــــــــــــ	
<u>x</u>					•	•				-			_			ers within th	ne last 12	? months	7	
	_			-				,					-		n <i>t</i>					
	_			_	•					•					e and che	ck valves n	ot leakin	g?		
	_	E)		SYSTE														_		
			1. N	umber	of Sys	tems_			2		Size	4"	Risers Equipped wit	h Waterfl	ow Detect	on.				
x			2. Is	hydra	ulic na	me pla	te, if p	rovided	l, secu	rely at	tached	to i	riser and legible?							

_	RESS	-

3015 Heggs Rd., Aurora



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/26/2017 DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEAR	R5
24-HOUR EMERGENCY SERVICE (630) 761-3168	

, s.C.	TION SE	-		KOIECHON STSTE				N170059/42929
			24-HOUR EME	RGENCY SERV	ICE (630)	761-3168		JOB NUMBER
			e. ANTICHCETC OVETERS AND A	OF DOOTS OF ONL		•	2	4
S	N/A	МО	A CONTRACTOR OF THE CONTRACTOR	OF PROTECTION:	1	2	3	4
_	<u>x</u>		Have all the antifreeze systems been	TEMP:		2	2	4
			G) ALARMS	r Entire	5	2		4
			Did water flow alarm devices operate	properly?				
_			Did the electric alarms operate prope					
_			3. Did the valve supervisory switches or	•				
_			4. Are all alarm devices free of physical					
_			H) SPRINKLERS - PIPING					
			t. Do sprinklers generally appear to be	in good external cor	dition and fre	e of paint or corrosion?		
_	=		2. Do sprinklers generally appear to be	free of loading or vi	sible obstructi	ion?		
_			Are the proper number of extra sprink	ders and wrenches	available on th	ne premises?		
_			4. Does the exterior condition of the pipi	- 10000			satisfactory?	
			5. Has the piping in all systems been ch			2000	_	Last inspected: 201
_			6. Have all check valves, pre-action and	1.07			•	inspected: 201
		<u> </u>	7. Are all pressure gauges in good cond		200	1 200	-	4.1
_	<u> </u>		8. Are any of the sprinkler heads 50 year		- 70.0		a for such sprin	Kiers)
_	<u> </u>		Are any quick response heads 20 year DRY SYSTEMS	ars or older or any d	ry pendant ne	ads 10 years or older?		
			1. Number of systems		Make and	t Model		
			Date of last trip test:		- Marc and	a Model		
	x		2. Is the air pressure and priming water	levels normal?				
_	X		3. Did the air compressor operate satisf					
_	×		4. Were all auxiliary drains drained during	20.00.00.00.00.00.00.00.00.00.00.00.00.0		If yes, how m	any?	
_	×		5. Did all quick opening devices operate	100000 1000				
_	×		6. Did the low air alarm operate satisfac	torily?				
	х		7. Did all dry valves operate satisfactori	ly during this inspec	tion?			
	×		B. Do dry valves appear to be protected	from freezing?				
eplac	e oul date	d system	pressure gauges (Over 5 years old X2 / 2011)			***		
			**					
_								
		1 50,000	5.00.10					
_								
DIF	CATION	S OR C	ORRECTIONS MADE DURING THIS INSPEC	CTION:				
ne								
								
PEC	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED	WITH THE UNDE	RSIGNED			
				10.0				
			/ P.O.C - Copy of Report Left On-Site)			enance/ Engineer)		6/26/2017
NEF	K / REPRI	SENTA	TIVE SIGNATURE	PRIN'	NAME			DATE
			on this form is correct at the tirrle and place of moted in comments above	vinspection, and that	all equipment	lested at this time was lef	t in operational o	condition upon completion
			11/14	~	at Divos			#404400
DEC	TOR SIG	MATURE			el Rivera			#124498 NICET #
PEC	I UK SIG	MATURE		PRIN	NAME			NIGE! #



SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

6/26/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

REPORT TO: 0	swe	ego C	USD	#308	1						_	P	ROPERTY: Bed	narcik Jr	, High S	chool			
ADDRESS											_	Α	DDRESS: 3025	Heggs	Rd.				
CITY:							ST.	ATE:			_	С	ITY: Aurora				ST	ATE:	IL
MONITORING AGEN	ICY,		8	Sound (пс		P	os#					OPERATOR OUT:	Hand	lled By	OPER/	ATOR IN	Bld	g Staff
	, ON	A)			4.00			-					resentative)			•			
					_	•							cupied ained the same since	the last in	enaction?			First Inc.	
	—						syster				ulicino.	161	daned the same same	ure last u	ishection t		x	First Ins	рескоп
x x x	_										cation	or a	ctuations of devices	or alarms s	ince the la	ast inspect	ions?	×	First Inspects
x						_				-	ers reg	ular	ly exposed to tempe	ratures ne	ar 300°F	?			
¥		В)					ered b				ll vieib	lo o	reas of the buildings	2					
x					_	200.00							p of all storage and		deflector?				
x								-					, including its blind a	•			ere acce	sible?	
		C)	CONT					OR ST									_		
x x x						-							valves in the approp n position?	mate oper	1 or close	d position	7		
								100				•	and returned to nom	nal positio	n?				
<u> </u>	_		4. ls	s there	a Bac	kflow F	revent	er on t	he Spr	inkler :	Systen	1?							
													MAIN DRAIN TES						N
												,	Water Suppl	y Source	City	×	Other:		
CONTROL VALVE	s		ity ection	Pu	ımp	Sec	tional	Sy:	tem	E	lev.		SYSTEM#	FEED	1	2	3	4	5
Туре		0	SY			II	BV	11	3V	ı	BV		Test Pipe Location	@Base of Riser	> 14	>	>	>	> "
No. of Valves			2				1		5		1		Size Test Pipe	2"	>	>	>	>	>
Yes / No	╗	Υ	N	Υ	N	Υ	N	Y	N	Y	N	1	Static Pressure Before	55	>	>	>	>	>
Easily Accessible	ia .	×				х		x		х		1	Residual Pressure	45	>	>	>	>	>
Signs		x				×		х		х			Static Pressure After	50	>	>	>	>	>
Valve Open		x				×		×		x	1	l	Waterflow Time (Sec.)	N/A	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
Secured	╗	x				×		×		x		1	SYSTEM#					7/	V
Sealed			х				x		х		x		Test Pipe Location						\vdash
Locked			х				х		x		х	1	Size Test Pipe						
Supervised	ᆏ	x				×		×		x	т	1	Static Pressure						
	⊣			┝	\vdash	Ë	-	-			₩	ł	Before						\vdash
Supervision Operation	nal	X				×		×	<u></u>	×	<u>L</u>		Residual Pressure						
YES N/A N	О												Static Pressure After	-				1	
		D)	TANK	S, PU	MPS, i	IRE D	EPT. C	ONNE	CTIO	NS			Waterflow Time						
	<u>x</u>				•	Site? F		ném d é	Alexander of	40 e =:	n 		(Sec.)	<u></u>			46-4 1 1		لــــــــــــــــــــــــــــــــــــــ
<u>x</u>	_										_		gh the use of hose s to be in good externa			ers within	ıne rast 1	z months	7
x	_												sure and/or water le		•••				
x			5. A	re fire	dept. c								gs free, caps or plu		e and che	ck valves	not leaki	ng?	
		E)	WET:			tems _			5		Sizo	(5)	-6" Risers Equipped	with Mar	adlow Da	taction 9 4	11.6° 50-	ч	
x						_				rely at	•	$\overline{}$	iser and legible?	mui Trali	UNION DE	CONTOL O	17-0 1-00	u .	



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/26/2017 DATE

ALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170061/42930

,C	TON SE	~	24 HOUR EMER	GENCY SEDV	(ICE (630)	761 2160		JOB NUMBER
			24-HOUR EMER	GENCT SERV	TCE (630)	701-3100		JOB NOMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF 1. Have all the antifreeze systems been to	F PROTECTION:	.1	22	3	4
			,	TEMP:	1	2	3	4
			G) ALARMS					
x			Did water flow alarm devices operate p.					
X			2. Did the electric alarms operate properly					
<u>x</u>			Did the valve supervisory switches ope Are all alarm devices free of physical data.					
X			H) SPRINKLERS - PIPING	amager				
x			Do sprinklers generally appear to be in	good external cor	ndition and fre	e of paint or corrosion?	?	
×			2. Do sprinklers generally appear to be fre					
x			3. Are the proper number of extra sprinkle	rs and wrenches	available on tl	ne premises?		
x			Does the exterior condition of the piping				e satisfactory?	
x			5. Has the piping in all systems been cher					Last inspected: 2016
<u>x</u>			6. Have all check valves, pre-action and/o					inspected: 2016
—	-	×	Are all pressure gauges in good conditi Are any of the sprinkler heads 50 years					nklare)
_	<u>×</u>	_	Are any quick response heads 20 years					(MOIS)
_	<u> </u>		I) DRY SYSTEMS	, or older or gity o	ry periodik ric	des to yours or older.		
			1. Number of systems		Make an	d Model		
			Date of last trip test:			25 -		
	x		2. Is the air pressure and priming water le					
	X		Did the air compressor operate satisfac				109 _	
	×		4. Were all auxiliary drains drained during	A C. S. C. S		If yes, how	many?	
	×		5. Did all quick opening devices operate s					
	<u> </u>		 Did the low air alarm operate satisfactor Did all dry valves operate satisfactorily 		tion?			
	x		B. Do dry valves appear to be protected from the protected from t	6.73	durir			
Replac	e out date	ed system	pressure gauges. (Over 5 years old / x6/ 2011)					
rapido	C OUI OUI	a oyatan	r presource garges. (Over a years eler von 2011)					
			100					
			7,5				- E	664-69-
						3.00		
ODIF	ICATION	S OR C	ORRECTIONS MADE DURING THIS INSPECT	TION:				
None								
				8 6573				
ISPE	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED	WITH THE UNDE	RSIGNED:			
			P.O.C - Copy of Report Left On-Site)			ntenance / Engineer)	8.7	6/26/2017
			TIVE SIGNATURE	PRIN	TNAME			BATE
slate t	hat the int pection ex	ormation cept as n	on this form is correct at the time and place of my oted in comments above	inspection, and tha	t all equipment	tested at this time was l	elt in operational	condition upon completion c
			11111	2	. 20			1140
(ALA TO SEC	, - 🗸		uel Rivera			#124498
NSPE(CTOR SIG	INATURI		PRIN	T NAME			NICET #



SEMI-ANNUAL QUARTERLY MONTHLY

6/27/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170062/42931 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

MONITORING AGENCY: Sound Inc. POS # OPERATOR OUT: Handed By OPERATOR IN: Bldg State 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 x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x 3. Are all fire protection systems in service?	IL
MONITORING AGENCY: Sound Inc. POS # OPERATOR OUT: Hanided By OPERATOR IN: Bidg State 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 X 3. Are all fire protection systems in service? X 4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First X 5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? B) GENERAL (To be answered by the inspector)	н
YES N/A NO A) GENERAL (To be answered by the Owner or Owner's representative) x	~~
x 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 x 3. Are all fire protection systems in service? x 4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First x 5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? B) GENERAL (To be answered by the inspector)	tt
x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Inspection x 3. Are all fire protection systems in service? x 4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First x 5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? B) GENERAL (To be answered by the inspector)	
x 3. Are all fire protection systems in service? x 4. Has the system remained in service without modification or actuations of devices or alarms since the last inspections? x First x 5. Are any extra high temperatures solder sprinklers regularly exposed to temperatures near 300°F? B) GENERAL (To be answered by the inspector)	on.
B) GENERAL (To be answered by the inspector)	011
B) GENERAL (To be answered by the inspector)	Inspec
x 2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?	
 C) CONTROL VALVES Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? 	
x 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?	
x 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:	
City	
CONTROL VALVES Connection Pump Sectional System Elev SYSTEM # 1 2 3	
Type OSY IBV IBV Test Pipe Location @Base of Riser > >	
No of Valves 2 3 Size Test Pipe 2* > >	
Yes / No Y N Y N Y N Y N Y N Static Pressure 65 > >	
Easily Accessible x x x Residual Pressure 45 > >	
Signs x x x Static Pressure 55 > >	
Valve Open x x x Waterflow Time (Sec) w/in 60 w/in 60	
Secured x x x SYSTEM#	
Sealed x x x Test Pipe Location	
Locked x x x Size Test Pipe	
Supervised x x x Static Pressure Before	
Supervision Operational x x x Residual Pressure	
YES N/A NO Static Pressure After	
D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS After Waterflow Time	
x 1. Fire Pump on Site? PSI: (Sec.)	
x 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?	
x 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?	
x 5. Are fire dept. connections in satisfactory condition couplings free, caps or plugs in place and check valves not leaking?	
E) WET SYSTEMS	
Number of Systems 3	- "

AD	DR	ES	S

26923 W. Grande Park Blvd



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/27/201	7
DATE	_

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170062/42931

- 0	NON >		24-HOUR EMERG	SENCY SERV	1CE (630)	761-3168		JOB NUMBER
5	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF	PROTECTION:	1	2	3	4
_	<u> x</u>		1. Have all the antifreeze systems been ter			10	2.	
			G) ALARMS	TEMP:	1	22	3	4
			Did water flow atarm devices operate pro	operly?				
-			2. Did the electric alarms operate properly					
_			3. Did the valve supervisory switches opera	ate properly?				
	=	=	4. Are all alarm devices free of physical da	mage?				
			H) SPRINKLERS - PIPING					
_			Do sprinklers generally appear to be in g	1.74		•		
_			 Do sprinklers generally appear to be free Are the proper number of extra sprinkler 					
-			Does the exterior condition of the piping.				atisfactory?	
_		x	5. Has the piping in all systems been check	_			and and and and a	Last inspected: Ur
_		x	6. Have all check valves, pre-action and/or				years? Last i	
_		×	7. Are all pressure gauges in good condition	n and been teste	d for accurac	y or replaced within the las	t 5 years?	-
_	x	=	8. Are any of the sprinkler heads 50 years	or older? (Testin	g and/or repla	cement is recommended (for such sprint	ders)
_	<u> </u>		9. Are any quick response heads 20 years	or older or any d	ry pendant he	ads 10 years or older?		
			I) DRY SYSTEMS		1997	1		
			Number of systems Date of last trip test:		Make and	d Model		
	x		2. Is the air pressure and priming water lev	els normal?				
_			Did the air compressor operate satisfact					
_	<u> </u>		4. Were all auxiliary drains drained during	Tarana Patrian		If yes, how mar	197	
	×		5. Did all quick opening devices operate sa			2 13	, <u> </u>	
_	×		6. Did the low air alarm operate satisfactor	ily?				
_	X		Did all dry valves operate satisfactorily d	uring this inspec	tion?			
_	<u> </u>		Do dry valves appear to be protected fro	m freezing?				
	-		spection on system piping and FDC / check valve. (No pressure gauges. (Over 5 years old / x3 / 2011)	lo tags or signs of	previously do	ne) (4*-GxG)		
_						- 216.4-		
								39Yaz 7
)IF	ICATION	IS OR C	ORRECTIONS MADE DURING THIS INSPECTI	ON:				
e								
_		_	<u>.</u> _			<u></u>		
E	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED W	ATH THE UNDE	RSIGNED:			
(or	hal Cher	k Out w	/ P.O.C - Copy of Report Left On-Site)	PO	- Davo (Ma	intenance / Engineer)		6/27/2017
			TIVE SIGNATURE		NAME	interiarioe / Engineer)		DATE
			on this form is correct at the time and place of way in oled in community above.	Pection, and that	all equipment	tested at this time was left in	n operational c	ondition upon completio
			11/24		el Rivera		10	#124498
PEC	CTOR SIG	NATURE	1	PRINT	NAME	_		NICET#



X ANNUAL

SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

6/28/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170063/42779 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

101 N Raddant Rd Batavia IL 60510 telephone (630) 761-3168 facsimile (630) 293-4338

24-HOUR EMERGENCY SERVICE (630) 761-3168

Tacsimile (630) 293-433	5									•	PHO	NE NUM	IBER
REPORT TO: Os	wego CUSD	#308				PROP	ERTY: Plan	k Jr. Hig	h				
ADDRESS:						ADDR	ESS: 510	Secretar	iat Lane				
CITY:			ST/	ATE:		CITY:	Oswego				STAT	re:	IL
MONITORING AGEN	Y:	Acadian	PC)S#		OPE	RATOR OUT:	Hand	led By	OPERA	TOR IN:	Bldg	Staff
YES N/A NO	1.3	s the building	occupied? T	enant spaces	or Owner's r	occupie	ed			•			
<u>x</u>	_	las the occupa Are all fire pro	-			emained	I the same since	the last in	spection?		xF	First Insp	ection
x x x x x x x x x x x x x x x x x x x	5, / B) GEN: 1. h 2. [3. / C) CON 1. / 2. / 3. h	Are any extra I ERAL (To be flave the sprin Does there ap Are the buildin TROL VALVE Are all sprinkle Are all control Have all control	nigh temperati answered by kler systems pear to be pro- g areas prote S or system mai valves sealed of valves beer	ures solder s y the inspect been extended oper clearance cted by a well in control valved, supervised to operated the	prinklers regultor) ded to all visible between the system, heat res and all oth or locked in or orough full rang	areas top of ed, incluser valve pen pos e and r	ions of devices of posed to tempe of the buildings all storage and uding its blind a es in the approp sition?	ratures ne ? sprinkler o attics and p priate open	ar 300°F' deflector? perimeter	? areas, who	ere access	x ible?	First inspection
х	→ ^{4.1}	s there a Baci	tiow Prevent	er on the Spr	inkler System		IN DRAIN TES	T RESIII 1	S MADE	DURING '	THIS INSP	ECTION	
						WATE	Water Suppl			x	Other:		
CONTROL VALVES	City Connection	Pump	Sectional	System	Elev.		SYSTEM#	1	2	3			
Туре	OSY			IBV	!BV	Tes	st Pipe Location	@Base of Riser	>	>			
No. of Valves	2			3	2	s	Size Test Pipe	2*	>	>			
						s	tatic Pressure						

CONTROL VALVES		ection	Pu	mp	Sect	ional	Sys	tem	Ei	ev.
Туре	0	SY					18	3V	!E	BV
No. of Valves		2						3	:	2
Yes / No	Y	N	Y	N	Y	N	Υ	N	Y	N
Easily Accessible	x						х		х	
Signs	х						×		х	
Valve Open	х						x		х	
Secured	×						x		x	
Sealed		х						x		х
Locked		х						×		ж
Supervised	×						x		х	
Supervision Operational	x						×		×	

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			
SYSTEM#						
Test Pipe Location						
Size Test Pipe						
Static Pressure Before						
Residual Pressure						
Static Pressure After						
Waterflow Time (Sec.)						
 h the use of been s	·		-1-44-1-	44-1-44	O	

YES	N/A	NO			After						
			D) TANKS, PUMPS, FIRE DEPT. CONNECTION	S	Waterflow Time						
		x	1. Fire Pump on Site? PSI:		(Sec.)						
	x		Have all fire pumps been tested to their full	Il capacity thr	ough the use of hose s	treams o	flow met	ers within	the last 1	2 months	?
	×		3. Do fire pumps, gravity, surface or pressure	a tanks appea	ar to be in good externa	al conditio	n?				
	×		4. Are gravity, surface and pressure tanks at	the proper pr	ressure and/or water le	vels?					
x	_		5. Are fire dept. connections in satisfactory of	ondition coup	ilings free, caps or plu	gs in plac	e and che	ck valves	not leaki	ng?	
			E) WET SYSTEMS								
			1. Number of Systems3	Size	(1)-6" & (2)-4" Risers E	quipped v	with Wate	rflow Dete	ction.		
х			2. Is hydraulic name plate, if provided, secure	ely attached t	o riser and legible?						

ADDRESS 510 Secretariat Ln., Osv



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017 DATE

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS
24-HOUR FM FRGENCY SERVICE (630) 761-3468

IN170063/42779

			24-HOUR EMERGENCY S	ERVICE (63	0) 761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF PROTECTION	N: 1	2	3_	4
	X		 Have all the antifreeze systems been tested? 				
			TEN	#P: 1	22	3	4
			G) ALARMS				· · · · · · · · · · · · · · · · · · ·
_ <u>x</u>			Did water flow alarm devices operate properly?				
_			Did the electric alarms operate properly?				
<u>x</u>			3. Did the valve supervisory switches operate properly?	,			
<u>x</u>	-		Are all alarm devices free of physical damage? By SPRINKLERS - PIPING				
×			1. Do sprinklers generally appear to be in good externa	I condition and	free of paint or corrosio	n?	
×			2. Do sprinklers generally appear to be free of loading	or visible obstru	uction?		
×			3. Are the proper number of extra sprinklers and wrence	hes available o	n the premises?		
×			4. Does the exterior condition of the piping, hangers, dr			be satisfactory?	
×			Has the piping in all systems been checked for obstr	uctive materials	within the last 5 years:	?	Last inspected: 2015
Х			Have all check valves, pre-action and/or deluge valve				t inspected: 2015
		×	Are all pressure gauges in good condition and been t	ested for accur	acy or replaced within the	he last 5 years?	2010
	x		Are any of the sprinkler heads 50 years or older? (To	esting and/or re	placement is recommer	nded for such spri	nklers)
	<u> x</u>		9. Are any quick response heads 20 years or older or a: I) DRY SYSTEMS	ny dry pendant	heads 10 years or older	?	
			1. Number of systems	Make	and Model		
			Date of last trip test:				
	x		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	ก?	If yes, how	v manv?	
	×		5. Did all quick opening devices operate satisfactorily?				
	×		6. Did the low air alarm operate satisfactorily?				
	×		Did all dry valves operate satisfactorily during this ins	pection?			
	x		8. Do dry valves appear to be protected from freezing?				
*Replac	e out date	d system	pressure gauges. (Over 5 years old / x3 / 2011)				
MODIF	CATION	S OR CC	PRRECTIONS MADE DURING THIS INSPECTION:		.		
			THE HOLD BOTTHE THE HAP ECTION.				
*None	_						
INSPEC	TION &	SUGGES	TED IMPROVEMENTS WERE DISCUSSED WITH THE UN	DERSIGNED:			
X (Vorh	al Cheri	c Out wif	P.O.C - Copy of Report Left On-Site)	0.0 0-00	///		
				O.C - Derrick ((Maintenance / Engine	er) _	6/28/2017
			" 1	THE PERSON NAMED IN			DATE
			in this form is correct at the time and place of any impection, and ted in comments above.	that all equipme	nt tested at this time was	left in operational of	condition upon completion of
			11/2/				
X INSPEC	TOR SIG	VATURE		anuel Rivera	<u>.</u>	72.	#124498
HASPEC	OK SIG	MATURE	/ PF	RINT NAME		100	NICET #



SEMI-ANNUAL QUARTERLY MONTHLY

6/28/2017

FIRE SPRINKLER INSPECTION REPORT

IN170064/42932 JOB NUMBER

101 N Raddant Rd Batavia IL 60510 telephone (630) 761-3168 facsimile (630) 293-4338

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

EPORT TO: C)5W6	ego C	เบรบ	#308	<u> </u>						-	PRO	PERTY:	Thon	прѕол Ј	r. High							
DDRESS.											_	ADE	RESS:	440	Boulder	Hill Pass	3						
ITY:							ST	ATE:				CIT	r: Osw	/ego				ST.	ATE:	IL			
IONITORING AGE	NCY:						PC)S#				0	PERATOR (OUT:	Hand	led By	OPERA	TOR IN:	В	ldg Staff			
res n/a i	NO	A)			•			-				•	sentative)				•						
<u>x</u>						occup							pied ned the sam	e eince	the last in	enaction?			Cont le				
x						tection					illeilis	remak	reu ure sam	e since	uie iast iii	spections		X		spection			
x x	_						-				ication	cation or actuations of devices or alarms since the last inspections?											
					•							s regularly exposed to temperatures near 300°F?											
		B)				answ							•	•									
	x		1. H	lave th	e sprir	kler sy	stems/	been e	extende	ed to a	II visib	le area	as of the bu	uildings	?								
x x													of all storag										
<u> </u>						_	s prote	cted by	y a we	l syste	m, hea	ited, ir	cluding its	blind a	ttics and p	perimeter .	areas, wh	ere acces	ssible?				
		C)	CONT															_					
x = = = =													lves in the	approp	riate oper	or closed	position	?					
*													oosition? d returned (to norm	al positio	n?							
-	_					kflow P				_		_	n terminen	to Holli	iai positio	111							
<u> </u>			7. 10	, 4,0,0	a bac			C1 O11 II	ю орг		o y occor		IAIN DRAI	N TEST	resul	rs made	DURING	THIS INS	SPECTI	ON			
															y Source:			Other:					
	_	Č	ity			т—		_		_		1 6			,								
CONTROL VALVE	S		ection	Pu	ımb	Sectional		Sys	System		Elev		SYSTEM	W #	1	2		ľ	İ				
Туре		0:	SY					IBV		-	BV	1 [Test Pipe Lo	ocalion	@Base of Riser	>							
No. of Valves		:	2					2			2	П	Size Test	Pipe	2*	>							
Yes / No		Y	N	Υ	N	Υ	N	Υ	N	Y	N	1 [Static Pres		80	>							
Easily Accessible	,	х						х		х		1 [Residual Pro	essure	55	>							
Signs		х						×		×		1	Static Pres		65	>							
Valve Open		x		$\overline{}$				×		×		1	Waterflow	Time	w/in 60	w/in 60							
vaive open	-			<u> </u>	⊢	_	_		_	<u> </u>	⊢	 ↓ ⊨	(Sec)	Wall GO	WAITIOO				<u> </u>			
Secured		x						x		×		Ш	SYSTEM	# N									
Sealed			x						х		х		Test Pipe Lo	ocation									
Locked			x						x		х		Size Test	Pipe									
Supervised		×						х		x		П	Static Pres										
			\vdash	\vdash	\vdash		-		\vdash		\vdash	1 1	Before		_					+-			
pervision Operation	onai	x						×		×		IJĽ	Residual Pro										
ES N/A P	10												Static Pres After										
		D)				FIRE D		ONNE	CTIO	NS		П	Waterflow										
	X					Site? F			41			Ļ	(Sec.)		Ļ	لـــــــا	1.4 1			<u></u>			
						•						_	the use of				ers within	ine last 1	2 mont	157			
— - x –	_				,								be in good ire and/or v			Πſ							
<u> </u>	_			_							•		ire ancor v i free, caps			e and che	ck valves	not leeki	na?				
	_	E)	WET:		•		.,0,,0 (1)		and y	-o-raiti	J., 001	-harres (All a	ou oups	o più	95 Pido			. TO TOOM	y.				
		-,				items_		:	2		Size	4" Ri	sers Equip	ped wit	h Waterflo	w Detecti	on.						
x					_		4	rovided	l, secu	rely at	•	-	er and legit										



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/28/2017 DATE

3 3 AC						
TICTION SERVICE	VALUE ENGINEE	RED FIRE PROTECTION	SYSTEMS & SERVI	CE FOR OVER 30 YEA	krs ji	N170064/42932
10(1)	24-HC	OUR EMERGENCY	SERVICE (630)	761-3168		JOB NUMBER
YES N/A NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECT	ION: 1	2	3	4
	1. Have all the antifreeze s		EMP: 1	2	2	
	G) ALARMS	•			3	4
x	1. Did water flow alarm dev	ices operate properly?				
	Did the electric alarms of	perate properly?				
_ x	Did the valve supervisory		y?			
<u>x</u> — —	4. Are all alarm devices free	e of physical damage?				
x	H) SPRINKLERS - PIPING					
	 Do sprinklers generally a Do sprinklers generally a 	ppear to be in good exteri	nal condition and fre	e of paint or corrosion	1?	
<u>x</u>	3. Are the proper number of					
х	4. Does the exterior condition				be satisfactory?	
x	Has the piping in all syste	ems been checked for obs	tructive materials v	vithin the last 5 years?		Last inspected: 2015
_x	Have all check valves, pr	e-action and/or deluge va	lves been internally	inspected within the I	ast 5 years? Last in	spected: 2015
x	7. Are all pressure gauges i	n good condition and bee	n tested for accurac	y or replaced within th	e last 5 years?	
<u>x</u>	8. Are any of the sprinkler h	eads 50 years or older? (Testing and/or repl	acement is recommen	ided for such sprink	lers)
x	9. Are any quick response h I) DRY SYSTEMS	eads 20 years or older or	any dry pendant he	eads 10 years or older	?	
	1. Number of systems		Make an	d Model		
	Date of last trip test		Widne all	u wode		<u> </u>
x	2. Is the air pressure and pr	iming water levels normal	?			
x	3, Did the air compressor of	-				
x	 Were all auxiliary drains 			If yes, how	many?	
x	Did alt quick opening dev		?	_		-
x	6. Did the low air alarm ope					
x	 7. Did all dry valves operate 8. Do dry valves appear to b 					
THE INSPECTOR SUG	GESTS THE FOLLOWING NECE:	SSARY IMPROVEMENTS	3: (these suggestion	ons are not the result o	of an engineering su	rvey)
*Poplace out dated as at		73/37 141				
replace out dated system	n pressure gauges (Over 5 years old	/x2/2011)				
		"		.		
		-	 -	 :		-
			.			
(Please Note: Partial cover	rage system only)					
the land there is a state of the	age system unity)					
				<u> </u>		
MODIFICATIONS OR CO	ORRECTIONS MADE DURING T	HIS INSPECTION:				
*None						
	· · · · · · · · · · · · · · · · · · ·	*	_			
			<u> </u>		<u> </u>	
INSPECTION & SUGAR	2750 MADDONESIA					
INSPECTION & SUGGE	STED IMPROVEMENTS WERE (DISCUSSED WITH THE L	INDERSIGNED:			
100						
X (Verbal Check Out w. OWNER / REPRESENTATION	P.O.C - Copy of Report Left Or		P.O.C - (Maintena	nce / Engineer)		6/28/2017
OWNER/REPRESENTA	TIVE SIGNATURE	1954	PRINT NAME			DATE
I state that the information	on this form is confect at the time and	d place of projumpection, an	d that all equipment	tested at this time was	left in operational so-	rdition upon completion of
this inspection except as no			- and on equipment	reason of Alia mile Aq2	ien in operational col	www.nhou completion of
	11/2	1/5				
X			Manuel Rivera			#124498
INSPECTOR SIGNATURE	/		PRINT NAME			NICET#



SEMI-ANNUAL QUARTERLY MONTHLY

6/29/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170065/42933 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

	RT TO: O	3111	-g- C		,,500							-	PROPERTY: Traughber Jr, High									
ADDRE	ESS:											•	A	DDRESS: 5	70 Colches	ter Dr.						
CITY:								ST	STATE:					ITY: Osweg	0		IL					
MONITO	ORING AGEN	VCY:						PC	POS#					OPERATOR OU	T: Han	dled By	OPER/	ATOR IN:	Blo	dg Staff		
YES	N/A	NO	A)	GENE	RAL	(To be	answ	ered b	y the (Owner	or Ow	ner's	rep	resentative)			-					
X														cupied	(b ()							
	х						incy cia tection					nienis	reir	ained the same s	ince the last i	ispection /			_ hirst in:	spection		
x		_										cation	or a	ctuations of device	es or alarms	since the k	ast inspections? First Insp					
	 _	_				-								ly exposed to ter								
			B)				answ				•	Ī		•	•							
x				1. H	lave th	e sprir	ıkler sy	stems	been e	extende	ed to a	II visib	le a	reas of the build	ings?							
x							•		•					e top of all storage and sprinkler deflector? ted, including its blind attics and perimeter areas, where accessible?								
X		84	~				-	s prote	cted b	y a we	t syste	m, hea	ited	, including its bli	nd attics and	penmeter	areas, wh	iere acces	ssible?			
x	C) CONTROL VALVES 1. Are all sprinkler system main control valves and all other valves in the															n or dose	d position	?				
	Z. Are all control valves sealed, supervised or locked in open position?																					
x				3. H	lave al	contr	ol valve	s bee	n opera	ated the	rough 1	iull rar	ge	and returned to i	normal positio	n?						
Х				4. Is	there	a Bac	kflow P	revent	er on t	he Spr	inkler S	Systen	1?									
														MAIN DRAIN T			DURING	THIS INS	PECTIC	iN — —		
														Water S	upply Source	City	x	Other:				
CONT	ROL VALVE	s		ity ection	Pu	ımp	Seci	tional	Sys	tem	E	lev.	1	SYSTEM#	1	2	3					
	Туре		OSY						IBV		ΙΒV		1	Test Pipe Loca	@Base		>		 			
No	of Valves	\dashv	2							3		2	1	Size Test Pip	of Riser	>	>		\vdash			
	Yes / No	-	Υ	N	V	Y N Y N Y N Y		N	1	Static Pressu	re 90	>	>		\vdash							
Easil	y Accessible	\exists	×	-	H	<u> </u>	H	<u> </u>	×	 	×	H	┨	Before Residual Press		>	>		-			
	7 700000000	_		ļ	 			 	- ^ -		Ļ	-	┨	Static Pressu	Ta .	-	<u> </u>		₩	┼		
	Signs		x						x		×			After	70	>	>	l _	<u> </u>	_		
Va	alve Open		x						x		×			Waterflow Tin (Sec.)	w/in 60	w/in 60	w/in 60					
	Secured		x						×		x]	SYSTEM #								
	Sealed			×						×		×	1	Test Pipe Loca	lion							
	Locked			x						х		×		Size Test Pip	е							
S	upervised		×						x		×		1	Static Pressu	re							
-					\vdash				\vdash				1	Before				_	\vdash	+		
Supervis	sion Operation	snai	x						×		×			Residual Press								
YES	N/A I	10												Static Pressu After	ne				1			
			D)	TANK	S, PU	MPS, I	FIRE D	EPT. 0	ONNE	CTIO	NS			Waterflow Tin	ie				\vdash			
	D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS 1. Fire Pump on Site? PSI:										•		(Sec.)									
	<u>x</u> _	_										-		igh the use of ho			ers within	the last 1	2 month	s?		
	<u>x</u> –	—							•					to be in good ext ssure and/or wat		on?						
	<u> </u>	_			_			•				•	1.0	issure and/or wat igs free, caps of		e and che	eck valves	not leaki	na?			
		_	E)	WET:							iuiu	J., 601	-Post	So wool oabs o	Links III bidi	- unsu off						
							tems_			3		Size	4"	Risers Equipped	with Waterfi	ow Detect	tion.					
x				2. Is	hvdra	ulic na	me pla	te. if p	rovideo	. secu	rely at	tached	to	riser and legible:	>							

A	n	ь			-	S
А	IJ	IJ	ĸ	_		3

570 Colchester Dr., Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

6/29/2017

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

. C.C.	TION SE	RAL		ED FIRE PROTECTION SYST REMERGENCY SER			:S	IN170065/42933 JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS	AREA OF PROTECTION:	1	2	3	4
	<u> x</u>		Have all the antifreeze system	ems been tested? TEMP	1	2	3	
			G) ALARMS		-		3	*
х			 Did water flow alarm device 					
ж			Did the electric alarms oper					
X			Did the valve supervisory sy	witches operate properly?				
<u>x</u> _			Are all alarm devices free o BPRINKLERS - PIPING	f physical damage?				
×			Do sprinklers generally app	ear to be in good external c	ondition and fre	e of paint or corrosion?	ı	
х			2. Do sprinklers generally app					
X			Are the proper number of ex	ktra sprinklers and wrenches	s available on t	the premises?		
X			4. Does the exterior condition	of the piping, hangers, drain	valves, and cl	neck valves appear to b	e satisfactory?	
X			Has the piping in all systems	s been checked for obstruct	tive materials v	vithin the last 5 years?	•	Last inspected: 2015
X			6. Have all check valves, pre-a	action and/or deluge valves	been internally	inspected within the las	t 5 years? Last	
		x	Are all pressure gauges in g	good condition and been tes	ted for accurat	y or replaced within the	last 5 years?	
	<u>x</u>		Are any of the sprinkler hea	ds 50 years or older? (Test	ing and/or rept	acement is recommend	ed for such sprin	klers)
	X		Are any quick response hea	ids 20 years or older or any	dry pendant he	eads 10 years or older?		
			I) DRY SYSTEMS					
			Number of systems Date of last trip test:		Make ar	nd Model		
	x		2. Is the air pressure and primi	ing water levels normal?				
	x		3. Did the air compressor oper					
			4. Were all auxiliary drains dra		ı	If yes, how r	many?	
-	×		5. Did all quick opening device			11 303, 11011 1		
	x		6. Did the low air alarm operati					
	×		7. Did all dry valves operate sa	tisfactorily during this inspe	ction?			
	×		8. Do dry valves appear to be					
*Replace	e out date	d system	pressure gauges (Over 5 years old / x	3/2011)				
							-	
						<u> </u>		
			<u> </u>					
MODIFI	CATION	S OR CC	PRRECTIONS MADE DURING THIS	INSPECTION:				
None								
	·			·-				
NSPEC	MOIT:	SUGGES	STED IMPROVEMENTS WERE DIS	CUSSED WITH THE UNDI	ERSIGNED:			
X (Varh	al Choel	c Out wit	P.O.C - Copy of Report Left On-S	24-1	0 - 0 - 1	one (Forth)		0/00/07:7
OWNER	/ REPRE	SENTAT	IVE SIGNATURE		C - (Maintena IT NAME	ince / Engineer)	_	6/29/2017 DATE
			1 1	223	•			
state th	at the info	rmation o	on this form is correct at the time and plated in comments above.	lace of any menection, and the	at all equipment	tested at this time was le	ft in operational or	ondition upon completion of
			11.10	15				
K				Man	uel Rivera			#124498
NSPEC.	TOR SIGI	NATURE	1	PRIN	TNAME	·		NICET #



SEMI-ANNUAL

QUARTERLY

MONTHLY

7/14/2017 DATE

FIRE SPRINKLER INSPECTION REPORT

IN170066/42934 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

101 N Raddant Rd Betavis IL 60510 telephone (630) 761-3168 facsimile (630) 293-4338

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO:	PORT TO: Oswego CUSD #308											PE	ROPERTY:	Osw	ego Eas	t High S	chool			
ADDRESS:												A	DDRESS:	1525	Harvey	Rd.				
CITY:							STA	ATE:				CI	TY: Osw				ST	ATE:	IL	
MONITORING A	GENCY:	;	Sound	Inc. / /	Acadiar	1	POS#						OPERATOR O	OUT:	Hand	ted By	OPERATOR IN:		Bldg Staff	
YES N/A	NO	A)			•			-					resentative)				•			
<u>x</u> _x		•											cupied ained the sam	e since	the lest in	sportion?			First Insp	ostion
		•			ire pro						11101112	10111	allico are selli	0 31100	110 123(111	apacaon:		x	_ rirat map	ecuon
		•									cation	or a	ctuations of de	evices o	r alarms s	ince the la	st inspecti	ons?	×	First Inspection
x											ırs reg	ular	ly exposed to	tempe	ratures ne	ar 300°F	?			•
	B) GENERAL (To be answered by the inspector) x 1. Have the sprinkler systems been extended to all visible														•					
<u>x</u>	•	-							laflactor?											
x 2. Does there appear to be proper clearance between the 3. Are the building areas protected by a wet system, heate															*		areas, wh	ere acces	sible?	
C) CONTROL VALVES																				
1. Are all sprinkler system main control valves and all other														врргор	riate oper	or closed	position	7		
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 norm.														_1						
<u>x</u>		•			a Baci			•		_		_	ana retumea t	io nom	iai positio	n <i>r</i>				
		•	***						ор.		.,		MAIN DRAIL	N TEST	RESULT	S MADE	DURING	THIS INS	PECTION	ı
													Water	Supply	y Source:	City:	x	Other:		
CONTROL VAL	LVES		ity ection	Pu	ımp	Seci	lonal	Syı	tem	8	lev.	7	SYSTEM	1#	6" Main (E154)	Α	В	C (#1)	C (#2)	D
Туре			SY	N	VA.	IBV		OSY		10	3V	1	Test Pipe Lo	cation	@Base of Riser	٧	٧	٧	٧	٧
No. of Valve	33	2		N	VA.	1	0		2		2	1	Size Test I	Pipe	2"	v	٧	v	v	v
Yes / No		YN		Υ	N	Υ	N	Υ	Y N Y		N		Static Pres Before		65	٧	٧	٧	٧	٧
Easily Access	ible	×						ж		×	×		Residual Pre		45	٧	٧	٧	v	ν
Signs		×						x		ж			Static Pres After	sure	55	٧	٧	٧	٧	٧
Valve Ope	n	×				×		×		ж			Waterflow (Sec.)		w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
Secured		×				х		×		×	L		SYSTEM	1#	4° Main (H101)	E	F	G	К	Annex.
Sealed			×				×		×		×		Test Pipe Lo	cation	@Base of Riser	٧	٧	٧	v	٧
Locked			×				×		×		×		Size Test I		2*	٧	٧	٧	٧	٧
Supervised	1	×				x		×		×			Static Pres Before		70	٧	٧	٧	v	٧
Supervision Oper	ational	×				x		x		×			Residual Pre		45	٧	٧	٧	٧	٧
YES N/A	NO												Static Pres After		55	٧	٧	٧	٧	v
D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS											Waterflow		w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60		
x 1. Fire Pump on Site? PSI: x 2. Have all fire pumps been tested to their full capacity thro											hmu	oh the use of		treams of	flow met	acs within	the last 1	2 months	,	
x 3. Do fire pumps, gravity, surface or pressure tanks appear												-						_ *************************************		
x 4. Are gravity, surface and pressure tanks at the proper p												•								
<u>x</u>						onneci	tions in	satisf	actory	conditi	OU COI	uplin	gs free, caps	or plu	gs in plac	e and che	ck valves	not leakir	ng?	
		E)	WET:		:MS of Svs	tems			2		Size	6*	& 4° Riser & ((10) Sa	ctionals F	auinned s	uith Wate	rflow Date	ection	

2. Is hydraulic name plate, if provided, securely attached to riser and legible?

DAGES OF FOREST PLANING, HE HOTEL

nn	RESS	1525
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1525 Harvey Rd., Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

7/14/2017

77	HON S	12/2	VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS	. 1	N170066/42934	;
	ALC: NO.		24-HOUR EMERGENCY SERVICE (630) 761-3168		JOB NUMBER	
YES	N/A x	NO	F) ANTIFREEZE SYSTEMS AREA OF PROTECTION: 1 2 1. Have all the antifreeze systems been tested?	3	4	
x x x x x		X X X	G) ALARMS 1. Did water flow alarm devices operate property? 2. Did the electric alarms operate property? 3. Did the valve supervisory switches operate property? 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 5. Has the piping in all systems been checked for obstructive materials within the last 5 years? 6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 7. Are all pressure gauges in good condition and been tested for accuracy or replaced within the last 8. Are any of the sprinkler heads 50 years or older? (Testing and/or replacement is recommended 9. Are any quick response heads 20 years or older or any dry pendant heads 10 years or older? 1) DRY SYSTEMS 1. Number of systems	5 years? Last i	_	Unk, Unk,
THE IN	x x x x x	R SUGG	1. Number of systems 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? 5. Did all quick opening devices operate satisfactority? 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? ESTS THE FOLLOWING NECESSARY IMPROVEMENTS: (these suggestions are not the result of all	-	urvey)	
			spection on system piping and FDC / check valve. (No tags or signs of previously being done.) em pressure gauges. (All over 5 years old.) (x12)			
		·	systems drawing / blue prints be located / provided in order to verify all control valves & and waterflow switcher	s have been acc	ounted for. (No prev	rious
			at time of inspection.)		, .	
MODIF	CATION	S OR CO	DRRECTIONS MADE DURING THIS INSPECTION:		<u> </u>	
*None						

INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED:

X (Verbal Check Out w/ P.O.C - Copy of Report Left On-Site)	P.O.C - Joe (Maintenance - Engineer)	7/14/2017
OWNER / REPRESENTATIVE SIGNATURE	PRINT NAME	DATE
state that the information on this form is conject at the time and place of my inspection, this inspection except as noted in comments above.	and that all equipment tested at this time was left in operations	al condition upon completion of

X Manuel Rivera #124498
INSPECTOR SIGNATURE NICET#



x ANNUAL

SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

7/14/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

IN170066/42934 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

REPORT TO: Osv	vego (CUSD	#308	3						_	PROPER'	TY: Osw	ego Eas	t High S	chool =			
DDRESS:										_	ADDRESS	s: 152	Harvey	Rd.				
ITY:						ST	ATE:				CITY:	Oswego				ST	ATE:	IL
ONITORING AGENCY	tie.	Sound	1 Inc. /	Acadia	1	PC)S#				OPERAT	FOR OUT:	Hand	lled By	OPERA	TOR IN:	Bldg	g Staff
res n/A no	A						-				epresentat	tive)						
<u>x</u>	-										occupied emained the	same since	the last in	spection?		х	First Ins	pection
x x x	_	3. A	ve all t	fire pro	tection	syster	ns in s	ervice	?									
x	_											of devices				ions?	x	First Inspe
x	- B	5. A GENE			_					ers regu	liany expos	ed to tempe	ratures ne	ear Juur				
x	_									ll visible	areas of t	he buildings	?					
x												torage and						
x		3. A			_	s prote	cted b	y a we	l syste	m, heat	ed, includir	ig its blind a	ittics and	perimeter	areas, wh	ere acces	ssible?	
x	, o					em mai	in conti	rol valv	es and	d all oth	er valves ir	the approp	riate oper	or close	d position	?		
x	_				-						pen positio							
x	_								-			ned to nom	nal positio	n?				
<u>x</u>	-	4. Is	s there	a Bac	kflow P	revent	er on t	he Spri	inkler !	System		RAIN TES	T DECLII :	TE MADE	DURING	THIS INC	PECTIO	
												Vater Suppl				Other;		`
	T 0	ity	_				1		_				6° Main					7.5
CONTROL VALVES	ONTROL VALVES Connection Pump Sectional System Elev.		SY	STEM#	(E154)	Α	В	C (#1)	C (#2)	D								
Type OSY		١	VA.	11	BV	OSY		1	BV	Test Pi	pe Location	@Base of Riser	V	٧	٧	٧	٧	
No. of Valves		2	١	₩A		10		2		2	Size	Test Pipe	2"	٧	٧	٧	٧	٧
Yes / No	Y	N	Υ	N	Υ	N	Y	N	Υ	N		: Pressure Before	65	v	v	v	٧	ν
Easily Accessible	x				x		x		x		Residu	al Pressure	45	v	٧	٧	٧	٧
Signs	х				×		х		×			: Pressure After	55	٧	٧	٧	٧	v
Valve Open	х				x		x		×			rflow Time Sec)	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
Secured	х			_	×		Ιx		×		l f	STEM#	4" Main (H101)	E	F	G	К	Annex.
Sealed		х				х		×		х	Test Pi	pe Location	@Base of Riser	v	٧	v	٧	٧
Locked		х				х		х		х	Size	Test Pipe	2"	v	٧	v	٧	٧
Supervised	x				х		х		х			Pressure lefore	70	٧	٧	٧	٧	ν
upervision Operationa	×				x		x		х			al Pressure	45	٧	v	٧	v	٧
ES N/A NO												Pressure After	55	ν	٧	٧	٧	v
	D)	TANK	S, PU	MPS, I	FIRE D	EPT. C	CONNE	CTIO	NS			flow Time	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60	w/in 60
x	-			mp on					м			Sec.)						
<u>x</u>	-								,		-	se of hose : good extern			ers within	the last 1	2 months	?
$-\hat{x}$	-				-	-						t/or water le		***				
<u> </u>		5. A	re fire	dept. c								caps or plu		e and che	ck valves	not feaki	ng?	
	E)	WET:						,		Circ	6" 9 A" D':-	a. 8 /40\ 0:	adlassis 5			ellanii Dati	atine	
×				of Sys				2	rolu cii	•	to riser and	er & (10) Se	reducties E	-darbbag	midi YVA(e	INOW Dete	reuori.	

A	n	n	p	ESS	
n				EOO.	

1525 Harvey Rd , Oswego



FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

7/14/2017	
DATE	

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEAR	IRS
24-HOUR EMERGENCY SERVICE (630) 761-3168	

(C)	TION SE		OALIGUE ENERG	EDITOR STOLE	ING E SERVIC	E FOR OVER 30 TEM		IN 17000042934
			24-HOUR EMERG	ENCY SERV	TCE (630)	761-3168		JOB NUMBER
YES	N/A	NO	F) ANTIFREEZE SYSTEMS AREA OF F 1. Have all the antifreeze systems been test	PROTECTION:	1	22	3	4
			The second secon	TEMP:	1	2	3	4
			G) ALARMS		·			
x			Did water flow alarm devices operate pro					
×			2. Did the electric alarms operate properly?					
<u>x</u>			Did the valve supervisory switches operat Are all alarm devices free of physical dan					
			H) SPRINKLERS - PIPING	iago i				
×			1. Do sprinklers generally appear to be in go	ood external con	dition and fre	e of paint or corresion	?	
х	_	=	2. Do sprinklers generally appear to be free	of loading or vis	sible obstructi	on?		
X			Are the proper number of extra sprinklers			- CT1		
<u>x</u>			4. Does the exterior condition of the piping.	100 TO 10		* * * * * * * * * * * * * * * * * * * *	oe satisfactory?	toritor to E and
_		<u>x</u>	 Has the piping in all systems been checked. Have all check valves, pre-action and/or of 			•	et Eugera? Lant	Last inspected Unk
		^	7. Are all pressure gauges in good condition	_	•	•	2.5	inspected: Unk
	×		B. Are any of the sprinkler heads 50 years of			•	-	iklers)
_	x		9. Are any quick response heads 20 years of	r older or any dr	y pendant he	ads 10 years or older?	,	
			I) DRY SYSTEMS					
			1. Number of systems		Make and	d Model		·
			Date of last trip test: 2. Is the air pressure and priming water leve	els normal?				
_		—	Did the air compressor operate satisfacto					
	×		4. Were all auxiliary drains drained during the	250.00		If yes, how	many?	
	×	_	5. Did all quick opening devices operate sat	isfactorily?				
	×	=	Did the low air alarm operate satisfactoril	y?				
	<u>x</u>		7. Did all dry valves operate satisfactorily du		lion?			
_			Do dry valves appear to be protected from					
THE IN	SPECTO	R SUG	SESTS THE FOLLOWING NECESSARY IMPROV	VEMENTS: (the	ese suggestio	ns are not the result o	f an engineering :	survey)
Perform	n 5 year ir	itemal in:	spection on system piping and FDC / check valve. (No	o tags or signs of	previously bei	ng done)		
			tem pressure gauges. (All over 5 years old.) (x12)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
		197	6		M. a surfrant confere			
recom	meno kre	sprinkler	systems drawing / blue prints be located / provided in	n order to verily a	III control valve	s & and waterflow switch	hes have been ac	counted for (No previous
eports o	or drawing	s on-site	at time of inspection)					557
ODIF	CATION	S OR C	ORRECTIONS MADE DURING THIS INSPECTIO	ON-	<u>-</u>			
None		• • - ·						
VOITE								
NSPEC	TION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED W	THE CINDER	PSICNED.			
	224		THE MINITED HERE DISCUSS WI	THE OUDE	TOTOTILD.			
(Vorh	al Chas	k Ont w	/P.O.C - Copy of Report Left On-Site)	000	- les (84-2-	tonner England		7/14/2017
			TIVE SIGNATURE		NAME	tenance - Engineer)		7/14/2017 DATE
		- 89	" 1	-				
			on this form is correct at the time and place of any tree	pection, and that	all equipment	tested at this time was	left in operational o	condition upon completion of
iis insp	ection ex	ept as n	oted in commente above.					
			11/2/	140===	al Dive			#424400
ISPEC	TOR SIG	NATURE			el Rivera NAME			#124498 NICET #
			1	CUMI	CALMAIN			HUELW



x ANNUAL

SEMI-ANNUAL

QUARTERLY

MONTHLY

WEEKLY

6/26/2017

DATE

FIRE SPRINKLER INSPECTION REPORT

JOB NUMBER

101 N Raddant Rd Batavia II, 60510 telephone (630) 761-3168 facsimile (630) 293-4338 VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

PHONE NUMBER

YES N/A NO A) GENERAL (To be answered by the Owner or Owner's representative) x 1. Is the building occupied? Tenant spaces not currently occupied x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Ins	
MONITORING AGENCY: Sound Inc. POS # OPERATOR OUT: Handled By OPERATOR IN: Bid YES N/A NO A) GENERAL (To be answered by the Owner or Owner's representative) x 1. Is the building occupied? Tenant spaces not currently occupied x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Ins	Staff
YES N/A NO A) GENERAL (To be answered by the Owner or Owner's representative) x 1. Is the building occupied? Tenant spaces not currently occupied x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Ins	
x 1. Is the building occupied? Tenant spaces not currently occupied x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Ins	
x 2. Has the occupancy classification and hazard of contents remained the same since the last inspection? x First Ins	
	First Inspection
x 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	FILSI PISPECIO
x 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?	
x 2. Does there appear to be proper clearance between the top of all storage and sprinkler deflector?	
x 3. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?	
C) CONTROL VALVES	
x 1. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	
x 4. Is there a Backflow Preventer on the Sprinkler System?	
MAIN DRAIN TEST RESULTS MADE DURING THIS INSPECTIO	4
Water Supply Source: City: x Other:	
CONTROL VALVES City Connection Pump Sectional System Elev SYSTEM# 1 2 3 4 5	6
Type OSY / IBV IBV IBV Test Pipe Location @Base of Riser > > > >	>
No of Valves 6 & 1 11 2 Size Test Pipe 2" > > >	>
Yes /No Y N Y N Y N Y N Y N Y N Static Pressure Before 70 > > 60 >	>
Easily Accessible x x x Residual Pressure 50 > 50 >	> :
Signs x x x Static Pressure 60 > 60 >	>
Valve Open x x x x Waterflow Time (Sec.) w/in 60 w/in	w/in 60
Secured x x x x x y 10 11	
Sealed x x x Test Pipe Location @Base of Riser > @Base of Riser > of Riser	
Locked x x Size Test Pipe 1.5" > 2" > >	
Supervised x x x Static Pressure Refore 70 > 75 65 >	
Supervision Operational x x x Residual Pressure 50 > 55 50 >	
YES N/A NO Static Pressure After 65 > 70 60 >	=
D) TANKS, PUMPS, FIRE DEPT. CONNECTIONS Waterflow Time wiin 60 wiin	
x 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?

Α	D	D	R	Ε	S	S

4250 Route 71, Oswego



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

IN170067/42776

			24-HOUR EMER	RGENCY SERV	/ICE (630)	761-3168		JOB NUMBER
YES	N/A	NO	•	OF PROTECTION:	1	22	3	4
	<u> </u>	—	1. Have all the antifreeze systems been	tested?	1	2	3	4
			G) ALARMS		(F)		- 12	
x			1. Did water flow alarm devices operate	properly?				
x			2. Did the electric alarms operate proper	ty?				
Х			3. Did the valve supervisory switches op	erate properly?				
X			4. Are all alarm devices free of physical	damage?				
			H) SPRINKLERS - PIPING					
х			1. Do sprinklers generally appear to be i	n good external cor	ndition and fre	e of paint or corresion	1?	
×			2. Do sprinklers generally appear to be f	ree of loading or vi	isible obstructi	on?		
×			3. Are the proper number of extra sprink	lers and wrenches	avaitable on th	ne premises?		
×			4. Does the exterior condition of the pipi	ng, hangers, drain v	valves, and ch	eck valves appear to	be satisfactory?	
х			5. Has the piping in all systems been che	ecked for obstructiv	e materials w	ithin the last 5 years?	•	Last inspected: 2015
х			6. Have all check valves, pre-action and	or deluge valves b	een internally	inspected within the I	ast 5 years? Last	inspected: 2015
х			7. Are all pressure gauges in good cond	_			575	or ' ee
	x		8. Are any of the sprinkler heads 50 year			•	•	iklers)
	x		9. Are any quick response heads 20 year	T-0400000000000000000000000000000000000	-			
			I) DRY SYSTEMS					
			1. Number of systems		Make and	d Model		
			Date of last trip test:			t Renex		
	×		2. Is the air pressure and priming water	levels normal?				
	×		3. Did the air compressor operate satisfa					
	x		4. Were all auxiliary drains drained durin	•		If yes, hov	v many?	
	x		5. Did all quick opening devices operate	98				
	x		6. Did the low air alarm operate satisfact	223				
	x		7. Did all dry valves operate satisfactoril		tion?			
	x		8. Do dry valves appear to be protected					
*None			2.70 VI					
_					<u> </u>			
						12		100
MODIF	CATION	S OR C	ORRECTIONS MADE DURING THIS INSPEC	TION:			<u> </u>	
*None			<u> </u>				- 355-70	
2 - 22 - 22								
INSPE	CTION &	SUGGE	STED IMPROVEMENTS WERE DISCUSSED	WITH THE UNDE	RSIGNED:			
X (Ver	bal Chec	k Out w	/ P.O.C - Copy of Report Left On-Site)	P.O.0	C - Eric (Main	tenance / Engineer)	6/26/2017
			TIVE SIGNATURE		Γ NAME.			DATE
			on this form is correct at the time and place of my oled in comments above	inspection, and that	l all equipment	tested at this time was	left in operational o	condition upon completion of
x			/" / / /	14	ial Divers			#124498
	CTOR SIG	NATUR			Jel Rivera			#124496 NICET #
	STOR ale	· ····································	• /	FRIN	CANAL C			MIGEL #



X ANNUAL

SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

7/25/2017 DATE

FIRE SPRINKLER INSPECTION REPORT

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

IN170060/42775 JOB NUMBER

Rob A.
CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

630-401-7887 PHONE NUMBER

											ABBB555	74.0	A					
DDRESS:											ADDRESS:	71 S	tonehill Ro					
:ITY;		·	_			-	ATE:		15.64		CITY: Osv	vego				STA	TE .	IL
ONITORING AGEN	Y	S	iound li	nG,		PC)S#	- 2	99-6244	4	OPERATOR	OUT	Katie		OPERA	TOR IN:	#49	06
x x x x x x x x x x x x x x x x x x x		1, is 2, H 3, A 4, H 5, A 6) GENE 1, H 2, D 3, A 1) CONT 1, A 2, A 3, H	s the billias the ure all flas the ure any ERAL lave the re the FROL Vire all stream all collave all ave all collave all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all as the stream all	uilding occupative pro- system extra (To be exprinere ap building VALVE sprinkle control I control	occup ney da tection remair high te answ ikler sy pear to g area er syste valves of valves	ied? T ssificati system ered in se ered b stems be prote em mai sealed s beer	enant on and ns in s ervice v lures s y the i been d oper cle cted b in cont d, super	spaces hazard ervice? without i older s nspec extende earanc earanc y a wei rol valv ervised ated the	i not cui of conte ? modifica sprinklet tor) ed to all e betwe t system ves and or lock	rrently ents ren ation or rs regul I visible een the een the n, heat all oth ed in o ull rang		vices or a to tempe outldings age and s blind a e approp	alarms since : ratures near ratures near ratures sprinkler de littics and per riate open o	the last i 300°F7 flector? rimeter r closed	(Maintain i areas, whe	min 18" Cere access	learance)	First Ins
CONTROL VALVES		City	Pu	ımp	Sec	tional	Sys	stern	ı	\neg		er Suppl	y Source:	City		Other:	<u> </u>	_
Тура	_	Connection IBV					-	IBV			Test Pipe L	ocation	@ Riser					
No. of Valves		1						1			Size Tes	Pipe	2"					
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Static Pre Before		84					
Easily Accessible	х						Х		_		Residual P		60					
Signs	х						X				Static Pre		75			_		
Valve Open	х						х		=		Waterflow (Sec		25		===			
Secured	- x					-	х				SYSTE	M #						
Sealed											Test Pipe L	ocation						
Locked											Size Tes	Pipe				T F		
Supervised	х						х				Static Pre Before							
upervision Operation	al X				1		x		ΙI		Residual P	essure						
ES N/A N	5										Static Pre				2.1			
<u>x</u>	- D	2. H 3. D 4. A	ire Pur lave all lo fire p re grav	mp on i fire pu oumps, vity, su	Site? F umps b gravit rface a	SI: een te y, surfa ind pre	sted to ace or p	N/A their for pressuranks a	ull capa re tanks it the pr	s appe	Waterflow (Sec ough the use of ar to be in good ressure and/or) of hose s d externa water le	al condition? evels?					
x		5:A : WET		,	onnec	tions in	sausi	actory	conditio	ou cont	kings free, cap	s or plu	gs in place a	and che	ck valves i	not leaking	11	

VALLEY FIRM
TOTION STRUCT

N/A

х

None at this time.

F) ANTIFREEZE SYSTEMS

H) SPRINKLERS - PIPING

I) DRY SYSTEMS 1. Number of systems

MODIFICATIONS OR CORRECTIONS MADE DURING THIS INSPECTION:

Tested and inspected fire sprinkler system, per NFPA Codes.

OWNER / REPRESENTATIVE SIGNATURE

Date of last trip test:

2. Is the air pressure and priming water levels normal? 3. Did the air compressor operate satisfactory?

5. Did all quick opening devices operate satisfactority? 6. Did the low air alarm operate satisfactority?

8. Do dry valves appear to be protected from freezing?

G) ALARMS

1. Have all the antifreeze systems been tested?

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?

NONE

FIRE SPRINKLER INSPECTION REPORT (PAG

ADDRESS 71 Stonehill Rd Oswego, IL 7/25/2017 DATE VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS IN170060/42775 24-HOUR EMERGENCY SERVICE (630) 761-3168 JOB NUMBER AREA OF PROTECTION: ______ 2_____ 3_____ 4 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 6. Have all check valves, pre-action and/or deluge valves been internally inspected within the last 5 years? Last inspected 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? Make and Model 4. Were all auxiliary drains drained during this inspection? If yes, how many? 7. Did all dry valves operate satisfactorily during this inspection? THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS: (these suggestions are not the result of an engineering survey) (NOTE-Suggest 5yr internal inspection of piping, check valves and fire department connection be performed in 2021.) INSPECTION & SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED: 7/25/2017

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. 122419 INSPECTOR SIGNATURE PRINT NAME NICET #



X ANNUAL

SEMI-ANNUAL QUARTERLY MONTHLY WEEKLY

7/25/2017 DATE

FIRE SPRINKLER INSPECTION REPORT

IN170068/42935 JOB NUMBER

VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS

Rob A./Mike CONFERRED WITH

24-HOUR EMERGENCY SERVICE (630) 761-3168

630-401-7887 PHONE NUMBER

REPORT TO: Oswi	ego C	USD	308							_	PROPE	RTY: 0	Osweg	308 Ce	enter/C	Opportur	nity Scho	ool	
ADDRESS:										-	ADDRE	SS: 6	61 Fran	klin St					
эпү:						ST	ATE:				CITY:	Oswe	go				ST/	ATE:	IL
IONITORING AGENCY:		s	iound la	nc.		PC)S#		99-624	13	OPER	RATOR OL	л	Carolin	a	OPERA	TOR IN:	Ste	phanie
YES N/A NO	A)	1. Is	the b	uilding	occup	ied? T	enant	spaces	not d	urrently	epresen occupie mained th	d _	nce the la	st inspecti	on?		X	First Ins	pection
<u>x </u>	•	Has the occupancy classification and hazard of contents remained the same since the last inspection? X First Inspection Are all fire protection systems in service?																	
<u> </u>														ms since th			?	X	_First Insp
x					_					ers regu	ilarly exp	osed to te	emperati	ures near	300°F7	'			
×	D)			*		ered b				ılı v i sibl	e areas o	of the buil	dinas? (i	New Addit	ion On	ly as appr	roved by A	(HJ)	
x																	min. 18" (e)
<u>× </u>					-	s prote	cted b	y a wel	l syste	m, hea	led, inclu	iding its b	lind attic	s and peri	meter	areas, wh	ere acces	sible?	
	C)	CONT				am mai	n cont	eal reals	ine ani	d all off	or valvo	e in the a	namanis	le open or	closec	l position	2		
<u>^</u> — —	•			•	-						pen pos		hhinhiia	ie open oi	Guset	position	,		
x — —	•											turned to	normal	posibon?					
x		4. Is	there	a Bac	kflow F	revent	er on t	he Spri	inkler	System									
											MAI						THIS INSI	PECTIO	V
											_	Water	Supply S	ource	City	6"	Other:		_
CONTROL VALVES		ity ection	Pt	ımp	Sec	tional	Sys	item				SYSTEM (
Туре	05	SAY					0	S&Y			Tes	t Pipe Loc	ation F	Ø USER					
No of Valves		1		i				1			S	ize Test Pi	ipe	2"					
Yes / No	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	St	atic Pressi Before	ure	50					
Easily Accessible	×						x		_		Res	idual Pres	sure	40	=		_		-
Signs	x	- 1					×					atic Pressi After		45				14	
Valve Open	х						х				l w	aterflow Ti (Sec.)	me						
Secured	х					1	х					SYSTEM I							
Sealed											Tes	t Pipe Loca	ation	-					
Locked											S	ize Test Pi	pe						
Supervised	х						х				St	atic Pressi Before	ure						
upervision Operational	×						x	_	1	l	Res	idual Pres	sure						
ES N/A NO	_										St	atic Pressi After	ure						
	D)					EPT. C	CONNE		NS		W	aterflow Ti	me						
_ , <u> </u>	•			•	Site? F		eterl to	N/A their f	ull can	acity th	rough th	(Sec.)	onse stre	ams or fir	w met	ers within	the last 1:	2 months	2
	•			•							_	in good e			. a met	untt	and start to		
<u> </u>		4. A	re gra	vity, su	rface a	and pre	ssure	tanks a	at the p	proper t	ressure	and/or wa	ater leve	ls?					
x					connec	tions in	satisf	actory	condit	ion cou	plings fre	ee, caps	or plugs	in place a	nd che	ck valves	not leakir	197	
	E)	WET:			stems			1		Size			A*	RISER w	I EL OV	V DETEC	TION		
x									raly at	_	In riser :	and legible		- NOLIV W	. 1 201	. DETEC	.,0,1		

JALLEY FIRM
POTICTION SERVICES

FIRE SPRINKLER INSPECTION REPORT (PAGE 2)

ADDRESS 61 Franktin St Oswego, IL

7/25/2017 DATE VALUE ENGINEERED FIRE PROTECTION SYSTEMS & SERVICE FOR OVER 30 YEARS IN170068/42935 24-HOUR EMERGENCY SERVICE (630) 761-3168 F) ANTIFREEZE SYSTEMS AREA OF PROTECTION: Х 1. Have all the antifreeze systems been tested? 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: 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? 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 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? 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: 7/25/2017 OWNER / REPRESENTATIVE SIGNATURE 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. fight =

Chris T. 122419 INSPECTOR SIGNATURE PRINT NAME NICET#



CTS of Illinois, Inc. 1556 Crescent Lake Dr Montgomery, IL 60538 630-892-2355

Date Invoice # 11/20/2017 f&S17-757

Bill To

Ship To

Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543

308 Center

Due Date

12/20/2017

Quantity	Description	Rate	Amount
	EXTINGUISHER SERVICE	Service of the servic	4
	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
Middl.//

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 II, 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



Work Order

Date: November 16, 2017
Inspector: Ben Assell
License #: 2013-12
Job#: F&S17-757

On- City	npany: <u>308 Center</u> site address: <u>61 Fra</u> /St/ZIP: <u>Oswego II,</u> ne:	60543	Contact: Office Pho Cell Phon Email:	one: e:		Company: Billing address: City/St/ZIP: Phone:					
Ap	proved by:				Contract		Extra		Ta	&M	
Wo	ork Description:	Service	_								
Wo	ork Performed:	Serviced dischar	rged extingu	isher and t	agged extingu	ishers.					
	No Material Use		aterials Fu	mished by	Others						Hrs.
Qty	Desc	Material cription	Unit	Total	Labor Arrival Departure Reg Hrs 1.5 Hrs						
2	Recharge 5lb ABC Tags	extinguisher									
								Totals:			
					Notes:					<u>.</u> .	
Nar	me: Branc	lon Paige)		Signature:	7	me				
	November 16,	2017			I hareby	acknowledge	the satisfactory co	mpletion of the	above desig	nated work	

CTS Fire & Safety 1556 Crescent Lake Dr Montgomery, IL 60538 630.892.2355 service@ctsfireandsafety.com www.ctsfireandsafety.com





Integrated Technologies

INVOICE #R149716 DATE:

1550 Shore Road Naperville, IL 60563 Phone (630) 369-2900 Fax (630) 369-1211

6/12/2017

BILL TO:

CITE VICIT

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: 630-636-3080Fax: (630)554-2168

TERMS: DUE UPON CUSTPO: OUR CALL #: 0 DEPT: FA/Insp TYPE: AUTOBILL 99591 ORDERED BY:

SITE VISIT	QUANTITYU/M	DESCRIPTION	UNIT PRICE	TOTAL
	1.00	Annual Fire Alarm Inspection for the period July 1, 2017 through June 30, 2018.	\$0.00	\$0.00
		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		
	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

sound incorporated

Integrated Technologies

		-
INVOIC	E #R1	49716

		ر				<u> </u>	1 10
1550 Shore Road	Naperville, IL	60563	Phone (630) 369-2900	Fax (630) 369-1211	DATE:	6/12/2017	>
	1.00	Anr	nual Fire Alarm Inspec	tion at Oswego 308 C	enter	\$1,144.40	\$1,144.40
	1.00	Anr	nual Fire Alarm Inspec	tion at (New) Traughb	er Jr. High	\$1,152.00	\$1,152.00
	1.00	Anr	nual Fire Alarm Inspec	tion at Thompson Jr. I	High	\$1,244.40	\$1,244.40
	1.00	Anr	nual Fire Alarm Inspec	tion at Plank Jr. High		\$1,152.00	\$1,152.00
	1.00	Ann	nual Fire Alarm Inspec	tion at Murphy Jr. Higl	า	\$1,152.00	\$1,152.00
	1.00	Ann	nual Fire Alarm Inspec	tion at Bernarcik Jr. Hi	igh	\$1,005.60	\$1,005.60
	1.00	Ann	nual Fire Alarm Inspec	tion at Boulder Hill Ele	mentary	\$1,102.80	\$1,102.80
	1.00	Ann	nual Fire Alarm Inspec	tion at Churchill Eleme	entary	\$786.00	\$786.00
	1.00	Ann	nual Fire Alarm Inspec	tion at Brokaw Early L	earning Ctr	\$500.00	\$500.00
	1.00	Ann	nual Fire Alarm Inspec	tion at East View Elem	nentary	\$879.60	\$879.60
	1.00	Ann	nual Fire Alarm Inspec	tion at Fox Chase Eler	mentary	\$1,129.20	\$1,129.20
	1.00	Ann	nual Fire Alarm Inspec	tion at Grande Park El	ementary	\$577.20	\$577.20
	1.00	Ann	nual Fire Alarm Inspec	tion at Homestead Ele	mentary	\$883.20	\$883.20
	1.00	Ann	nual Fire Alarm Inspec	tion at Hunt Club Elem	entary	\$577.20	\$577.20
	1.00		nual Fire Alarm Inspect mentary	tion at Lakewook Cree	k	\$1,077.66	\$1,077.66
	1.00	Ann	nual Fire Alarm Inspect	tion at Long Beach Ele	ementary	\$829.20	\$829.20
	1.00	Ann	ual Fire Alarm Inspect	tion at Old Post Eleme	ntary	\$754.80	\$754.80
	1.00	Ann	nual Fire Alarm Inspect	tion at Prairie Point Ele	ementary	\$720.00	\$720.00
	1.00	Ann	ual Fire Alarm Inspect	tion at Southbury Elem	entary	\$584.40	\$584.40
	1.00	Ann	ual Fire Alarm Inspect	tion at The Wheatland	s Elementary	\$1,208.40	\$1,208.40
	1.00	Ann	ual Fire Alarm Inspect	tion 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

2001

20-2540-00-52-000-320



INVOICE #R149761

DATE: 6/12/2017

BILL TO:

CUST ID: 15226

Attention: Mike Barr; Kathy DeRose

CUSD308 71 Stonehill Rd. Oswego IL 60543 JOB ADDRESS:

LOC ID: 15200

Oswego High School 4250 Route 71 Oswego IL 60543

Phone: 630-636-3170Fax:

TERMS:	CUSTPO:	OUR CALL #: 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				

20-2540-00-52-000-320 PC

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 TOTA TAXABLE	Li	\$2,820.00 \$0.00
		TAX {0.0% TOTAL:	1	\$0.00 \$0.00 \$2,820.00
	•			

Amount subject to a 2% service charge after 30 days We sincerely appreciate your business



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

strict

Phone: 630-636-3170Fax:

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
3116 41311	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 TOTA	.L:	\$2,820.00
		TAXABLE		\$0.00
		TAX [0.0%	ا،	\$0.00_
		TOTAL:		\$2,820.00

Amount subject to a 2% service charge after 30 days

We sincerely appreciate your business



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

8200)

Phone: 630-636-3170Fax:

TERMS:	CUSTPO:	OUR CALL #: 0	DEPT: Mon-FA-Brg	TYPE: AUTOBILL 99720
ORDERED BY:				i i

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 TOTA TAXABLE TAX (0.0% TOTAL:	-	\$2,820.00 \$0.00 \$0.00 \$2,820.00

Amount subject to a 2% service charge after 30 days We sincerely appreciate your business







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: 630-636-3170Fax:

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 April 1, 2017 through June 30, 2017.	\$940.00	\$2,820.00
		SUB TOTA	L:	\$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



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141659

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00

20-2540-00-52-000-320



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141661

CUST

Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00

20-2540-00-52-000-320



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

(20882)

Invoice No. 142403

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503

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 Inop!

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Riser and/or Sectional System	160.00	160.00*
		Inspection		

TOTAL AMOUNT

T# 20-2540-00-52

\$160.00

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 No. 142404

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	200.00	200.00*
		Inspection		

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320



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

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Invoice No. 142405

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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
					21,11,0000

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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00

潭 20-2540-00-52-000-320

20882



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141078

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503

SITE

Boulder Hill Elementary 163 Boulder Hill Pass Montgomery, IL 60538

	ICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
011905 7/6	5/2017	Net 30	8/5/2017	141078	IN170045

PURCHASE ORDER NO:

DATE OF SERVICE: 6/28/2017

ORDER: 42919 FIELD TICKET: 25931

Sprindell Sprind

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
	1	Wet Risers and/or Sectional System	200.00	200.00*
		Inspection		

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320 RA



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141079

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	200.00	200.00*
		Inspection		

TOTAL AMOUNT

\$200.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141036

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice-No. 141258

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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
					1

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	200.00	200.00*
		Inspection		

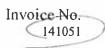
TOTAL AMOUNT

\$200.00





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 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		200.00*
		Inspection		

TOTAL AMOUNT

\$200.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141053

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141259

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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
· · · · · · · · · · · · · · · · · · ·			2010/200		

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	200.00	200.00*
		Inspection		

TOTAL AMOUNT

\$200.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141245

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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
	1				The state of the s

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	240.00	240.00*
		Inspection		

TOTAL AMOUNT

\$240.00

20-2540-00-52-000-320



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice-No. 141260

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141246

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 Southbury Elementary
-820-Preston Dr.
Oswego, IL 60543

011905 / 7/10/2017 Net 30 8/9/2017 14		
011903	41246 IN1700	70057

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	200.00	200.00*
		Inspection		

TOTAL AMOUNT

\$200.00

20-2540-00-52-000-320



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141049

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141038

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141039

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141052

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	240.00	240.00*
		Inspection		

TOTAL AMOUNT

\$240.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141244

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	240.00	240.00*
		Inspection		

TOTAL AMOUNT

\$240.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141247

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	160.00	160.00*
		Inspection		

TOTAL AMOUNT

\$160.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141261

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 Traughber 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
_1	-				

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	240.00	240.00*
		Inspection		

TOTAL AMOUNT

\$240.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141752

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 Oswego East High School 1525 Harvey Rd. Oswego, IL 60543

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
0\(1905 \)	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	400.00	400.00*
	<u></u>	Inspection		

TOTAL AMOUNT

\$400.00





Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice No. 141033

CUST Oswego CUSD 308 2290 Barrington Drive Aurora, IL 60503 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	400.00	400.00*
		Inspection		

TOTAL AMOUNT

\$400.00



SITE



Valley Fire Protection Services, LLC 101 N Raddant Rd Batavia IL 60510 Telephone 630.761.3168 Facsimile 630.293.4338 www.valleyfire.com Invoice-No. 141435

trict

Wolfs Crossing 4175 Route 71 Wolf's Crossing Oswego, IL 60543

CUST Oswego Community Unit District #308 4175 Route 71 Oswego, IL 60543

ŀ	ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE	INVOICE NO	JOB NUMBER
l	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

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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





CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355 Invoice

Date

Invoice #

12/29/2016

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 1 Semi Annual Inspection	60.00 125.00	60.00 125.00



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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		
	Service Charge Semi Annual Inspection	60.00 125.00	60.00 125.00

(W) TH 20-2540-00-320

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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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
KITCHI	EN SYSTEM INSPECTIONS		
1 Service	Charge	60.00	60.00
1 Semi Ar	nual Inspection	125.00	125.00



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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
1	Semi Annual Inspection	125.00	125

7差 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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 F&S16-510

Bill To

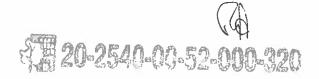
Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543 Ship To

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



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

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



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

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, lL 60543

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
	1 Service Charge 1 Semi Annual Inspection	60.00 125.00	60,00 125.00



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 F&S16-513

Bill To

Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543 Ship To

Lakewood Creek Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
	KITCHEN SYSTEM INSPECTION		
	1 Service Charge 1 Semi Annual Inspection	60.00 125.00	60.00 125.00



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

ŧ	Invoice #	Date
4	F&S16-514	12/29/2016
	(L@310-31	13/29/2010

Bill To

Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543 Ship To

Long Beach Elementry

Due Date

1/28/2017

Quantity	Description	Rate	Amount
KI	TCHEN SYSTEM INSPECTION		
1 Sei	rvice Charge	60 00	60.
1 Sei	mi Annual Inspection	125.00	125



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





CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

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 1 Semi Annual Inspection	60.00 125.00	60.00 125.00



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Total





CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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 1 Semi Annual Inspection	60.00 125.00	60.00 125.00

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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

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 1	Service Charge Semi Annual Inspection	60.00 125.00	60.00 125,00



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice #
12/29/2016 F&\$16-522

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 1 Semi Annual Inspection		60.00 125.00	60.00 125.00

TZ 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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Involce # 12/29/2016 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 1 Semi Annual Inspection	60.00 125.00	60.00 125.00



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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 1 Semi Annual Inspection	60,00 125,00	60.00 125.00



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Involce #
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
кі	TCHEN SYSTEM INSPECTION		
	rvice Charge	60.00	60
1 Se	mi Annual Inspection	125.00	12:



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date	Invoice #
12/29/2016	F&S16-519

Bill To

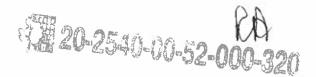
Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543 Ship To

Plank Junior High

Due Date

1/28/2017

Quantity	Description	Rate	Amount
КІТСН	EN SYSTEM INSPECTION		
1 Service 1 Semi Ar	Charge nnual Inspection	60.00 125.00	60.00 125.00



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



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 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
КІТСНЕ	KITCHEN SYSTEM INSPECTION		
1 Service (Charge nual Inspection	60.00 125.00	60.00 125.00



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Invoice # 12/29/2016 F&\$16-524

Bill To

Oswego Comm. Unit School District #308 71 Stonehill Rd Oswego, IL 60543 Ship To

Traughber JH

Due Date

1/28/2017

Quantity		Description	Rate	Amount
	KITCHEN SYS	STEM INSPECTION		
	1 Service Charge		60.00	60.00
	1 Semi Annual In	spection	125.00	125.00



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Total



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date Involce # 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		
	Service Charge	60.00	60.00
	Semi Annual Inspection	125.00	375.00
1	Metal Cap	4.50	4.50
3	Placard	15.77	47.31



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Total

\$486.81



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

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 Cl		60.00	60.00
1 Semi Annual Inspection		125.00	125.0
1 Placard		15.77	15.7



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Total

\$200.77



CTS of Illinois, Inc. P.O. Box 1420 Aurora, IL 60507-1420 630-892-2355

Date		Invoice #	
12/29/2016	1	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 3 Semi Annual Inspection	60.00 125.00	60.00 375.00

TH 20-2540-00-52-000-320

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Total

\$435.00