

INSPECTION, TESTING, AND MAINTENANCE OF WATER-BASED FIRE PROTECTION SYSTEMS

<b>Inspection, Testing, and Maintenance Cover Sheet</b> <b>NFPA 25 as amended by CCR, Title 19</b>						
Property Information:						
Name: _____	Occupancy /Use: _____					
Address: _____	Construction Type: _____					
City: _____	No. Stories: _____					
ZIP: _____	Year Constructed: _____					
Contact: _____						
Telephone: _____						
Contractor Information:			Number of System Risers			
Name: _____			Copy sent to:			
Address: _____			<input type="checkbox"/> Owner Date _____			
City: _____			<input type="checkbox"/> Fire AHJ Date _____			
State: _____			<input type="checkbox"/> Contractor Date _____			
Telephone: _____			<b>NOTES:</b> <b>1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2002 Edition as amended by California Code of Regulations, Title 19, §901 to §906.</b>  <b>2) Inspection Items may be performed by the Owner in accordance with California Code of Regulations Title 19 §904.1(a)</b>			
CA License# _____						
Job # _____						
Performed by: _____ (Print)						
<b>Note: Contractor information may be pre-printed</b>						
Forms included with this report	NFPA 25 Chapter	Number of Forms	N/A	Fail	Pass	
<input type="checkbox"/> Automatic Sprinkler System	5					
<input type="checkbox"/> Standpipe and Hose Systems	6					
<input type="checkbox"/> Private Water Supply System	7					
<input type="checkbox"/> Fire Pump	7					
<input type="checkbox"/> Water Storage Tank	8					
<input type="checkbox"/> Water Spray System	9					
<input type="checkbox"/> Foam Water Sprinkler System	11					
<input type="checkbox"/> Water Mist Systems	14					
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*See "Deficiencies and Comments" section at end of each respective form.						

<b>Wet Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

QUARTERLY INSPECTIONS				P = Pass F = Fail N/A = Not Applicable			
I = Inspection	T = Test	M = Maintenance	Date	Date	Date	Date	
Item		Description	NFPA 25 CA Ed Reference				
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1				
1.6	I	Enter water supply pressure below riser check	5.2.4.1	PSI	PSI	PSI	PSI
1.7	I	Enter water supply pressure above riser check	5.2.4.1	PSI	PSI	PSI	PSI
1.8	I	Pressure Readings Acceptable	5.2.4.1				
1.9	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6				
1.10	I	General Information Sign Not required for system prior to the 2007 edition of NFPA 13	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	Alarm Valves – Exterior Inspection	13.4.1				
1.15	I	Pressure Reducing Valves	13.5.1.1				
1.16	I	Backflow Preventers	13.6.1				
1.17	I	Small Hose Connections - Hose Valve*	5.1.6 13.5.2 13.5.5.1				
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See Above)</b>						
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.19	I	Sprinklers	5.2.1			
1..20	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility	
1.21	I	Pipe and Fittings	5.2.2			
1.22	I	Hangers	5.2.3			
1.23	I	Seismic Braces	5.2.3			
2.1	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter "F" until the results are returned from the Lab.	
2.2	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.3	T	Water flow Alarm Devices 90 Sec Max (Enter Time )	5.3.3 13.2.6		_____ Sec	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Control Valve – Position	13.3.3			
2.6	T	Control Valve – Operation	13.3.3			
2.7	T	Supervisory Switches	13.3.3.5			
2.8	T	Backflow Preventer Assemblies	13.6.2			
2.9	T	Small Hose Connections* W/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3			
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			
3.1	M	Control Valves	13.3.4			
3.2	M	Small Hose Connections*	13.5.6.3			
3.3	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Item	Date	Riser No.	D	C	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>



<b>Wet Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

5 YEAR INSPECTION, TESTING, AND MAINTENANCE						
This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Devices	5.2.5			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1			
1.6	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6			
1.7	I	Enter water supply pressure below riser check	5.2.4.1		PSI _____	
1.8	I	Enter water supply pressure below riser check	5.2.4.1		PSI _____	
1.9	I	Pressure Readings Acceptable	5.2.4.1			
1.10	I	Not required for system prior to the 2007 Edition of NFPA 13	5.2.8			
1.11	I	Heat Tape	5.2.7			
1.12	I	Spare Sprinklers	5.2.1.4			
1.13	I	Fire Department Connections	13.7			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1			
1.15	I	Pressure Reducing Valves	13.5.1.1			
1.16	I	Backflow Preventers	13.6.1			

<b>Wet Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 2 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

5 YEAR INSPECTION, TESTING, AND MAINTENANCE This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
I = Inspection		T = Test		M = Maintenance		P = Pass F = Fail N/A = Not Applicable
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P, F, N/A
1.17	I	Small Hose Connections - Hose Valve*	5.1.6 13.5.2 13.5.5.1			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1			
1.19	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility	
1.20	I	Sprinklers	5.2.1			
1.21	I	Sprinklers – Accessible Concealed Space	5.2.1.1.6			
1.22	I	Pipe and Fittings	5.2.2			
1.23	I	Pipe and Fittings– Accessible Concealed Space	5.2.2.3			
1.24	I	Hangers	5.2.3			
1.25	I	Hangers– Accessible Concealed Space	3.2.3.3			
1.26	I	Seismic Braces	5.2.3			
1.27	I	Seismic Braces – Accessible Concealed Space	5.2.3.3			
128	I	Un-Sprinklered Areas	CFC 901.4		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.1	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter "F" until the results are returned from the Lab.	
2.2	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.3	T	Water flow Alarm Devices 90 Sec Max (Enter Time)	5.3.3 13.2.6		Sec	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Control Valve - Position	13.3.3.2			
2.6	T	Control Valve – Operation	13.3.3.1			
2.7	T	Supervisory Devices	13.3.3.5			
2.8	T	Backflow Preventer Assemblies	13.6.2			

<b>Wet Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 3 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

2.9	T	Small Hose Connections* W/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3			
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			
2.11	T	Pressure Gauges - Calibration	5.3.2			
2.12	T	Small Hose Connections*	13.5.6.2.2			
3.1	M	Check Valves – Internal inspection	13.4.2			
3.2	M	Control Valves	13.3.4			
3.3	M	FDC – Backflush	14.3.2.3 14.3.2.4			
3.4	M	Internal Pipe Inspection: See Deficiencies and Comments Section	14.2			
3.5	M	Obstruction Investigation required If “Yes”, see Deficiencies and Comments Section for Results	14.3			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	M	System returned to service	4.5.3 15.7			<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Item	Date	Riser No.	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9. <input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached ____ Number attached ____	D = Deficiency C = Comment
<i>I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the “Deficiencies and Comments” section of this form.</i>		

<b>Print Name</b>	_____	
<b>Signature</b>	_____	<b>Date:</b>

<b>Dry Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ Building Address: _____ City: _____ Contact Person: _____ Telephone No: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

Riser Information			Main Drain Test Data (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

QUARTERLY INSPECTIONS							
I = Inspection   T = Test   M = Maintenance				P = Pass   F = Fail   N/A = Not Applicable			
Item		Description	NFPA 25 CA Ed Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification signs	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Alarm Devices	5.2.5				
1.5	I	Gauges (Dry Pipe Systems) Pass = Pressures are normal (Enter pressures below)	5.2.4.2 5.2.4.3 5.2.4.4 13.4.4.1.2				
1.6	I	Enter Air Pressure	5.2.4.2 5.4.2.3 5.2.4.4 13.4.4.2.5.1	PSI	PSI	PSI	PSI
1.7	I	Enter Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	PSI	PSI	PSI	PSI
1.8	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6				
1.9	I	General Information Sign Not required for systems prior to the 2007 Edition of NFPA 13	5.2.8				
1.10	I	Heat Tape	5.2.7				
1.11	I	Spare Sprinklers	5.2.1.4				
1.12	I	Fire Department Connections	13.7				
1.13	I	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4				

<b>Dry Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 2 of 3
Building Name: _____ Building Address: _____ City: _____		Contractor or Licensed Owner Information: Name: _____ Job No. : _____	

1.14	I	Pressure Reducing Valves	13.5.1.1				
1.15	I	Backflow Preventers	13.6.1				
1.16	I	PRV – Fire Sprinkler Systems	13.5.1				

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE</b> Complete Quarterly Inspections with this Form						
I = Inspection    T = Test    M = Maintenance					P = Pass    F = Fail    N/A = Not Applicable	
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.17	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility	
1.18	I	Sprinklers	5.2.1			
1.19	I	Pipe and Fittings	5.2.2			
1.20	I	Hangers	5.2.3			
1.21	I	Seismic Braces	5.2.3			
1.22	I	Small Hose Connections*	13.5.6.2.2			
2.1	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter "F" until the results are returned from the Lab.	
2.2	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.3	T	Water flow Alarm Devices 90 Sec Max            (Enter Time )	5.3.3 13.2.6	Workgroup	_____ Sec	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.4.2.1			
2.6	T	Dry Pipe Valve Trip Test (Partial trip test is acceptable)	13.4.4.2.2 13.4.4.2.2.3 13.4.4.1.5			
2.7	T	Valve Trip Time	13.4.4.2.5.2		Sec	
2.8	T	Enter Trip Air Pressure	13.4.4.2.5.1		PSI	
2.9	T	Quick-Opening Device Test	13.4.4.2.4			
2.10	T	Low Air Pressure Alarm Test	13.4.4.2.6			
2.11	T	Low Temperature Alarm Test	13.4.4.2.7			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8			
2.13	T	Control Valve – Operation	13.3.3			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			
2.16	T	PRV – Partial Flow	13.5.1.3			

<b>Building Name:</b> _____ <b>Building Address:</b> _____ <b>City:</b> _____		<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Job No. :</b> _____
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**ANNUAL  
INSPECTION, TESTING, AND MAINTENANCE  
Complete Quarterly Inspections with this Form**

<b>I = Inspection    T = Test    M = Maintenance</b>					<b>P = Pass    F = Fail    N/A = Not Applicable</b>	
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
3.1	M	Control Valves	13.3.4			
3.2	M	Maintenance	13.4.4.3			
3.3	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.4	M	Low points in system drained	13.4.4.3.2			
3.5	M	Backflow Preventer	13.6.3			
3.6	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Item	Date	Riser No.	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9. Number attached _____. <input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies. Number attached _____.	D = Deficiency C = Comment
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*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

Check the box if the Annual inspection, testing, and maintenance items are completed in the indicated Quarter				
<b>Quarter</b>	1 <input type="checkbox"/> Annual	2 <input type="checkbox"/> Annual	3 <input type="checkbox"/> Annual	4 <input type="checkbox"/> Annual
<b>Date</b>				
<b>Print Name</b>				
<b>Signature</b>				

<b>Property Information:</b> Building Name: _____ Building Address: _____ City: _____ Contact Person: _____ Telephone No: _____	  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
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RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

FIVE YEAR INSPECTION, TESTING, AND MAINTENANCE						
This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.1	I	Control Valves – Identification signs	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Alarm Devices	5.2.5			
1.5	I	Gauges (Dry Pipe Systems) Pass = Pressures are normal (Enter pressures below)	5.2.4.2 5.2.4.3 5.2.4.4 13.4.4.1.2			
1.6	I	Enter Air Pressure	5.2.4.2 5.4.2.3 5.2.4.4 13.4.4.2.5.1		PSI	
1.7	I	Enter Water Supply Pressure	5.2.4.2 13.4.4.2.5.1		PSI	
1.8		Hydraulic Design Information Sign For hydraulically designed systems	5.2.6			
1.9	I	General Information Sign Not required for systems prior to the 2007 Edition of NFPA 13	5.2.8			
1.10	I	Heat Tape	5.2.7			
1.11	I	Spare Sprinklers	5.2.1.4			
1.12	I	Fire Department Connections	13.7			

Building Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_  
 City: \_\_\_\_\_



Contractor or Licensed Owner Information:  
 Name: \_\_\_\_\_  
 Job No. : \_\_\_\_\_

**FIVE YEAR  
 INSPECTION, TESTING, AND MAINTENANCE**  
**This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items**

**I = Inspection T = Test M = Maintenance**

**P = Pass F = Fail N/A = Not Applicable**

Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.13	I	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4			
1.14	I	Pressure Reducing Valves	13.5.1.1			
1.15	I	Backflow Preventers	13.6.1			
1.16	I	PRV – Fire Sprinkler Systems	13.5.1			
1.17	I	Buildings (Freeze protection)	4.1.1.1			
1.18	I	Sprinklers	5.2.1			
1.19	I	Sprinklers – Concealed Space	5.2.1.1.6			
1.20	I	Pipe and Fittings	5.2.2			
1.21	I	Pipe and Fittings– Concealed Space	5.2.2.3			
1.22	I	Hangers	5.2.3			
1.23	I	Hangers– Concealed Space	5.2.3.3			
1.24	I	Seismic Braces	5.2.3			
1.25	I	Seismic Braces – Concealed Space	5.2.3.3			
1.26	I	Dry Pipe Valves – Interior Inspection	13.4.4.1.5			
1.27	I	Strainer, filters, restricted orifices Inspection	13.4.4.1.6			
2.1	T	Dry Pipe Valve Trip Test – Full Flow	13.4.4.2.2.2			
2.2	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter “F” until the results are returned from the Lab.	
2.3	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.4	T	Waterflow Alarm Devices 90 Sec Max (Enter Time)	5.3.3 13.2.6		Sec	
2.5	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.6	T	Priming Water Level Test	13.4.4.2.1			
2.7	T	Valve Trip Time	13.4.4.2.5.2		Sec	
2.8	T	Enter Trip Air Pressure	13.4.4.2.5.1		psi	
2.9	T	Quick-Opening Device Test	13.4.4.2.4			
2.10	T	Low Air Pressure Alarm Test	13.4.4.2.6			
2.11	T	Low Temperature Alarm Test	13.4.4.2.7			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8			
2.13	T	Control Valve – Operation	13.3.3			

<b>Dry Pipe Fire Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 3 of 3
Building Name: _____ Building Address: _____ City: _____			<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____

**FIVE YEAR  
INSPECTION, TESTING, AND MAINTENANCE**  
**This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items**

I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only		P,F,N/A
2.14	T	Valve Supervisory Devices	13.3.3.5				
2.15	T	Backflow Preventer Assemblies	13.6.2				
2.16	T	Air Leakage Test	13.4.4.2.9			Move to maintenance	
2.17	T	PRV- Full Flow Test	13.5.1.2				
2.18	T	Pressure Gauges - Calibration	5.3.2				
3.1	M	Check Valves – Internal inspection	13.4.2.1				
3.2	M	Control Valves	13.3.4				
3.3	M	Maintenance	13.4.4.3				
3.4	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1				
3.5	M	Auxiliary drains in system drained	13.4.4.3.2				
3.6	M	Backflow Preventer	13.6.3				
3.7	M	FDC - Backflush	14.3.2.3 14.3.2.4				
3.8	M	Internal Pipe Obstruction Investigation: see Deficiencies and Comments Section for Results.	14.2				
3.9	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.10	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Item	Date	Riser No.	D	C	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9.	Number attached _____	D = Deficiency C = Comment
<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached _____.	

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

<b>Print Name</b>	_____	
<b>Signature</b>	_____	<b>Date:</b> _____

<b>Preaction Sprinkler Systems</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ Building Address: _____ City: _____ Contact Person: _____ Telephone No: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

**NOTE:** For preaction sprinkler systems used as foam water systems, add Supplemental Form AES 8

QUARTERLY INSPECTIONS				P = Pass F = Fail N/A = Not Applicable					
I = Inspection		T = Test		M = Maintenance		Date	Date	Date	Date
Item		Description	NFPA 25 CA Ed Reference						
1.1	I	Control Valves – Identification signs	13.3.1						
1.2	I	Control Valves – Inspection	13.3.2						
1.3	I	Waterflow Alarm Devices	5.2.5						
1.4	I	Supervisory Alarm Devices	5.2.5						
1.5	I	Gauges (Preaction Valves)	13.4.3.1.3						
1.6	I	Enter Water Supply Pressure	13.4.3.1.3.1		PSI		PSI		PSI
1.7	I	Enter System Air Pressure	13.4.3.1.4		PSI		PSI		PSI
1.8	I	Enter Detection System (Pilot Line) Air Pressure	13.4.3.1.5		PSI		PSI		PSI
1.9	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6						
1.10	I	General Information Sign Not for systems prior to the 2007 Edition of NFPA 13	5.2.8						
1.11	I	Heat Tape	5.2.7						
1.12	I	Spare Sprinklers	5.2.1.4						
1.13	I	Fire Department Connections	13.7						
1.14	I	Preaction Valves – Exterior Inspection	13.4.3.1.6						
1.15	I	Pressure Reducing Valves	13.5.1						
1.16	I	Master Pressure Reducing Valves	13.5.4.1						
1.17	I	Backflow Preventers	13.6.1						

<b>Preaction Sprinkler Systems</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 2 of 3
<b>Building Name:</b> _____ <b>Building Address:</b> _____ <b>City:</b> _____		<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Job No. :</b> _____	

**ANNUAL  
INSPECTION, TESTING, AND MAINTENANCE**  
 Complete ALL Quarterly Inspection Items with this form (See above)

Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.18	I	Low Temperature Alarms	13.4.3.1.2			
1.19	I	Sprinklers	5.2.1			
1.20	I	Pipe and Fittings	5.2.2			
1.21	I	Hangers	5.2.3			
1.22	I	Seismic Braces	5.2.3			
1.23	I	Buildings (Freeze protection)	4.1.1.1		Owner's responsibility	
1.24	I	Low Temperature Alarm Test	13.4.3.1.2			
2.1	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter "F" until the results are returned from the Lab	
2.2	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.3	T	Water flow Alarm Devices 90 Sec (Enter Time)	5.3.3 13.2.6*		_____ Sec	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Preaction System: Priming Water Level Test	13.4.3.2.1			
2.6	T	Preaction Valve Trip Test – Full Flow	13.4.3.2.3 13.4.3.2.4 13.4.3.2.5			
2.7	T	Enter the Valve Trip Time (Seconds)	13.4.3.2.12		_____ Sec	
2.8	T	Manual Actuation Device Test	13.4.3.2.9			
2.9	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.10	T	Low Temperature Alarm Test	13.4.3.2.14			
2.11	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.12	T	Control Valve – Operation	13.3.3			
2.13	T	Valve Supervisory Devices	13.3.3.5			
2.14	T	Backflow Preventer Assemblies	13.6.2			
2.15	T	PRV – Fire Sprinkler Systems	13.5.1.3			
3.1	M	Control Valves	13.3.4			
3.2	M	Repair Air Leaks	13.4.3.3.1			
3.3	M	Preaction Valves that must be internally reset: Interior inspected and Cleaned *	13.4.3.1.7 13.4.3.3.2			

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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3.4	M	Low points in system drained	13.4.3.3.3			
3.5	M	Additional manufacturer's maintenance requirements satisfied	13.4.3.3.4			
3.6	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7	M	System returned to service	4.5.3 13.4.3.2.10 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item	Date	Riser No.	D	C	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

Check here for additional Deficiencies and Comments. See Form AES 9. Number of Forms attached \_\_\_\_\_.  
 See Correction Form AES 10 for corrected deficiencies. Number attached \_\_\_\_\_.

D = Deficiency  
C = Comment

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

Check the box if the Annual inspection, testing, and maintenance items are completed in the indicated Quarter

<b>Quarter</b>	1 <input type="checkbox"/> Annual	2 <input type="checkbox"/> Annual	3 <input type="checkbox"/> Annual	4 <input type="checkbox"/> Annual
<b>Date</b>				
<b>Print Name</b>				
<b>Signature</b>				

<b>Property Information:</b> Building Name: _____ Building Address: _____ City: _____ Contact Person: _____ Telephone No: _____	  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
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NOTE: For preaction sprinkler systems used as foam water systems, see Form AES 8

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

**5 YEAR  
INSPECTION, TESTING, AND MAINTENANCE**  
 This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.1	I	Control Valves – Identification signs	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Alarm Devices	5.2.5			
1.5	I	Gauges (Preacton Valves)	13.4.3.1.3			
1.6	I	Enter Water Supply Pressure	13.4.3.1.3.1		PSI	
1.7	I	Enter System Air Pressure	13.4.3.1.4		PSI	
1.8	I	Enter Detection System (Pilot Line) Air Pressure	13.4.3.1.5		PSI	
1.9	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6			
1.10	I	General Information Sign Not required for systems prior to the 2007 Edition of NFPA 13	5.2.8			
1.11	I	Heat Tape	5.2.7			
1.12	I	Spare Sprinklers	5.2.1.4			
1.13	I	Fire Department Connections	13.7			
1.14	I	Preacton Valves – Exterior Inspection	13.4.3.1.6			
1.15						
1.16	I	Pressure Reducing Valves	13.5.1			
1.17	I	Master Pressure Reducing Valves	13.5.4.1			
1.18	I	Backflow Preventers	13.6.1			
1.19	I	Low Temperature Alarms	13.4.3.1.2			

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**5 YEAR  
INSPECTION, TESTING, AND MAINTENANCE**  
**This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items**

Item	Type	Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.20	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility	
1.21	I	Sprinklers	5.2.1			
1.22	I	Sprinklers – Accessible Concealed Space	5.2.1.1.6			
1.23	I	Pipe and Fittings	5.2.2			
1.24	I	Pipe and Fittings– Accessible Concealed Space	5.2.2.3			
1.25	I	Hangers	5.2.3			
1.26	I	Hangers– Accessible Concealed Space	5.2.3.3			
1.27	I	Seismic Braces	5.2.3			
1.28	I	Seismic Braces – Accessible Concealed Space	5.2.3.3			
1.29	I	Strainers, filters, restricted orifices, and diaphragms	13.4.3.1.8			
2.1	T	Field Service Test Required (Send Report to AHJ)	5.3.1		If REQUIRED, Enter "F" until the results are returned from the Lab.	
2.2	T	Recalled Sprinklers If not present = Pass If present = Fail	Title 19 904.1(c)			
2.3	T	Water flow Alarm Devices 90 Sec Max (Enter Time )	5.3.3 13.2.6		_____ Sec	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Preaction System: Priming Water Level Test	13.4.3.2.1			
2.6	T	Preaction Valve Trip Test – Full Flow	13.4.3.2.2 13.4.3.2.2.4			
2.7	T	Enter the Valve Trip Time (Seconds)	13.4.3.2.12		Sec	
2.8	T	Manual Actuation Device Test	13.4.3.2.9			
2.9	T	Air Leakage Test	13.4.3.2.6			
2.10	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.11	T	Low Temperature Alarm Test	13.4.3.2.14			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.13	T	Control Valve – Operation	13.3.3			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			
2.16	T	PRV – Fire Sprinkler Systems	13.5.1.3			

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**5 YEAR  
INSPECTION, TESTING, AND MAINTENANCE**  
**This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items**

Item	T	Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
2.17	T	Pressure Gauges Calibrated or Replaced	5.3.2			
3.1	M	Control Valves	13.3.4			
3.2	M	Check Valves – Internal inspection	13.4.2.2			
3.3	M	Repair Air Leaks	13.4.3.3.1			
3.4	M	Preaction Valves Interior Inspected and Cleaned (All preaction valves)	13.4.3.1.7 13.4.3.1.7.1 13.4.3.3.2			
3.5	M	Low points in system drained	13.4.3.3.3			
3.5	M	Additional manufacturer's maintenance requirements satisfied	13.4.3.3.4			
3.6	M	FDC – Backflush	14.3.2.3 14.3.2.4			
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results.	14.2			
3.8	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.9	M	System returned to service	4.5.3 13.4.3.2.10 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item	Date	Riser No.	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9.	Number attached _____	<i>D = Deficiency C = Comment</i>
<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached _____.	

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

<b>Print Name</b>	_____	
<b>Signature</b>	_____	<b>Date:</b> _____

<b>Property Information:</b> Building Name: _____ Building Address: _____ _____ City: _____ Contact Person: _____ Telephone No: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____		

RISER INFORMATION			Main Drain Test (ANNUAL)			
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

QUARTERLY INSPECTIONS							
I = Inspection T = Test M = Maintenance				P = Pass	F = Fail	N/A = Not Applicable	
Item		Description	Year: NFPA 25 CA Ed Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Alarm Devices	5.2.5				
1.5	I	Gauges (Preaction / Deluge Valves)	13.4.3.1.3				
1.6	I	Enter Water Supply Pressure	13.4.3.1.3.1	PSI	PSI	PSI	PSI
1.7	I	Enter Detection System Air Pressure (Pilot Line)	13.4.3.1.5	PSI	PSI	PSI	PSI
1.8		Pressure Readings Acceptable					
1.9	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6				
1.10	I	General Information Sign Not required for systems prior to the 2007 Edition of NFPA 13	5.2.8				
1.11	I	Fire Department Connections	13.7				
1.12	I	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6				
1.13	I	Pressure Reducing Valves	13.5.1.1				
1.14	I	Backflow Preventers	13.6.1				
1.15	I	Drainage	10.2.8				
1.16	I	Detection systems	10.2.3				
1.17	I	Master Pressure Reducing Valves	13.5.4.1				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<b>QUARTERLY INSPECTIONS</b>							
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	Year: NFPA 25 CA Ed Reference	Date	Date	Date	Date
1.18	I	UHSWSS — Detectors (Monthly)	10.4.2	J	A	J	O
				F	M	A	N
				M	J	S	D

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE</b>							
<b>Complete Quarterly Inspections with this Form</b>							
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only		P,F,N/A
1.21	I	Building inspection for cold temperature	4.1.1.1				
1.22	I	Low Temperature Alarms	13.4.3.1.2				
1.23	I	Nozzles	10.2.1.6 10.2.5				
1.24	I	Pipe and Fittings	10.2.4.1				
1.25	I	Hangers and Supports	10.2.4.2				
1.26							
2.1	T	Water flow Alarm Devices 90 Sec Max (Enter Time)	5.3.3 13.2.6		____ Sec		
2.2	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4				
2.3	T	Deluge System: Priming Water Level Test	13.4.3.2.1				
2.4	T	Deluge Valve Trip Test – Full Flow	10.2.2 13.4.3.2.2				
2.5	T	Enter the Valve Trip Time (Seconds)	10.3.4.2 13.4.3.2.12		Sec		
2.6	T	Enter Pressure at the hydraulically most remote nozzle or sprinkler	10.3.4.4.1 13.4.3.2.7.1		PSI		
2.7	T	Enter pressure at deluge valve	10.3.4.4.2 13.4.3.2.7.2		PSI		
2.8	T	Pressure readings acceptable	10.3.4.4.3 13.4.3.2.7.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.9	T	Water Discharge Pattern at nozzle or sprinkler	10.3.4.3				
2.10	T	Multiple System Test	10.3.5 13.4.3.2.8				
2.11	T	Manual Actuation Device Test	10.3.6 13.4.3.2.6				

Building Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_  
 City: \_\_\_\_\_



Contractor or Licensed Owner Information:  
 Name: \_\_\_\_\_  
 Job No. : \_\_\_\_\_

**ANNUAL  
 INSPECTION, TESTING, AND MAINTENANCE  
 Complete Quarterly Inspections with this Form**

**I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable**

Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
2.12	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.13	T	Low Temperature Alarm Test	13.4.3.2.14			
2.14	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.15	T	Control Valve - Position	13.3.3			
2.16	T	Control Valve – Operation	13.3.3			
2.17	T	Valve Supervisory Devices	13.3.3.5			
2.18	T	Backflow Preventer Assemblies	13.6.2			
2.19	T	Pressure reducing Valves	13.5.1.3			
2.20	T	Flushing: Flushing of connection to riser, part of annual test	10.3 Table 10.1.1.2			
2.21	T	Nozzles	10.2.1.6 10.3.4.3			
2.22	T	Water spray system test	10.3 13.4.3.2			
2.23	T	Water-flow alarm	5.3.3			
2.24	T	UHSWSS	10.4			
2.25	T	Detection systems	10.2.3			
2.26	T	Check valves (Including Detector Check Valves)	13.4.2.1			
3.1	M	Control Valves	10.2.1.4 13.3.4			
3.2	M	Repair Air Leaks	13.4.3.3.1			
3.3	M	Deluge Valve that must be internally reset: Interior Inspection and Cleaning *	13.4.3.1.7 13.4.3.3.2			
3.4	M	Low points in system drained	13.4.3.3.3			
3.5	M	Additional Manufacturer's Maintenance Requirements satisfied	13.4.3.3.4			
3.6	M	Strainers (baskets/screen)	10.2.1.4 10.2.4.6 10.2.7			
3.7	M	Water spray system	10.2.1.4 13.4.3.3			
3.8	M	Deluge valve	10.2.2 13.4.3.3			
3.9	M	Detection systems	10.2.3			
3.10	M	Backflow preventer	13.6.3			
3.11	M	Check valves (Including Detector Check Valves)	13.4.2			

<b>Building Name:</b> _____ <b>Building Address:</b> _____ <b>City:</b> _____		<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Job No. :</b> _____
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**ANNUAL  
INSPECTION, TESTING, AND MAINTENANCE  
Complete Quarterly Inspections with this Form**

<b>I = Inspection T = Test M = Maintenance</b>				<b>P = Pass F = Fail N/A = Not Applicable</b>		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
3.12	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.13	M	System returned to service	4.5.3 13.4.3.2.10 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Deluge valves that can be reset from the exterior without removing the faceplate, must be inspected and cleaned internally on a 5 year frequency.

Item	Date	Riser No.	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9.	Number attached _____	D = Deficiency C = Comment
<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached _____.	

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

Check the box if the Annual inspection, testing, and maintenance items are completed in the indicated Quarter								
<b>Quarter</b>	1	<input type="checkbox"/> Annual	2	<input type="checkbox"/> Annual	3	<input type="checkbox"/> Annual	4	<input type="checkbox"/> Annual
<b>Date</b>								
<b>Print Name</b>								
<b>Signature</b>								

<b>Deluge Sprinkler Systems Water Spray</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 1 of 5
<b>Property Information:</b>  Building Name: _____  Building Address: _____ _____  City: _____  Contact Person: _____  Telephone No: _____	  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b>  Name: _____  Address: _____  City _____ State ____ Zip _____  Telephone _____  Job No. _____  Misc. _____	

RISER INFORMATION			Main Drain Test (ANNUAL)			
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

5 YEAR INSPECTION, TESTING, AND MAINTENANCE							
This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items							
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only		P,F,N/A
1.1	I	Control Valves – Identification signs	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Alarm Devices	5.2.5				
1.5	I	Gauges (Preaction / Deluge Valves)	13.4.3.1.3				
1.6	I	Enter Water Supply Pressure	13.4.3.1.3.1		PSI		
1.7	I	Enter Detection System (Pilot Line) Air Pressure	13.4.3.1.5		PSI		
1.8	I	Hydraulic Design Information Sign For hydraulically designed systems	5.2.6				
1.9	I	General Information Sign Not required for system prior to the 2007 Edition of NFPA 13	5.2.8				
1.10	I	Fire Department Connections	13.7				
1.11	I	Deluge Valves – Exterior Inspection	13.4.3.1.6				
1.12	I	Pressure Reducing Valves	13.5.1.1				
1.13	I	Backflow Preventers	13.6.1				
1.14	I	Pipe and Fittings	10.2.4 10.2.4.1				
1.15	I	Drainage					
1.16	I	Deluge valve - Exterior Inspection	10.2.2 13.4.3.1.6				

<b>Deluge Sprinkler Systems Water Spray</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 2 of 5
<b>Property Information:</b>  Building Name: _____ Building Address: _____ _____ City: _____ Contact Person: _____ Telephone No: _____	  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b>  Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____	

<b>5 YEAR INSPECTION, TESTING, AND MAINTENANCE</b>						
<b>This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items</b>						
<b>I = Inspection T = Test M = Maintenance</b>				<b>P = Pass F = Fail N/A = Not Applicable</b>		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.17	I	Detection systems	10.2.3			
1.18	I	Master Pressure Reducing Valves	13.5.4.1			
1.19	I	UHSWSS — detectors (Monthly)	10.4.2			
1.21	I	Building inspection for cold temperature	4.1.1.1			
1.22	I	Low Temperature Alarms	13.4.3.1.2			
1.23	I	Nozzles	10.2.1.6 10.2.5			
1.24	I	Pipe and Fittings	10.2.4.1			
1.25	I	Hangers and Supports	10.2.4.2			
1.26	I	Deluge valve - Interior Inspection	13.4.3.1.7			
2.1	T	Water flow Alarm Devices 90 Sec (Enter Time )	5.3.3 13.2.6		____ Sec	
2.2	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.3	T	Deluge System: Priming Water Level Test	13.4.3.2.1			
2.4	T	Deluge Valve Trip Test – Full Flow	10.2.2 13.4.3.2			
2.5	T	Enter the Valve Trip Time (Seconds)	10.3.4.2 13.4.3.2.12		Sec	
2.6	T	Enter Pressure at the hydraulically most remote nozzle or sprinkler	10.3.4.4.1 13.4.3.2.7.1		PSI	
2.7	T	Enter pressure at deluge valve	10.3.4.4.2 13.4.3.2.7.2		PSI	
2.8	T	Pressure readings acceptable	10.3.4.4.3 13.4.3.2.7.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.9	T	Water Discharge Pattern at nozzle or sprinkler	10.3.4.3			
2.10	T	Multiple System Test	10.3.5 13.4.3.2.8			
2.11	T	Manual Actuation Device Test	10.3.6 13.4.3.2.6			

<b>Deluge Sprinkler Systems Water Spray</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 3 of 5
<b>Property Information:</b> Building Name: _____ Building Address: _____ _____ City: _____ Contact Person: _____ Telephone No: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

<b>5 YEAR INSPECTION, TESTING, AND MAINTENANCE</b>						
<b>This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items</b>						
<b>I = Inspection T = Test M = Maintenance</b>				<b>P = Pass F = Fail N/A = Not Applicable</b>		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
2.12	T	Deluge Valve – Interior Inspection	13.4.3.1.7			
2.13	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.14	T	Low Temperature Alarm Test	13.4.3.2.14			
2.15	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.16	T	Control Valve - Position	13.3.3			
2.17	T	Control Valve – Operation	13.3.3			
2.18	T	Valve Supervisory Devices	13.3.3.5			
2.19	T	Backflow Preventer Assemblies	13.6.2			
2.20	T	Pressure reducing Valves	13.5.1.2			
2.21	T	Flushing: Flushing of connection to riser, part of annual test	10.3 Table 10.1.1.2			
2.22	T	Nozzles	10.2.1.6 10.3.4.3			
2.23	T	Water spray system test	10.3 13.4.3.2			
2.24	T	Water-flow alarm	5.3.3			
2.25	T	UHSWSS	10.4			
2.26	T	Detection systems	10.2.3			
2.27	T	Check valves (Including Detector Check Valves)	13.4.2.1			
3.1	M	Control Valves	10.1.5 13.3.4			
3.2	M	Repair Air Leaks	13.4.3.3.1			
3.3	M	Deluge Valve: Interior Inspection and Cleaning	13.4.3.1.7 13.4.3.3.2			
3.4	M	Low points in system drained	13.4.3.3.3			
3.5	M	Additional Manufacturer's Maintenance Requirements satisfied	13.4.3.3.4			
3.6	M	Strainers, filters, restricted orifices, and diaphragm chambers (including baskets and screens)	10.2.1.4 10.2.7 13.4.3.1.8			
3.7	M	Water spray system/Deluge valve	10.2.1.4 10.2.2			



<b>Property Information:</b> Building Name: _____ Building Address: _____ _____ City: _____ Contact Person: _____ Telephone No: _____	  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
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Item	Date	Riser No.	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Form AES 9.	Number attached _____	<i>D = Deficiency C = Comment</i>
<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached _____.	

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

<b>Print Name</b>		
<b>Signature</b>		<b>Date:</b> _____



<b>Standpipe and Hose System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

QUARTERLY INSPECTIONS				P = Pass F = Fail N/A = Not Applicable					
I = Inspection		T = Test		M = Maintenance		Date	Date	Date	Date
Item		Description	NFPA 25 CA Ed Reference						
1.1	I	Control Valves – Identification Sign	13.3.1						
1.2	I	Control Valves – Inspection	13.3.2						
1.3	I	Waterflow Alarm Devices	5.2.5						
1.4	I	Supervisory Devices	5.25						
1.5	I	Pressure Gauges	6.2.1 6.2.2						
1.6	I	Enter water supply pressure below Dry Pipe or Preaction Valve	6.2.1 6.2.2		PSI		PSI		PSI
1.7	I	Enter water supply pressure above Dry Pipe or Preaction Valve	6.2.1 6.2.2		PSI		PSI		PSI
1.8	I	Enter pressure at top of standpipe riser	6.2.1, 6.2.2 13.2.7		PSI		PSI		PSI
1.9	I	Enter air/nitrogen pressure	6.2.1, 6.2.2 13.2.7		PSI		PSI		PSI
1.10	I	Enter pressure at discharge of fire pump or pressure tank	6.2.1, 6.2.2 13.2.7		PSI		PSI		PSI
1.11	I	Pressure Readings Acceptable	6.2.2, 13.2.7						
1.12	I	Standpipe Hose Valves	13.5.6.1						
1.13	I	Hydraulic Design Information Sign For hydraulically designed systems	6.2.3						
1.14	I	Heat Tape	5.2.7						
1.15	I	Fire Department Connections	13.7						
1.16	I	Pressure Reducing Valves	13.5.1.1 13.5.4.1						
1.17	I	Backflow Preventers	13.6.1						

<b>Standpipe and Hose System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 2 of 3
Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____	

**ANNUAL  
INSPECTION, TESTING, AND MAINTENANCE**  
 Include ALL Quarterly Inspections (See Above)

I = Inspection		T = Test		M = Maintenance		P = Pass F = Fail N/A = Not Applicable	
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only		P,F,N/A
1.18	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility		
1.19	I	Pipe and Fittings	6.2.1 Table 6.1.2				
1..20	I	Hangers	6.2.1				
1.21	I	Seismic Braces	6.2.1				
1.22	I	Hose Connections	6.2.1 Table 6.1.2				
1.23	I	Cabinet	6.2.1 Table 6.1.2				
1.24	I	Hose	6.2.1 Table 6.1.2				
1.25	I	Hose Storage Device	6.2.1 Table 6.1.2 NFPA 1962				
1.26	I	Hose Nozzle	6.2.1 Table 6.1.2				
2.1	T	Control Valve - Position	6.2.1 13.3.3.1				
2.2	T	Control Valve – Operation	6.2.1 13.3.3.2				
2.3	T	Supervisory Devices	13.3.3.5				
2.4	T	Water flow Alarm Devices 90 Sec Max (Enter Time)	6.3.3 13.2.6		_____ Sec		
2.5	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4				
2.6	T	Hose Rack Hose Valve – Partial Flow Test	13.5.3.3				
2.7	T	Pressure Reducing Hose Valve – Partial Flow Test	13.5.2.3				
2.8	T	Backflow Preventer Assemblies	13.6.2				
2.9	T	Class I & III Hose Valve Test	13.5.6.2.1				
2.10	T	Class II Hose Valve Test	13.5.6.2.2				
3.1	M	Control Valves	13.3.4				
3.2	M	Hose Valves	13.5.6.3				
3.3	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.4	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No		



<b>Standpipe and Hose System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 1 of 4
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

<b>Type of Standpipe System:</b>		<b>Class of Standpipe System</b>
<input type="checkbox"/> Manual Wet	<input type="checkbox"/> Automatic Dry	<input type="checkbox"/> Class I
<input type="checkbox"/> Manual Dry	<input type="checkbox"/> Semi-Automatic Dry	<input type="checkbox"/> Class II
<input type="checkbox"/> Automatic Wet	<input type="checkbox"/> Combined Sprinkler/Standpipe	<input type="checkbox"/> Class III

RISER INFORMATION			Main Drain Test (ANNUAL)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

**5 YEAR  
INSPECTION, TESTING, AND MAINTENANCE**  
This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

I = Inspection		T = Test	M = Maintenance	P = Pass F = Fail N/A = Not Applicable		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Devices	5.2.5			
1.5	I	Pressure Gauges	6.2.1 6.2.2			
1.6	I	Enter water supply pressure below Dry Pipe or Preaction Valve	6.2.1 6.2.2		<b>PSI</b>	
1.7	I	Enter water supply pressure above Dry Pipe or Preaction Valve	6.2.1 6.2.2		<b>PSI</b>	
1.8	I	Enter pressure at top of standpipe riser	6.2.1, 6.2.2 13.2.7		<b>PSI</b>	
1.9	I	Enter air/nitrogen pressure	6.2.1, 6.2.2 13.2.7		<b>PSI</b>	

<b>Standpipe and Hose System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 2 of 4
Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____	

<b>5 YEAR INSPECTION, TESTING, AND MAINTENANCE</b>						
<b>This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items</b>						
I = Inspection	T = Test	M = Maintenance	P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.10	I	Enter pressure at discharge of fire pump or pressure tank	6.2.1, 6.2.2 13.2.7		<b>PSI</b>	
1.11	I	Pressure Readings Acceptable	6.2.2, 13.2.7			
1.12	I	Hydraulic Design Information Sign	6.2.3			
1.13	I	Heat Tape	5.2.7			
1.14	I	Standpipe Hose Valves	13.5.6.1			
1.15	I	Pressure Reducing Hose Valves	13.5.2.1			
1.16	I	Pressure Reducing Valves	13.5.1.1			
1.17	I	Fire Department Connections	13.7			
1.18	I	Backflow Preventers	13.6.1			
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.20	I	Pipe and Fittings	6.2.1 Table 6.1.2			
1.21	I	Hangers	6.2.1			
1.22	I	Seismic Braces	6.2.1			
1.23	I	Hose Connections	6.2.1 Table 6.1.2			
1.24	I	Cabinet	6.2.1 Table 6.1.2			
1.25	I	Hose	6.2.1 Table 6.1.2			
1.26	I	Hose Storage Device	6.2.1 Table 6.1.2			
1.27	I	Hose Nozzle	6.2.1 Table 6.1.2			
2.1	T	Control Valve - Position	6.2.1 13.3.3.1			
2.2	T	Control Valve – Operation	6.2.1 13.3.3.2			
2.3	T	Supervisory Devices	13.3.3.5			
2.4	T	Water flow Alarm Devices 90 Sec Max (Enter Time )	6.3.3 13.2.6		____ Sec	
2.5	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.6	T	Standpipe Flow Test	6.3.1		Provide results in table below	
2.7	T	Standpipe Hydrostatic Test	6.3.2			
2.8	T	Hose Rack Assembly Flow Test	13.5.3.2			
2.9	T	Backflow Preventer Assemblies	13.6.2			

<b>Standpipe and Hose System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 3 of 4
Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____	

<b>5 YEAR INSPECTION, TESTING, AND MAINTENANCE</b>						
<b>This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items</b>						
<b>I = Inspection</b>		<b>T = Test</b>	<b>M = Maintenance</b>	<b>P = Pass F = Fail N/A = Not Applicable</b>		
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
2.10	T	Pressure Reducing Hose Valves	13.5.2.2			
2.11	T	Pressure Reducing Valves	13.5.3.2			
2.12	T	Pressure Gauges	6.3.4			
2.13	T	Hose Test	6.2.1 NFPA 1962			
3.1	M	Control Valves	13.3.4			
3.2	M	Fire Department Connection - Backflush	14.3.2.3 14.3.2.4			
3.3	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results.	14.2			
3.4	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Table for Standpipe Flow Test Results (Item 2.6)</b>			
No. Standpipe Risers		Flow Rate at Remote Hose Valve	
Total Flow Rate Required		Pressure at remote Hose Valve Outlet	
Flow Rate supplied at FDC		Flow Rate supplied at pump	
Pressure supplied at FDC		Pressure supplied at pump	

<i>Item</i>	<i>Date</i>	<i>Riser No.</i>	<i>D</i>	<i>C</i>	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>



<b>Private Fire Service Mains</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 1 of 2
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		  License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

QUARTERLY INSPECTIONS				Date	Date	Date	Date
I = Inspection	T = Test	M = Maintenance	Description	NFPA 25 CA Ed Reference	P = Pass	F = Fail	N/A = Not Applicable
1.1	I		Control Valves – Identification Sign	13.3.1			
1.2	I		Control Valves – Inspection	13.3.2			
1.3	I		Hose Houses	7.2.2.7			
1.4	I		Fire Department Connections	13.7			
1.5	I		Pressure Reducing Valves	13.5.1.1			
1.6	I		Backflow Preventers	13.6.1			
1.7	I		Supervisory Devices	13.3.3.5.1			
1.8	I		Monitor Nozzles	7.2.2.6			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See Above)								
Item	I	T	M	Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.9	I							
1.10	I			Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			
1.11	I			Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5			
1.12	I			Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.13	I			Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.14	I			Piping (Underground)	7.3.1			
1.15	I			Hose	NFPA 1962			
2.1		T		Control Valve - Position	13.3.3.1			
2.2		T		Control Valve – Operation	13.3.3			
2.3		T		Monitor Nozzles	7.3.3			
2.4		T		Hydrants - Flush	7.3.2			
2.5		T		Supervisory Devices	13.3.3.5			
2.6		T		Backflow Preventer Assemblies	13.6.2			
2.7		T		Pressure Reducing Valve – Partial Flow Test	13.5.1.3			
3.1			M	Control Valves	13.3.4			
3.2			M	Mainline Strainers	7.2.2.3			

<b>Private Fire Service Mains</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Quarterly and Annual Report</b>	Page 2 of 2
Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____	

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE</b> Include ALL Quarterly Inspections (See Above)						
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
			Table 7.2.2.3			
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7			
3.4	M	Hydrants	7.4.2			
3.5	M	Monitor Nozzles	7.4.3			
3.6	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item	Date	D	C	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced.</i>

<input type="checkbox"/> Check here for additional Deficiencies and Comments. Number attached _____.	<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies. Number attached _____.	D = Deficiency C = Comment
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*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

Check the box if the Annual inspection, testing, and maintenance items are completed in the indicated Quarter

<b>Quarter</b>	1 <input type="checkbox"/> Annual	2 <input type="checkbox"/> Annual	3 <input type="checkbox"/> Annual	4 <input type="checkbox"/> Annual
<b>Date</b>				

<b>Property Information:</b> <b>Building Name:</b> _____ <b>Building Address:</b> _____ _____ <b>City:</b> _____ <b>Contact Person:</b> _____ <b>Telephone No:</b> _____		<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Address:</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> ____ <b>Telephone</b> _____ <b>Job No.</b> _____ <b>Misc.</b> _____
<b>License No.:</b> <input type="checkbox"/> <b>SFM</b> _____ <input type="checkbox"/> <b>CSLB</b> _____		

Pump and Driver Information			
Pump No. _____ of _____. Pump Manufacturer: _____ Pump Model # _____ Pump Serial #: _____ Rated RPM: _____ Controller Manufacturer: _____ Controller Model: _____ Controller Serial # _____	Max Suction Press: _____ psi Max PSI: (Shutoff) _____ psi Rated Capacity: _____ gpm Rated Pressure: _____ psi 150% Rated Capacity: _____ gpm Rated Pressure at 150% Rated capacity _____ psi	Driver Manufacturer _____ Driver Model No. _____ Driver Rated RPM _____ Fuel Tank Capacity _____ gal.	P – Pass F – Fail N/A – Not Applicable  I = Inspection T = Test M = Maintenance  Enter readings as appropriate.

Where the pump and driver manufacturer's recommendations are not available, use the items in this form which reference NFPA 25: Table 8.5.3. If the manufacturer's recommendations are available, then the manufacturer's recommendations are to be used.

Item	ITM	Year:	Month:	Week	1	2	3	4	5
		Description			NFPA 25 CA Ed Reference	DATE	DATE	DATE	DATE
<b>Fire pump Start/Stop Pressures</b>									
1.1	T	<b>Fire Pump Start pressure</b>		8.3.2.8(1)(f)	PSI	PSI	PSI	PSI	PSI
1.2	T	<b>Fire pump Stop Pressure</b>		8.3.2.8(1)(f)	PSI	PSI	PSI	PSI	PSI
1.3	T	<b>Pressure Maintenance Pump Start Pressure</b>		8.3.2.8(1)(g)	PSI	PSI	PSI	PSI	PSI
1.4	T	<b>Pressure Maintenance Pump Stop Pressure</b>		8.3.2.8(1)(g)	PSI	PSI	PSI	PSI	PSI
<b>Pump House</b>									
1.5	I	Pump House heating and ventilating louvers		8.2.2(1)(a) 8.2.2(1)(b)					
<b>Fire Pump System:</b>									
8.2.2(2)									
1.6	I	Control Valves – Identification Sign		13.3.1					
1.7	I	Control Valves – Inspection		13.3.2					
1.8	I	Pump Suction, discharge, and bypass valves are open.		8.2.2(2)(a)					
1.9	I	Normally closed valves are closed (Test Header/Venturi Meter)		8.2.2(2)(g) 13.3.2.2					
1.10	I	Valve Supervisory Devices		5.2.5					
1.11	M	Control Valve Maintenance		13.3.4					

<b>Diesel Fire Pump</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Weekly Report</b>	Page 2 of 5
Building Name: _____ Building Address: _____ City: _____			Contractor or Licensed Owner Information: Name: _____ Job No. : _____

Item	ITM	Year:	Month:	Week	1	2	3	4	5
		Description		NFPA 25 CA Ed Reference	DATE	DATE	DATE	DATE	DATE
1.12	I	Piping is free of leaks.		8.2.2(2)(b)					
1.13	I	Suction reservoir is full.		8.2.2(2)(e)					
1.14	I	Suction line pressure gauge reading within acceptable range		8.2.2(2)(c)					
		Enter Suction Pressure Reading			PSI	PSI	PSI	PSI	PSI
1.15	I	System line pressure gauge reading within acceptable range		8.2.2(2)(d)					
		Enter System Pressure Reading			PSI	PSI	PSI	PSI	PSI
1.16	I	Wet pit suction screens are unobstructed and in place.		8.2.2(2)(f)					
1.17	I	Verify pump packing glands for slight discharge (Pump not running)		8.2.2(2)(h)					
1.18	I	Suction pressure gauge reading (Pump running)		8.3.2.8(1)(a)	PSI	PSI	PSI	PSI	PSI
1.19	I	Discharge pressure gauge reading (Pump running)		8.3.2.8(1)(a)	PSI	PSI	PSI	PSI	PSI
1.20	I	Check pump packing glands for slight discharge (Pump running)		8.3.2.8(1)(b)					
1.21	I	Adjust gland nuts if necessary		8.3.2.8(1)(c)					
1.22	I	Check for unusual noise or vibration		8.3.2.8(1)(d)					
1.23	I	Check packing boxes, bearings, or pump casing for overheating		8.3.2.8(1)(e)					
1.24	I	Circulation Relief Valve operating properly – No Flow		8.3.3.2(1)(a) 13.5.7.1					
1.25	I	Pressure Relief Valve operating properly – No Flow		8.3.3.2(1)(b)					
1.26	I	Pressure Relief Valve operating properly – Flowing		8.3.3.3.1 8.3.3.3.2 13.5.7.2					
1.27	I	Observe time for engine to crank – Enter time		8.3.2.8(3)(a)	Sec	Sec	Sec	Sec	Sec
1.27	I	Observe time for engine to reach running speed – Enter time		8.3.2.8(3)(b)	Sec	Sec	Sec	Sec	Sec
1.28	I	Record time controller is on the first step (reduced voltage or reduced current starting)		8.3.2.8(2)(b)	Sec	Sec	Sec	Sec	Sec
1.29	I	Record time pump runs after starting (for automatic stop controllers)		8.3.2.8(2)(c)	Min	Min	Min	Min	Min
1.30	I	Observe and record the following while engine is running:		8.3.2.8(3)(c)					
		Enter engine oil pressure gauge (PSI)		8.3.2.8(3)(c)	psi	psi	psi	psi	psi

<b>Diesel Fire Pump</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Weekly Report</b>	Page 3 of 5
Building Name: _____ Building Address: _____ City: _____			Contractor or Licensed Owner Information: Name: _____ Job No. : _____

Item	ITM	Year:	Month:	Week	1	2	3	4	5
		Description		NFPA 25 CA Ed Reference	DATE	DATE	DATE	DATE	DATE
				Enter speed indicator reading (RPM)	8.3.2.8(3)(c)				
				Enter water temperature (°F)	8.3.2.8(3)(c)	°F	°F	°F	°F
				Enter oil temperature reading (°F)	8.3.2.8(3)(c)	°F	°F	°F	°F
1.31	T			Pump Operation – No Flow condition (30 min)	8.3.2.4				
1.32	I			Record any abnormalities (Use Comments and Deficiencies Form)	8.3.2.8(3)(d)				
<b>Electrical System Conditions:</b>				8.2.2(3)					
1.33	I			Controller “Power On” pilot light is illuminated.	8.2.2(3)(a)				
1.34	I			Transfer switch pilot light is illuminated	8.2.2(3)(b)				
1.35	I			Isolating switch is closed – standby (emergency) source	8.2.2(3)(c)				
1.36	I			Electrical System: General inspection	Table 8.1.2				
1.37	I			Reverse phase alarm pilot light is off or Normal phase rotation pilot light is on	8.2.2(3)(d)				
1.38	I			Oil level in vertical motor sight glass is within acceptable range.	8.2.2(3)(e)				
1.39	I			Power to pressure maintenance (jockey) pump is provided	8.2.2(3)(f)				
1.40	I			Controller selector switch is in “auto” position.	8.2.2(4)(b)				
1.41	I			Batteries (2) voltage readings are within acceptable range	8.2.2(4)(c)				
1.42	I			Batteries (2) charging current readings are within acceptable range	8.2.2(4)(d)				
1.43	I			Batteries (2) pilot lights are on or battery failure (2) lights are off.	8.2.2(4)(e)				
1.44	I			All alarm pilot lights are off.	8.2.2(4)(f)				
1.45	I			Electrolyte level in batteries is within acceptable range.	8.2.2(4)(k) Table 8.1.2				
1.46	I			Battery terminals are free from corrosion.	8.2.2(4)(l)				
1.47	I			Cranking voltage: 9V on 12V system 18V on 24V system	Table 8.1.2				
<b>Diesel Engine System:</b>				8.2.2(4)					
1.48	I			Engine running time meter is reading.	8.2.2(4)(g)				
1.49	I			Oil level in right angle gear drive is within acceptable range	8.2.2(4)(h)				
1.50	I			Cooling water level is within acceptable range.	8.2.2(4)(j)				

<b>Diesel Fire Pump</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Weekly Report</b>	Page 4 of 5
Building Name: _____ Building Address: _____ City: _____			Contractor or Licensed Owner Information: Name: _____ Job No. : _____

Item	ITM	Year:	Month:	Week	1	2	3	4	5	
		Description			NFPA 25 CA Ed Reference	DATE	DATE	DATE	DATE	DATE
1.51	I	Water-jacket heater is operating.			8.2.2(4)(m)					
1.52	I	Fuel: Tank Level.(Two-thirds full)			Table 8.1.2 8.2.2(4)(a)					
1.53	I	Fuel: Tank Float Switch			Table 8.1.2					
1.54	I	Fuel: Solenoid valve operation			Table 8.1.2					
1.55	I	Fuel: Flexible hoses and connectors			Table 8.1.2					
1.56	I	Lubrication System: Oil level is within acceptable range.			Table 8.1.2 8.2.2(4)(i)					
1.57	I	Cooling System: Level			Table 8.1.2					
1.58	I	Cooling System: Adequate cooling water to heat exchanger.			Table 8.1.2 8.3.2.8(3)(e)					
1.59	I	Cooling System: Water pumps.			Table 8.1.2					
1.60	I	Cooling System: Condition of flexible hoses and connections.			Table 8.1.2					
1.61	I	Cooling System: Jacket water heater			Table 8.1.2					
1.62	I	Exhaust System: Leakage			Table 8.1.2					
1.63	M	Control Maintenance			13.3.4					
1.64	M	Fuel: Water in system.			Table 8.1.2					
1.65	M	Exhaust System: Drain condensate trap.			Table 8.1.2					
1.66	M	Lubrication System: Lube oil heater			Table 8.1.2					
		<b>General Maintenance</b>								
	M	System returned to service			4.5.3 15.7					



<b>Private Fire Service Mains</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 1 of 2
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

<b>5 YEAR INSPECTION, TESTING, AND MAINTENANCE</b> This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Hose Houses	7.2.2.7			
1.4	I	Fire Department Connections	13.7			
1.5	I	Pressure Reducing Valves	13.5.1.1			
1.6	I	Backflow Preventers	13.6.1			
1.7	I					
1.8	I	Monitor Nozzles	7.2.2.6			
1.9	I	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			
1.10	I	Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5			
1.11	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.12	I	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.13	I					
1.14	I	Hose	7.1.4 NFPA 1962			
2.1	T	Control Valve - Position	13.3.3.1			
2.2	T	Control Valve – Operation	13.3.3			
2.3	T	Monitor Nozzles	7.3.3			
2.4	T	Hydrants – Flush	7.3.2			
2.5	T	Supervisory Devices	13.3.3.5			
2.6	T	Backflow Preventer Assemblies	13.6.2			
2.7	T	Piping (Exposed and Underground) Evaluation	7.3.1.1		Record results in Deficiencies and Comments Section	
2.8	T	Water Supply Evaluation If required by 7.3.1.2	7.3.1.2		Record results below in Table for Water Supply Test Evaluation	
2.9	T	Pressure Reducing Valve – Full Flow Test	13.5.1.2			
2.10	T	Hose	7.1.4 NFPA 1962			
3.1	M	Control Valves	13.3.4			

<b>Private Fire Service Mains</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>5 Year Report</b>	Page 2 of 2
Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____	

5 YEAR INSPECTION, TESTING, AND MAINTENANCE						
This Form includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A
3.2	M	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7			
3.4	M	Hydrants	7.4.2			
3.5	M	Monitor Nozzles	7.4.3			
3.6	M	Fire Department Connection Backflush	14.3.2.3 14.3.2.4			
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results.	14.2			
3.8	M	Obstruction Investigation required If "Yes", see Deficiencies and Comments Section for Results.	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.9	M	System returned to service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>If required by 7.3.1.2 Table for Water Supply Test Evaluation (Item 2.8)</i>			
System Demand		Water Supply Test Results	
Flow Rate (gpm)		Static Pressure (psi)	
Hose Stream Allowance (gpm)		Residual Pressure (psi)	
Total System Demand (gpm)		Flow Rate (gpm)	
Required Pressure at Source (psi)		Available Pressure at Total System Demand (psi)	

Item	Date	D	C	Deficiencies and Comments
<i>Indicate all equipment, devices and parts that were repaired or replaced.</i>				

Check here for additional Deficiencies and Comments (see Form AES 9) Number Attached \_\_\_\_  
 See Correction Form AES 10 for corrected deficiencies Number Attached \_\_\_\_

D = Deficiency  
C = Comment

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

<b>Print Name</b>		<b>Date:</b>
<b>Signature</b>		

<b>Property Information:</b> Building Name: _____ Building Address: _____ City: _____ Contact Person: _____ Telephone No: _____	 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
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Pump and Driver Information			
Pump No. _____ of _____ Pump Manufacturer: _____ Pump Model # _____ Pump Serial #: _____ Pump Rated RPM: _____ Controller Manufacturer: _____ Controller Model: _____ Controller Serial # _____	Max Suction Press: _____ psi Max PSI: (Shutoff) _____ psi Rated Capacity: _____ gpm Rated Pressure: _____ psi 150% Rated Capacity: _____ gpm Rated Pressure at 150% Rated capacity _____ psi	Driver Manufacturer _____ Driver Model No. _____ Driver Rated RPM _____	P – Pass F – Fail N/A – Not Applicable  I = Inspection T = Test M = Maintenance  Enter readings as appropriate.

Where the pump and driver manufacturer's inspection testing and maintenance recommendations are not available, use the items in this form which references NFPA 25: Table 8.1.2 and Table 8.1.1.2. If the manufacturer's recommendations are available, then the manufacturer's recommendations are to be used.

8.3.5.1 Shutoff	Total Flow (gpm)							
	Suction	Discharge	Net	Speed				
	PSI	PSI	PSI	RPM				

2 100% Rated Flow	Suction	Discharge	Net Press	Speed					
	PSI	PSI	PSI	RPM					
	Nozzle #	Diameter	Coefficient	Pitot Press	Flow				
	1								
	2								
	3								
	4								
	5								
	6								
	Total Flow (gpm)								
Meter Flow									

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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	Suction	Discharge	Net		Speed					
	PSI	PSI	PSI		RPM					
3 150% Rated Flow	Nozzle #	Diameter	Coefficient	Pitot Press	Flow					
	1									
	2									
	3									
	4									
	5									
	6									
		<b>Total Flow (gpm)</b>								
		<b>Meter Flow</b>								
							Suction pressure at 150% of rated flow at least 0 psi? (8.1.6.1) <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
						For pump systems installed per NFPA 20 using suction tanks where NFPA 20 permitted the suction pressure to be not less than -3psi, is the suction pressure at least -3 psi? (8.1.6.2) <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

<b>Fire Pump Test Curves</b>	
Provide the following fire pump performance curves on the graphs at end of this form: <ol style="list-style-type: none"> <li>1. Manufacturer's shop test curve.</li> <li>2. Original adjusted fire pump curve using net pump pressures.</li> <li>3. Current adjusted fire pump curve using net pump pressures.</li> <li>4. Original unadjusted fire pump curve using net pump pressures.</li> <li>5. Current unadjusted fire pump curve using net pump pressures.</li> <li>6. Current unadjusted fire pump curve using total pump pressure + supply pressure.</li> </ol>	<ol style="list-style-type: none"> <li>1. 8.3.5.3(1)</li> <li>2. 8.3.5.3(1)</li> <li>3. 8.3.5.3(1)</li> <li>4. 8.3.5.3(1)</li> <li>5. 8.3.5.3(1)</li> <li>6. 8.3.5.7</li> </ol>

Note: The fire pump nameplate data is permitted to be used if the manufacturer's shop test curve is unavailable. (8.3.5.3(2))

<b>Test Results and Evaluation (8.3.5.7)</b>		
<b>Fire Protection System Demand Information</b>		<b>Fire Pump</b>
Type of System	Required pressure at the pump discharge flange (psi)	Required Flow (gpm)
		Is the fire pump capable of supplying the system demand using the unadjusted pump curve? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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Are fire pump test results satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.1.6 8.3.5 8.3.5.2.1	8.3.5.3 8.3.5.4 8.3.5.5	8.3.5.6 8.3.5.7
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**Annual Fire Pump  
Inspection, Testing, and Maintenance**  
**This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items**

<i>I = Inspection</i>		<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass   F = Fail   N/A = Not Applicable</i>			
Item	ITM	Description	Year:		Comments Only	P, F, N/A	
			NFPA 25 CA Ed Reference	Date			
<b>Fire pump Start/Stop Pressures</b>							
1.01	I	Fire Pump Start pressure	8.3.2.8(1)(f)		PSI		
1.02	I	Fire Pump Stop Pressure	8.3.2.8(1)(f)		PSI		
1.03	I	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)		PSI		
1.04	I	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)		PSI		
<b>Pump House</b>							
1.05	I	Pump House heating and ventilating louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3				
<b>Fire Pump System:</b>			8.2.2(2)				
1.06	I	Control Valves – Identification Sign	13.3.1*				
1.07	I	Control Valves – Inspection	13.3.2				
1.08	I	Pump Suction, discharge, and bypass valves are open.	8.2.2(2)(a)				
1.09	I	Normally closed valves are closed (Test Header/Venturi Meter)	8.2.2(2)(g) 13.3.2.2				
1.10	I	Piping is free of leaks.	8.2.2(2)(b)				
1.11	I	Suction line pressure gauge reading within acceptable range (Same as water level in tank or static pressure in water main)	8.2.2(2)(c)				
		Enter Suction Pressure Reading					PSI
1.12	I	Discharge line pressure gauge reading within acceptable range (Same as suction gauge reading)	8.2.2(2)(d)				
		Enter Discharge Pressure Reading					PSI
1.13	I	Suction reservoir is full.	8.2.2(2)(e)				
1.14	I	Wet pit suction screens are unobstructed and in place.	8.2.2(2)(f)				
1.15	I	Check pump packing glands for slight discharge (Pump not running)	8.2.2(2)(h)				
1.16	I	Check pump packing glands for slight discharge (Pump running)	8.3.2.8(1)(b)				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**Annual Fire Pump  
Inspection, Testing, and Maintenance**  
**This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items**

<i>I = Inspection</i>		<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass F = Fail N/A = Not Applicable</i>			
Item	ITM	Description	Year:		Comments Only	P, F, N/A	
			NFPA 25 CA Ed Reference	Date			
1.17	I	Suction line pressure gauge reading (Pump running)	8.3.2.8(1)(a)		PSI		
1.18	I	Discharge line pressure gauge reading (Pump running)	8.3.2.8(1)(a)		PSI		
1.19	I	Check for unusual noise or vibration	8.3.2.8(1)(d)				
1.20	I	Check packing boxes, bearings, or pump casing for overheating	8.3.2.8(1)(e)				
1.21	I	Circulation Relief Valve operating properly	13.5.7.1.2				
1.22	I						
1.23	I	Observe time for motor to accelerate to full speed	8.3.2.8(2)a				
1.24	I	Record the time the controller is on first step (for reduced voltage or reduced current starting)	8.3.2.8(2)b				
<b>Electrical System Conditions:</b>			8.2.2(3)				
1.25	I	Controller "Power On" pilot light is illuminated.	8.2.2(3)(a)				
1.26	I	Transfer switch normal pilot light is illuminated.	8.2.2(3)(b)				
1.27	I	Isolating switch is closed – standby (emergency) source.	8.2.2(3)(c)				
1.28	I	Reverse phase alarm pilot light is off or normal phase rotation pilot light is on.	8.2.2(3)(d)				
1.29	I	Oil level in vertical motor sight glass is within acceptable range.	8.2.2(3)(e)				
1.30	I	Power to pressure maintenance pump is provided	8.2.2(3)(f)				
<b>Diesel Engine System Conditions:</b>							
1.31	I	Fuel tank is two-thirds full.	8.2.2(4)(a)				
1.32	I	Fuel: Tank Float Switch	Table 8.1.2				
1.33	I	Fuel: Solenoid valve operation	Table 8.1.2				
1.34	I	Fuel: Flexible hoses and connectors	Table 8.1.2				
1.35	I	Fuel: Tank vents and overflow piping is unobstructed	Table 8.1.2				
1.36	I	Fuel: Piping	Table 8.1.2				
1.37	I	Lubrication System: Oil level	Table 8.1.2				
1.38	I	Lubrication System: Crankcase breather	Table 8.1.2				
1.39	I	Cooling System: Level	Table 8.1.2				
1.40	I	Cooling System: Adequate cooling water to heat exchanger	Table 8.1.2				
1.41	I	Cooling System: Water pump	Table 8.1.2				
1.42	I	Cooling System: Condition of flexible hoses and	Table 8.1.2				
1.43	I	Cooling System: Jacket water heater	Table 8.1.2				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**Annual Fire Pump  
Inspection, Testing, and Maintenance**  
 This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items

<i>I = Inspection</i>		<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass F = Fail N/A = Not Applicable</i>			
Item	ITM	Description	Year:		Comments Only	P, F, N/A	
			NFPA 25 CA Ed Reference	Date			
1.44	I	Cooling System: Antifreeze protection level	Table 8.1.2				
1.45	I	Cooling System: Inspect ductwork	Table 8.1.2				
1.46	I	Battery System: Electrolyte level	Table 8.1.2				
1.47	I	Battery System: Charger and charge rate	Table 8.1.2				
1.48	I	Battery System: Equalize charge	Table 8.1.2				
1.49	I	Battery System: Terminals clean and tight	Table 8.1.2				
1.50	I	Exhaust System: Leakage	Table 8.1.2				
1.51	I	Exhaust System: Flexible exhaust	Table 8.1.2				
1.52	I	Exhaust System: Hangers and supports	Table 8.1.2				
1.53	I	Electrical System: General Inspection	Table 8.1.2				
1.54	I	Electrical System: Circuit breakers or fuses	Table 8.1.2				
1.55	I	Electrical System: Wire chafing where subject to moving	Table 8.1.2				
<b>FIRE PUMP TESTS</b>							
2.01	T	Pump Operation-No Flow condition	8.3.2				
2.02	T	Engine Generator Sets	NFPA 110				
2.03	T	Control Valve-Position	13.3				
2.04	T	Control Valve-Operation	13.3.3.1				
2.05	T	Supervisory	13.3.3.5.1				
2.06	T	Pump Operation-Flow condition	8.3.3.1*				
2.07	T	Pressure Reducing Valve	13.5.1.2				
2.08	T	Record the time pump runs after starting (for automatic stop	8.3.2.8(2)c				
2.09	T	Control Valve Test	13.3.3				
<b>Pump System:</b>							
2.10	T	Pump System: Check Pump shaft end play	Table 8.6.1				
2.11	T	Pump System: Check accuracy of pressure gauges/sensors	Table 8.6.1				
2.12	T	Pump System: Check pump coupling alignment	Table 8.6.1				
2.13	T	Pressure Relief Valve	13.5.7.2				
2.14	T	Circulation Relief Vavle	13.5.7.1.2				
2.15	T	Exercise isolating switch and circuit breaker	Table 8.1.2				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<b>Annual Fire Pump Inspection, Testing, and Maintenance</b> This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items
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	<i>I</i> = Inspection	<i>T</i> = Test	<i>M</i> = Maintenance		<i>P</i> = Pass	<i>F</i> = Fail	<i>N/A</i> = Not Applicable
Item	ITM	Description	Year:				
			NFPA 25 CA Ed Reference	Date	Comments Only	P, F, N/A	
2.16	T	Annual Test – Method of Discharge; <input type="checkbox"/> 8.3.3.1.2.1 <input type="checkbox"/> 8.3.3.1.2.2 <input type="checkbox"/> 8.3.3.1.2.3 If the current test does not use the method described in 8.3.3.1.2.1, then indicate the date the last time this method was used: _____	8.3.3.1.2.1 8.3.3.1.2.2 8.3.3.1.2.3  8.3.3.1.3				
2.17	T	Automatic Transfer Switch Test	8.3.3.4				
2.18	T	Alarm Tests	8.3.3.5				
2.19	T	Electronic Fuel Management Control System Test	8.3.3.8				
2.20	T	Trip circuit breaker	Table 8.1.2				
2.21	T	Operate manual starting means	Table 8.1.2				
2.22	T	Parallel and Angular Alignment Test	8.3.4.4				
<b>Diesel Engine System:</b>							
2.23	T	Battery System: Specific Gravity or state of charge	Table 8.1.2				
2.24	T	Electrical System: Operation of safeties and alarms	Table 8.1.2				
2.25	T	Exhaust System: Excessive back pressure	Table 8.1.2				
<b>Maintenance</b>							
3.01	M	Lubricate pump bearings	Table 8.1.2				
3.02	M	Check pump shaft end play	Table 8.1.2				
3.03	M	Check accuracy of pressure gauges	Table 8.1.2				
3.04	M	Check pit suction screens	Table 8.1.2				
3.05	M	Lubricate coupling	Table 8.1.2				
3.06	M	Lubricate right-angle gear drive	Table 8.1.2				
3.07	M	Tighten electrical connections	Table 8.1.2				
3.08	M	Lubricate mechanical moving parts (excluding starters and relays)	Table 8.1.2				
3.09	M	Calibrate pressure switch settings	Table 8.1.2				
3.10	M	Grease motor bearings	Table 8.1.2				
3.11	M	Check voltmeter and ammeter for accuracy	Table 8.1.2				
3.12	M	Corrosion on printed circuit boards	Table 8.1.2				
3.13	M	Any cracked cable/wire insulation	Table 8.1.2				
3.14	M	Any leaks in plumbing parts	Table 8.1.2				
3.15	M	Any signs of water on electrical parts	Table 8.1.2				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**Annual Fire Pump  
Inspection, Testing, and Maintenance**  
 This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items

<i>I = Inspection</i>		<i>T = Test</i>		<i>M = Maintenance</i>		<i>P = Pass F = Fail N/A = Not Applicable</i>				
Item	ITM	Description				Year:		Date	Comments Only	P, F, N/A
						NFPA 25 CA Ed Reference				
3.16	M	Suction Screens				8.3.3.7				
3.17	M	Control Valve Maintenance				13.3.4				
<b>Diesel Engine System:</b>										
3.18	M	Fuel: Water in system				Table 8.1.2				
3.19	M	Fuel: Strainer, filter, dirt leg, or combination thereof				Table 8.1.2				
3.20	M	Cooling System: Antifreeze				Table 8.1.2				
<b>Lubrication System:</b>										
3.21	M	Lubricate oil heater				Table 8.1.2				
3.22	M	Crankcase breather				Table 8.1.2				
3.23	M	Oil change				Table 8.1.2				
3.24	M	Oil Filter				Table 8.1.2				
<b>Cooling System:</b>										
3.25	M	Water strainer				Table 8.1.2				
3.26	M	Antifreeze protection level				Table 8.1.2				
3.27	M	Rod out heat exchanger				Table 8.1.2				
3.28	M	Clean louvers				Table 8.1.2				
<b>Exhaust System:</b>										
3.29	M	Drain condensation trap				Table 8.1.2				
<b>Battery System:</b>										
3.30	M	Remove corrosion, exterior clean and dry				Table 8.1.2				
<b>Electrical System:</b>										
3.31	M	Boxes, panels and cabinets				Table 8.1.2				
3.32	M	Tighten control and power wiring connections				Table 8.1.2				
3.33	M	Circuit breakers and fuses				Table 8.1.2				
3.34	M	Inspect and operate emergency manual starting means (without power)				Table 8.1.2				
3.35	M	Adjust gland nuts if necessary								
3.36	M	Is obstruction Investigation required? If "Yes", see Deficiencies and Comments Section for Results.				14.3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.37	M	System returned to service				4.5.3 15.7			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item	Date	D	C	Deficiencies and Comments
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<b>Building Name:</b> _____ <b>Building Address:</b> _____ <b>City:</b> _____		<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Job No. :</b> _____
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I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

<b>Print Name</b>	
<b>Signature</b>	

**Building Name:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

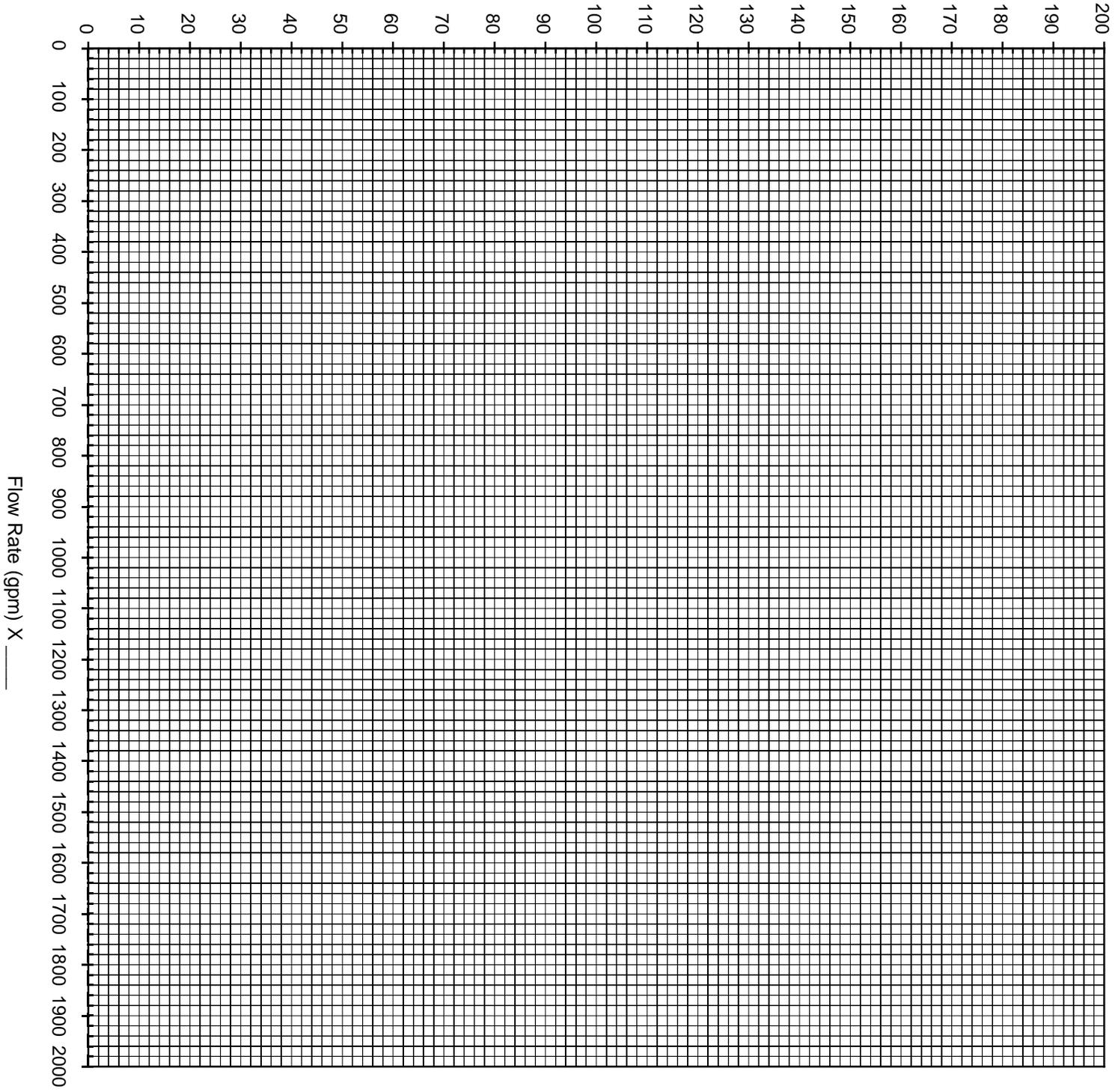


**Contractor or Licensed Owner Information:**

**Name:** \_\_\_\_\_

**Job No. :** \_\_\_\_\_

Pressure (psi) X \_\_\_\_\_



- Curve Identification:**
1. Manufacturer's shop test curve
  2. Original adjusted fire pump curve
  3. Current adjusted fire pump curve

**Building Name:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

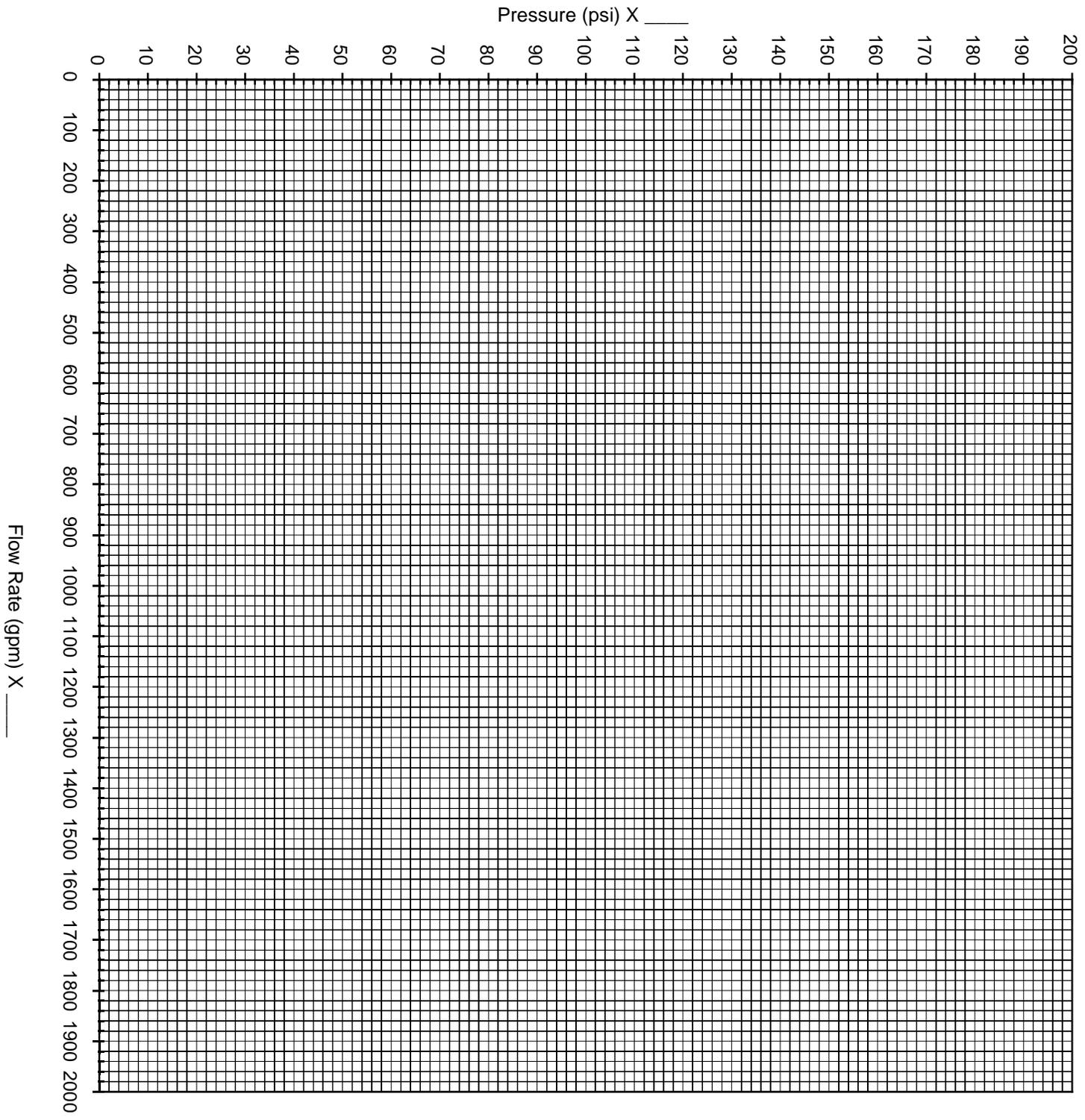
**City:** \_\_\_\_\_



**Contractor or Licensed Owner Information:**

**Name:** \_\_\_\_\_

**Job No. :** \_\_\_\_\_



- Curve Identification:
- 4. Original unadjusted fire pump curve
  - 5. Current unadjusted fire pump curve
  - 6. Current unadjusted fire pump curve using total pump pressure + supply pressure

<b>Property Information:</b> <b>Building Name:</b> _____ <b>Building Address:</b> _____ _____ <b>City:</b> _____ <b>Contact Person:</b> _____ <b>Telephone No:</b> _____	 <b>License No.:</b> <input type="checkbox"/> <b>SFM</b> _____ <input type="checkbox"/> <b>CSLB</b> _____	<b>Contractor or Licensed Owner Information:</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____ <b>Telephone</b> _____ <b>Job No.</b> _____ <b>Misc.</b> _____
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Pump and Driver Information			
Pump No. _____ of _____. Pump Manufacturer: _____ Pump Model # _____ Pump Serial #: _____ Pump Rated RPM: _____ Controller Manufacturer: _____ Controller Model: _____ Controller Serial # _____	Max Suction Press: _____ psi Max PSI: (Shutoff) _____ psi Rated Capacity: _____ gpm Rated Pressure: _____ psi 150% Rated Capacity: _____ gpm Rated Pressure at 150% Rated capacity _____ psi	Driver Manufacturer _____ Driver Model No. _____ Driver Rated RPM _____ Full Load Amp (FLA) _____ Amp Rated Voltage _____ Volts Service Factor (SF) _____	P – Pass F – Fail N/A – Not Applicable  I = Inspection T = Test M = Maintenance  Enter readings as appropriate.

Where the pump and driver manufacturer's inspection testing and maintenance recommendations are not available, use the items in this form which references NFPA 25: Table 8.1.2 and Table 8.1.1.2. If the manufacturer's recommendations are available, then the manufacturer's recommendations are to be used.

<i>I = Inspection</i>			<i>T = Test</i>			<i>M = Maintenance</i>			<i>P = Pass F = Fail N/A = Not Applicable</i>			
Item	ITM	Description	Year:	Month/Day								
			NFPA 25 CA Ed Reference									
<b>Fire pump Start/Stop Pressures</b>												
1.01		<b>Fire Pump Start pressure</b>	8.3.2.8(1)(f)	PSI	PSI	PSI	PSI	PSI	PSI	PSI	PSI	
1.02		<b>Fire pump Stop Pressure</b>	8.3.2.8(1)(f)	PSI	PSI	PSI	PSI	PSI	PSI	PSI	PSI	
1.03		<b>Pressure Maintenance Pump Start Pressure</b>	8.3.2.8(1)(g)	PSI	PSI	PSI	PSI	PSI	PSI	PSI	PSI	
1.04		<b>Pressure Maintenance Pump Stop Pressure</b>	8.3.2.8(1)(g)	PSI	PSI	PSI	PSI	PSI	PSI	PSI	PSI	
<b>Pump House</b>												
1.05	I	Pump House heating and ventilating louvers	8.2.2(1)(a) 8.2.2(1)(b)									
<b>Fire Pump System:</b>												
1.06	I	Control Valves – Identification Sign	13.3.1									
1.07		Control Valves – Inspection	13.3.2									
1.08	I	Pump Suction, discharge, and bypass valves are open.	8.2.2(2)(a)									
1.09	I	Normally closed valves are closed (Test header/venturi meter)	8.2.2(2)(g) 13.3.2.2									
1.10	I	Valve Supervisory Devices	5.2.5									
1.11	I	Piping is free of leaks.	8.2.2(2)(b)									

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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		<i>I = Inspection</i>	<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass F = Fail N/A = Not Applicable</i>					
Item	ITM	Description	Year:	Month/Day						
			NFPA 25 CA Ed Reference							
1.12	I	Suction reservoir is full.	8.2.2(2)(e)							
1.13	I	Suction line pressure gauge reading within acceptable range	8.2.2(2)(c)							
		Enter Suction Pressure Reading		PSI	PSI	PSI	PSI	PSI	PSI	
1.14	I	System line pressure gauge reading within acceptable range	8.2.2(2)(d)							
		Enter system line Pressure Reading		PSI	PSI	PSI	PSI	PSI	PSI	
1.15	I	Wet pit suction screens are unobstructed and in place.	8.2.2(2)(f)							
1.16	I	Check pump packing glands for slight discharge (Pump not running)	8.2.2(2)(h)							
1.17	T	Pump Operation – No Flow condition (10 min)	8.3.2.3							
1.18	I	Observe time for motor to accelerate to full speed	8.3.2.8(2)(a)							
1.19	I	Check pump packing glands for slight discharge (Pump running)	8.3.2.8(1)(b)							
1.20	T	Suction pressure gauge reading (Pump running)	8.3.2.8(1)(a)	PSI	PSI	PSI	PSI	PSI	PSI	PSI
1.21	T	Discharge pressure gauge reading (Pump running)	8.3.2.8(1)(a)	PSI	PSI	PSI	PSI	PSI	PSI	PSI
1.22	T	Are pressure readings acceptable?								
1.23	M	Adjust gland nuts if necessary	8.3.2.8(1)(c)							
1.24	I	Check for unusual noise or vibration	8.3.2.8(1)(d)							
1.25	I	Check packing boxes, bearings, or pump casing for overheating	8.3.2.8(1)(e)							
1.26	I	Circulation Relief Valve operating properly at pump no-flow condition	8.3.3.2(1)(a) 13.5.7.1.1							
1.27	I	Record the time the controller is on first step (for reduced voltage or reduced current starting)	8.3.2.8(2)(b)	Sec	Sec	Sec	Sec	Sec	Sec	Sec
1.28	I	Record the time pump runs after starting (for automatic stop controllers)	8.3.2.8(2)(c)	Sec	Sec	Sec	Sec	Sec	Sec	Sec
<b>Electrical System Conditions:</b>			8.2.2(3)							
1.29	I	Controller "Power On" pilot light is illuminated.	8.2.2(3)(a)							
1.30	I	Engine Generator Sets (MONTHLY)	NFPA 110							

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<i>I = Inspection</i>		<i>T = Test</i>		<i>M = Maintenance</i>		<i>P = Pass F = Fail N/A = Not Applicable</i>					
Item	ITM	Description	Year:	Month/Day							
			NFPA 25 CA Ed Reference								
1.31	T	Transfer switch normal pilot light is illuminated.	8.2.2(3)(b)								
1.32	I	Isolating switch is closed – standby (emergency) source.	8.2.2(3)(c)								
1.33	I	Reverse phase alarm pilot light is off or normal phase rotation pilot light is	8.2.2(3)(d)								
1.34	I	Oil level in vertical motor sight glass is normal.	8.2.2(3)(e)								
1.35	I	Exercise isolating switch circuit breaker	Table 8.1.2								
1.36	T	Power to pressure maintenance	8.2.2(3)(f)								
<b>General Maintenance</b>											
1.37	M	System returned to service	4.5.3 15.7	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Item	Date	D	C	Deficiencies and Comments

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Correction Form AES 10 for corrected deficiencies.	See Form AES 9. Number of AES 2.9 Forms attached ____ <input type="checkbox"/> Number of AES 2.9 Forms attached _____.	D = Deficiency C = Comment
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I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

<b>Month/Day</b>					
<b>Print Name</b>					
<b>Signature</b>					

<b>Property Information:</b> Building Name: _____ Building Address: _____ _____ City: _____ Contact Person: _____ Telephone No: _____	 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____
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Pump and Driver Information			
Pump No. _____ of _____ Pump Manufacturer: _____ Pump Model # _____ Pump Serial #: _____ Pump Rated RPM: _____ Controller Manufacturer: _____ Controller Model: _____ Controller Serial # _____	Max Suction Press: _____ psi Max PSI: (Shutoff) _____ psi Rated Capacity: _____ gpm Rated Pressure: _____ psi 150% Rated Capacity: _____ gpm Rated Pressure at 150% Rated capacity _____ psi	Driver Manufacturer _____ Driver Model No. _____ Driver Rated RPM _____ Full Load Amp (FLA) _____ Amp Rated Voltage _____ Volts Service Factor (SF) _____	P – Pass F – Fail N/A – Not Applicable  I = Inspection T = Test M = Maintenance  Enter readings as appropriate.

Where the pump and driver manufacturer's inspection testing and maintenance recommendations are not available, use the items in this form which references NFPA 25: Table 8.1.2 and Table 8.1.1.2. If the manufacturer's recommendations are available, then the manufacturer's recommendations are to be used.

8.3.5.51 Shutoff	<b>Total Flow (gpm)</b>				0				
	<b>Suction</b>	<b>Discharge</b>	<b>Net</b>	<b>Speed</b>	<b>Phase</b>	<b>Volts (V)</b>	<b>Amps (A)</b>	<b>V X A</b>	<b>Rated V X FLA X SF</b>
	<b>PSI</b>	<b>PSI</b>	<b>PSI</b>	<b>RPM</b>					
					A-B				
					B-C				
					C-A				
				8.3.5.5	V X A Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				8.3.5.6	Voltage Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2 100% Rated Flow	<b>Suction</b>	<b>Discharge</b>		<b>Net Press</b>	<b>Speed</b>	<b>Phase</b>	<b>Volts</b>	<b>Amps</b>	<b>V X A</b>	<b>Rated V X FLA X SF</b>
	<b>PSI</b>	<b>PSI</b>		<b>PSI</b>	<b>RPM</b>	A-B				
						B-C				
	<b>Nozzle #</b>	<b>Dia</b>	<b>Coef'nt</b>	<b>Pitot Press</b>	<b>Flow</b>	C-A				
	1									
	2					8.3.5.5	V X A Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	3					8.3.5.6	Voltage Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	4					Notes:				
	5									
	6									
<b>Total Flow (gpm)</b>										
<b>Meter Flow</b>										

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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	Suction	Discharge		Net	Speed	Phase	Volts	Amps	V X A	Rated V X FLA X SF	
	PSI	PSI		PSI	RPM	A-B					
						B-C					
	Nozzle #	Dia	Coef'nt	Pitot Press	Flow	C-A					
3 150% Rated Flow	1										
	2					8.3.5.5	V X A Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	3					8.3.5.6	Voltage Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4					Suction pressure at 150% of rated flow at least 0 psi? (8.1.6.1) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	5					For pump systems installed per NFPA 20 using suction tanks where NFPA 20 permitted the suction pressure to be not less than -3psi, is the suction pressure at least -3 psi? (8.1.6.2) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	6										
		<b>Total Flow (gpm)</b>									
		<b>Meter Flow</b>									

<b>Fire Pump Test Curves</b>	
Provide the following fire pump performance curves on the graphs at end of this form: <ol style="list-style-type: none"> <li>1. Manufacturer's shop test curve.</li> <li>2. Original adjusted fire pump curve using net pump pressures.</li> <li>3. Current adjusted fire pump curve using net pump pressures.</li> <li>4. Original unadjusted fire pump curve using net pump pressures.</li> <li>5. Current unadjusted fire pump curve using net pump pressures.</li> <li>6. Current unadjusted fire pump curve using total pump pressure + supply pressure.</li> </ol>	<ol style="list-style-type: none"> <li>1. 8.3.5.3(1)</li> <li>2. 8.3.5.3(1)</li> <li>3. 8.3.5.3(1)</li> <li>4. 8.3.5.3(1)</li> <li>5. 8.3.5.3(1)</li> <li>6. 8.3.5.7</li> </ol>

Note: The fire pump nameplate data is permitted to be used if the manufacturer's shop test curve is unavailable. (8.3.5.3(2))

<b>Test Results and Evaluation (8.3.5.7)</b>		
<b>Fire Protection System Demand Information</b>		<b>Fire Pump</b>
Type of System	Required pressure at the pump discharge flange (psi)	Required Flow (gpm)

Are fire pump test results satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.1.6	8.3.5.3	8.3.5.6
		8.3.5	8.3.5.4	8.3.5.7
		8.3.5.2.1	8.3.5.5	

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<b>Annual Fire Pump Inspection, Testing, and Maintenance</b> This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items							
<i>I = Inspection</i>		<i>T = Test</i>		<i>M = Maintenance</i>		<i>P = Pass F = Fail N/A = Not Applicable</i>	
Item	ITM	Description	Year:		Date	Comments Only	P, F, N/A
			NFPA 25 CA Ed Reference				
<b>Fire pump Start/Stop Pressures</b>							
1.01		Fire Pump Start pressure	8.3.2.8(1)(f)			PSI	
1.02		Fire Pump Stop Pressure	8.3.2.8(1)(f)			PSI	
1.03		Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)			PSI	
1.04		Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)			PSI	
<b>Pump House</b>							
1.05	I	Pump House heating and ventilating louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3				
<b>Fire Pump System:</b>							
1.06	I	Control Valves – Identification Sign	13.3.1				
1.07	I	Control Valves – Inspection	13.3.2				
1.08	I	Pump Suction, discharge, and bypass valves are open.	8.2.2(2)(a)				
1.09	I	Normally closed valves are closed (Test Header/Venturi Meter)	8.2.2(2)(g) 13.3.2.2				
1.10	I	Piping is free of leaks.	8.2.2(2)(b)				
1.11	I	Suction line pressure gauge reading within acceptable range (Same as water level in tank or static pressure in water main)	8.2.2(2)(c)				
		Enter Suction Pressure Reading				PSI	
1.12	I	Discharge line pressure gauge reading within acceptable range (Same as suction gauge reading)	8.2.2(2)(d)				
		Enter Discharge Pressure Reading				PSI	
1.13	I	Suction reservoir is full.	8.2.2(2)(e)				
1.14	I	Wet pit suction screens are unobstructed and in place.	8.2.2(2)(f)				

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<b>Annual Fire Pump Inspection, Testing, and Maintenance</b> <b>This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items</b>
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<i>I = Inspection</i>	<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass F = Fail N/A = Not Applicable</i>
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Item	ITM	Description	Year: _____			
			NFPA 25 CA Ed Reference	Date	Comments Only	P, F, N/A
1.15	I	Check pump packing glands for slight discharge (Pump not running)	8.2.2(2)(h)			
1.16	I	Check pump packing glands for slight discharge (Pump running)	8.3.2.8(1)(b)			
1.17	I	Suction line pressure gauge reading (Pump running)	8.3.2.8(1)(a)		PSI	
1.18	I	Discharge line pressure gauge reading (Pump running)	8.3.2.8(1)(a)		PSI	
1.19	I	Check for unusual noise or vibration	8.3.2.8(1)(d)			
1.20	I	Check packing boxes, bearings, or pump casing for overheating	8.3.2.8(1)(e)			
1.21	I	Circulation Relief Valve operating properly	13.5.7.1.2			
1.22	I					
1.23	I	Observe time for motor to accelerate to full speed	8.3.2.8(2)a			
1.24	I	Record the time the controller is on first step (for reduced voltage or reduced current starting)	8.3.2.8(2)b			
1.25	T	Record the time pump runs after starting (for automatic stop controllers)	8.3.2.8(2)c			
1.26	T	Control Valve Test	13.3.3			
1.27	M	Control Valve Maintenance	13.3.4			
1.28	M	Adjust gland nuts if necessary	8.3.2.8(1)(c)			
		<b>Electrical System Conditions:</b>	8.2.2(3)			
1.29	I	Controller "Power On" pilot light is illuminated.	8.2.2(3)(a)			
1.30	I	Transfer switch normal pilot light is illuminated.	8.2.2(3)(b)			
1.31	I	Isolating switch is closed – standby (emergency) source.	8.2.2(3)(c)			
1.32	I	Reverse phase alarm pilot light is off or normal phase rotation pilot light is	8.2.2(3)(d)			
1.33	I	Oil level in vertical motor sight glass is within acceptable range.	8.2.2(3)(e)			

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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<b>Annual Fire Pump Inspection, Testing, and Maintenance</b> <b>This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items</b>
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<i>I = Inspection</i>	<i>T = Test</i>	<i>M = Maintenance</i>	<i>P = Pass F = Fail N/A = Not Applicable</i>
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Item	ITM	Description	Year: _____			
			NFPA 25 CA Ed Reference	Date	Comments Only	P, F, N/A
1.34	I	Power to pressure maintenance pump is provided	8.2.2(3)(f)			
<b>Tests</b>						
2.01	T	Engine Generator Sets (MONTHLY)	NFPA 110			
2.02	T	Exercise isolating switch and circuit breaker	Table 8.1.2			
2.03	T	Annual Test – Method of Discharge; <input type="checkbox"/> 8.3.3.1.2.1 <input type="checkbox"/> 8.3.3.1.2.2 <input type="checkbox"/> 8.3.3.1.2.3 If the current test does not use the method described in 8.3.3.1.2.1, then indicate the date the last time this method was used: _____	8.3.3.1.2.1 8.3.3.1.2.2 8.3.3.1.2.3  8.3.3.1.3			
2.04	T	Automatic Transfer Switch Test	8.3.3.4			
2.05	T	Alarm Tests	8.3.3.5			
2.06	T	Electronic Fuel Management Control System Test	8.3.3.8			
2.07	T	Trip circuit breaker	Table 8.1.2			
2.08	T	Operate manual starting means	Table 8.1.2			
2.09	M	Inspect and operate emergency manual starting means (without power)	Table 8.1.2			
2.10	T	Parallel and Angular Alignment Test	8.3.4.4			
<b>Maintenance</b>						
3.01	M	Lubricate pump bearings	Table 8.1.2			
3.02	M	Check pump shaft end play	Table 8.1.2			
3.03	M	Check accuracy of pressure gauges	Table 8.1.2			
3.04	M	Check pit suction screens	Table 8.1.2			
3.05	M	Lubricate coupling	Table 8.1.2			
3.06	M	Lubricate right-angle gear drive	Table 8.1.2			
3.07	M	Tighten electrical connections	Table 8.1.2			
3.08	M	Lubricate mechanical moving parts (excluding starters and relays)	Table 8.1.2			
3.09	M	Calibrate pressure switch settings	Table 8.1.2			
3.10	M	Grease motor bearings	Table 8.1.2			

Building Name: _____ Building Address: _____ City: _____		<b>Contractor or Licensed Owner Information:</b> Name: _____ Job No. : _____
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**Annual Fire Pump  
Inspection, Testing, and Maintenance**  
**This form includes ALL Monthly and Annual Inspection, Testing, and Maintenance Items**

<i>I = Inspection</i>		<i>T = Test</i>		<i>M = Maintenance</i>		<i>P = Pass F = Fail N/A = Not Applicable</i>			
Item	ITM	Description	Year:		Date	Comments Only	P, F, N/A	N/A	
			NFPA 25 CA Ed Reference						
3.11	M	Check voltmeter and ammeter for accuracy	Table 8.1.2						
3.12	M	Corrosion on printed circuit boards	Table 8.1.2						
3.13	M	Any cracked cable/wire insulation	Table 8.1.2						
3.14	M	Any leaks in plumbing parts	Table 8.1.2						
3.15	M	Any signs of water on electrical parts	Table 8.1.2						
3.16	M	Suction Screens	8.3.3.7						
3.17	M	Is obstruction investigation required? If "Yes", see Deficiencies and Comments Section for Results.	14.3			<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.18	M	System returned to service	4.5.3 15.7			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Item	Date	D	C	Deficiencies and Comments

<input type="checkbox"/> Check here for additional Deficiencies and Comments. See Correction Form AES 10 for corrected deficiencies.	See Form AES 9. Number of AES 2.9 Forms attached ____ Number of AES 2.9 Forms attached _____.	D = Deficiency C = Comment
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I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

<b>Print Name</b>	_____
<b>Signature</b>	_____

Building Name: \_\_\_\_\_  
Building Address: \_\_\_\_\_  
City: \_\_\_\_\_



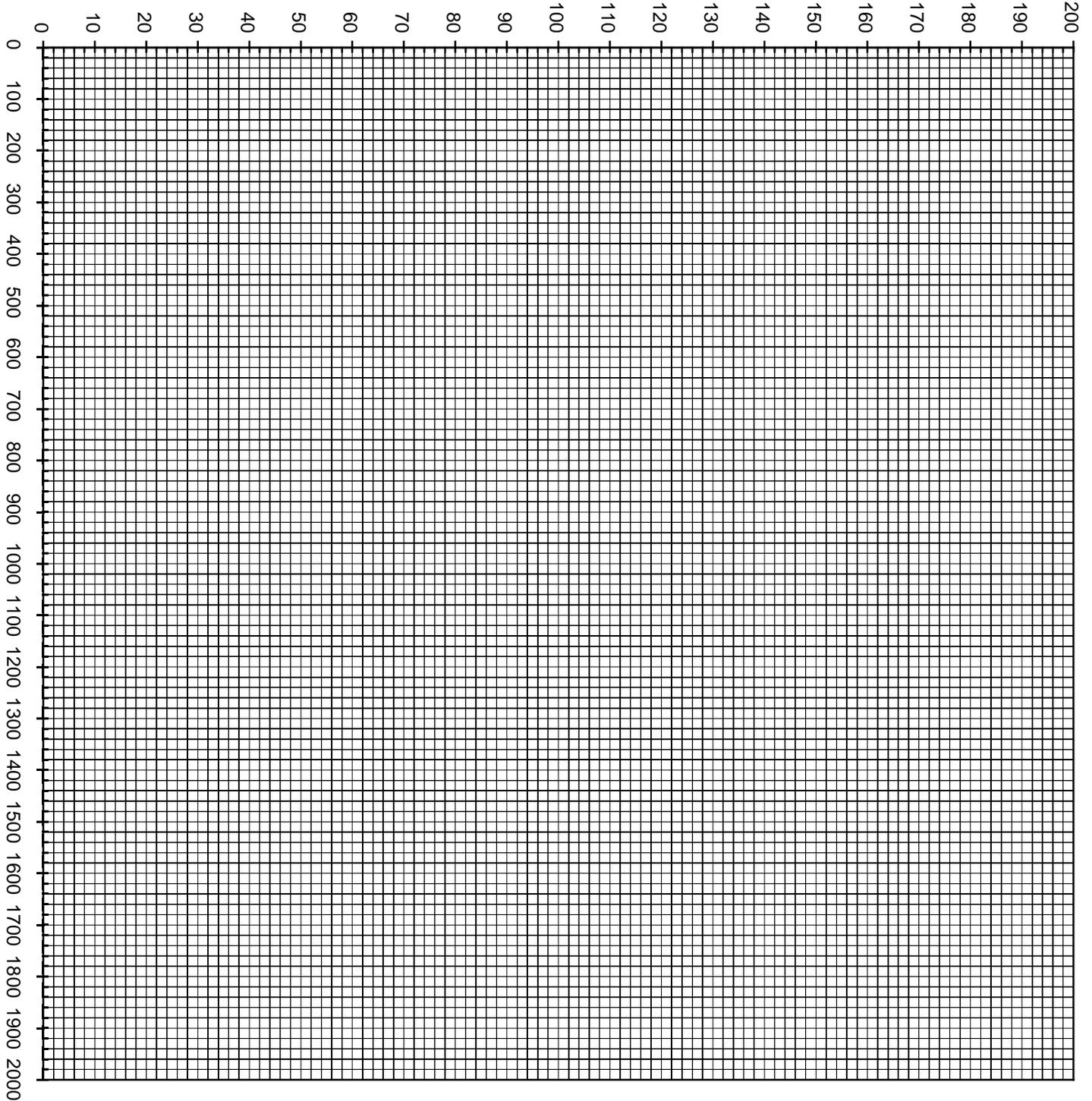
Contractor or Licensed Owner Information:

Name: \_\_\_\_\_

Job No. : \_\_\_\_\_

Pressure (psi) X \_\_\_\_\_

Flow Rate (gpm) X \_\_\_\_\_



- Curve Identification:
1. Manufacturer's shop test curve
  2. Original adjusted fire pump curve
  3. Current adjusted fire pump curve

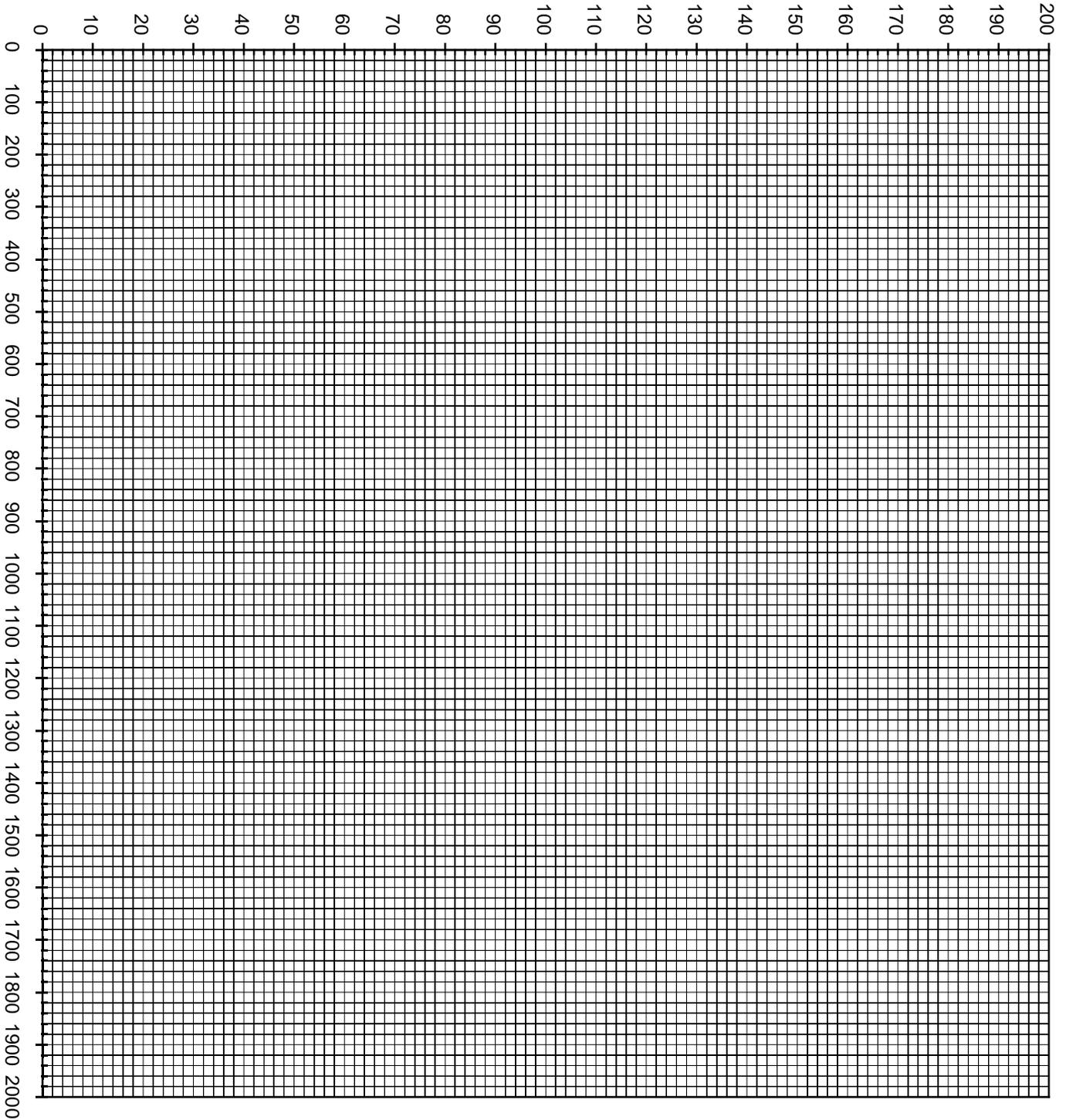
Building Name: \_\_\_\_\_  
Building Address: \_\_\_\_\_  
City: \_\_\_\_\_



Contractor or Licensed Owner Information:  
Name: \_\_\_\_\_  
Job No. : \_\_\_\_\_

Pressure (psi) X \_\_\_\_\_

Flow Rate (gpm) X \_\_\_\_\_



- Curve Identification:
- 4. Original unadjusted fire pump curve
  - 5. Current unadjusted fire pump curve
  - 6. Current unadjusted fire pump curve using total pump pressure + supply pressure

**Property Information:**

Building Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Building Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_



License No.:

SFM \_\_\_\_\_

CSLB \_\_\_\_\_

**Contractor or Licensed Owner  
Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Job No. \_\_\_\_\_  
 Misc. \_\_\_\_\_

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Daily/Weekly*	Water temperature	9.2.4			
1.2	I	Daily/Weekly*	Heating system	9.2.3.1			
1.3	I	Monthly*	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	I	Monthly/ Quarterly*	Condition of water in tank	9.2.1			
1.5	I	Monthly/ Quarterly	Water- level	9.2.1			
1.6	I	Monthly/ Quarterly	Air Pressure	9.2.2			
1.7	I	Quarterly	Control Valves	Table 13.1			
1.8	I	Quarterly	Tank - exterior	9.2.5.1			
1.9	I	Quarterly	Support structure	9.2.5.1			
1.10	I	Quarterly	Catwalks and ladders	9.2.5.1			
1.11	I	Quarterly	Surrounding area	9.2.5.2			
1.12	I	Annually	Hoops and grillage	9.2.5.4			
1.13	I	Annually	Painted/coated surfaces	9.2.5.5			
1.14	I	Annually	Expansion joints	9.2.5.3			
1.15	I	5 Years/3 Years	Interior	9.2.6			
1.16	I	5 Years	Check valves	Table 13.1			
2.1	T	Monthly	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	T	Monthly*	High temperature limit switch	9.3.4			
2.3	T	Semiannually	Water level alarms	9.3.5			
2.4	T	Annually	Control Valve - Position	Table 13.1			
2.5	T	Annually	Control Valve – Operation	Table 13.1			
2.6	T	Annually	Supervisory	Table 13.1			
2.7	T	5 Years	Level indicators	9.3.1			
2.8	T	5 Years	Pressure gauges	9.3.6			
2.9	T	5 Years	Automatic filling device	9.3.7			



Property Information:

Building Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_



License No.:  
 SFM \_\_\_\_\_  
 CSLB \_\_\_\_\_

Contractor or Licensed Owner Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 Telephone \_\_\_\_\_  
 Job No. \_\_\_\_\_  
 Misc. \_\_\_\_\_

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Daily/Weekly*	Water temperature	9.2.4			
1.2	I	Daily/Weekly*	Heating system	9.2.6.6			
1.3	I	Monthly*	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	I	Monthly/ Quarterly*	Condition of water in tank	9.2.1			
1.5	I	Monthly/ Quarterly	Water- level	9.2.1			
1.6	I	Monthly/ Quarterly	Air Pressure	9.2.2			
1.7	I	Quarterly	Control Valves	12.3.2.1			
1.8	I	Quarterly	Tank - exterior	9.2.5.1			
1.9	I	Quarterly	Support structure	9.2.5.1			
1.10	I	Quarterly	Catwalks and ladders	9.2.5.1			
1.11	I	Quarterly	Surrounding area	9.2.5.2			
1.12	I	Annually	Hoops and grillage	9.2.5.4			
1.13	I	Annually	Painted/coated surfaces	9.2.5.5			
1.14	I	Annually	Expansion joints	9.2.5.3			
1.15	I	5 Years/3 Years	Interior	9.2.6			
1.16	I	5 Years	Check valves	12.4.2.1			
2.1	T	Monthly	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	T	Monthly*	High temperature limit switch	9.3.4			
2.3	T	Semiannually	Water level alarms	9.3.5			
2.4	T	Annually	Control Valve - Position	12.3.3.1			
2.5	T	Annually	Control Valve – Operation	12.3.3.1			
2.6	T	Annually	Supervisory	12.3.3.5			
2.7	T	5 Years	Level indicators	9.3.1			
2.8	T	5 Years	Pressure gauges	9.3.6			



<b>Foam-Water Sprinkler System</b>	<b>California Code Of Regulations – Title 19 Inspection, Testing, and Maintenance</b>	<b>Foam Continuation Form</b>	Page 1 of 3
<b>Property Information:</b> Building Name: _____ _____ Building Address: _____ _____ City: _____ Contact Person: _____		 License No.: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	<b>Contractor or Licensed Owner Information:</b> Name: _____ Address: _____ City _____ State ____ Zip _____ Telephone _____ Job No. _____ Misc. _____

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 Forms attached \_\_\_\_\_

I = Inspection		T = Test		M = Maintenance				
Item		Description	NFPA 25 CA Ed Reference	Date	Comments Only	P,F,N/A		
<b>Inspection</b>								
1.1	I	Discharge device location (sprinkler)	11.2.5					
1.2	I	Discharge device location (spray nozzle)	11.2.5					
1.3	I	Discharge device position (sprinkler)	11.2.5					
1.4	I	Discharge device position (spray nozzle)	11.2.5					
1.5	I	Foam concentrate strainer(s)	11.2.7.2					
1.6	I	Drainage in system area	11.2.8					
1.7	I	Proportioning system(s) — all	11.2.9					
<b>Test</b>								
2.1	T	Discharge device location	11.3.2.6					
2.2	T	Discharge device position	11.3.2.6					
2.3	T	Discharge device obstruction	11.3.2.6					
2.4	T	Foam concentrate strainer(s)	11.2.7.2					
2.5	T	Proportioning system(s) — all	11.2.9					
2.6	T	Complete foam-water system(s)	11.3.3					
2.7	T	Foam-water solution	11.3.5					
2.8	T	Manual actuation device(s)	11.3.4					
2.9	T	Strainer(s) — mainline	11.2.7.1					
<b>Maintenance</b>								
3.1	M	Foam concentrate pump operation	11.4.6.1, 11.4.7.1					
3.2	M	Foam concentrate strainer(s)	11.4					
3.3	M	Foam concentrate samples	11.2.10					
3.4	M	Proportioning system(s) standard pressure type						
3.5	M	Ball drip (automatic type) drain valves	5 years					
3.6	M	Foam concentrate tank — drain and flush	11.4.3.2					
<b>ANNUAL</b>								











Property Information: Building Name: _____ Address: _____ City: _____ Zip: _____ Contact: _____ Telephone: _____		Contractor Information: Name: _____ Address: _____ City: _____ ZIP: _____ Telephone: _____
License #: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____		

Copy sent to: <input type="checkbox"/> Owner Date _____ <input type="checkbox"/> Fire AHJ Date _____	Date: _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	System _____ of _____
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Cylinder Size(s) \_\_\_\_\_ Last Hydrostatic Test Date(s) \_\_\_\_\_ Flow Points: Capacity \_\_\_\_\_ Used

System Location \_\_\_\_\_ System Mfg \_\_\_\_\_ Model # \_\_\_\_\_

Fuel/Heat Shut Off: Gas # \_\_\_\_\_ Electrical # \_\_\_\_\_ Integral Make Up Air Shut Down  Yes  No

				Nozzle model #	Nozzle flow pts	Nozzle qty	Total flow pts
#Hoods		Dimensions					
#Plenums		Dimensions					
#Ducts		Dimensions					

**COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT WITH SIZES AND COVERAGE NOZZLES**

Appliance Name	Nozzle model #	Nozzle flow pts	Total flow pts	Appliance Name	Nozzle model #	Nozzle flow pts	Total flow pts
1				2			
3				4			
5				6			
7				8			
9				10			

**FIXED TEMPERATURE SENSING ELEMENTS (such as fusible links)**

QTY	TEMP	MFG DATE	INSTALL DATE	QTY	TEMP	MFG DATE	INSTALL DATE

Building Name: _____ Building Address: _____ City: _____		Contractor: _____ Job No: _____ System _____ of _____
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I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17A Reference	P	F	N/A
1.1	I	Manual Actuators are Unobstructed (i.e. remote pull station)	7.2.2(2)			
1.2	I	Tamper Indicators and Seals Intact	7.2.2(3)			
1.3	I	Maintenance Tag in Place	7.3.3.6 Title 19 906			
1.4	I	No Obvious Physical Damage	7.2.2(5)			
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	7.2.2(6)			
1.6	I	Blow-Off Caps in Place & Undamaged	7.2.2(7)			
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3			
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced Modified or Relocated	7.2.2(8)			
2.1	T	Automatic Detection/Manual Activation Functioned Correctly	7.3.3.3			
2.2	T	Fuel Shut Off Operated Correctly	7.3.3.3			
2.3	T	Regulator Tested and is Within Acceptable Limits	7.3.3.3			
2.4	T	Manual Reset Relay Functioned Correctly (if applicable)	7.3.3.3			
3.2	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)			
3.3	M	All Auxiliary Pressure Containers and/or Hose Assemblies Within Acceptable Hydrostatic Test Dates	7.5.1(2),(3)			
3.4	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)			
3.5	M	Liquid Level Within Acceptable Limits (Non-Pressurized)	7.3.3.1(2)			
3.6	M	No Signs of Corrosion in Agent Cylinder (Non-Pressurized)	7.3.3.1(2)			
3.7	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)			
3.8	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)			
3.9	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4			
3.10	M	Fixed Temp (other than those in 3.9) and Heat Detectors Maintained or Replaced	7.3.5			
3.11	M	Auxiliary Equipment Such as Water Valves Functioned Correctly	7.3.3.1(2)			
3.12	M	Internal Maintenance as Required by the Manufacturer	Title 19 904.7			

Item	Deficiencies and Comments

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

Contractor Technician			
Customer			

Building Name: _____ Building Address: _____ City: _____		Contractor: _____ Job No: _____ System _____ of _____
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I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17A Reference	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. remote pull station)	11.2.1.1(2)		
1.2	I	Tamper Indicators and Seals Intact	11.2.1.1(3)		
1.3	I	Maintenance Tag in Place	11.2.1.1(4) CCR T-19 §906		
1.4	I	No Obvious Physical Damage	11.2.1.1(5)		
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	11.2.1.1(6)		
1.6	I	Blow-Off Caps in Place & Undamaged	11.2.1.1(7)		
1.7	I	The Protected Equipment nor Hazard has been			
2.1	T	Automatic Detection, Manual Activation, Shut Downs and Auxiliary Equipment Functioned Correctly	11.3.1.4		
2.2	T	Alarm Signals Functioned Correctly	11.3.1.4		
2.3	T	Releasing Devices Operable	11.3.1.4		
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	11.5.1(1)		
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies Within Acceptable Hydrostatic Test Dates	11.5.1(2)(3)		
3.3	M	Cartridge Weights within Acceptable Limits	11.3.1(2)		
3.4	M	Nozzles are Correct Clean and Properly Aimed	11.3.1(2)		
3.5	M	Expellant Gas Containers are Full and Free of Defects	11.3.1(2)		
3.6	M	Hose Assemblies Checked	11.3.1(2)		
3.7	M	Distribution Piping Unobstructed and Contiguous	11.3.1(3)		
3.8	M	Dry Chemical is Not Caked (Non-Pressurized)	11.3.1(4)		
3.9	M	No Signs of Corrosion or Damage to the Agent Cylinder	11.3.1.3		
3.10	M	Fixed Temperature Sensing Elements Maintained or replaced	11.3.2		
3.11	M	Dry Chemical Is Not Caked (stored pressure tank) every 6 years	11.3.1.2		

Item	Deficiencies and Comments

*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

	Print Name	Signature	Date	Time
Contractor Technician				
Customer				

Property Information: Building Name: _____ Address: _____ City: _____ Zip: _____ Contact: _____ Telephone: _____		Contractor Information: Name: _____ Address: _____ City: _____ ZIP: _____ Telephone: _____
License #: <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____		

Copy sent to: <input type="checkbox"/> Owner   Date _____ <input type="checkbox"/> Fire AHJ   Date _____	Date: _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	System _____ of _____
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System Location \_\_\_\_\_ System Mfg \_\_\_\_\_ Model # \_\_\_\_\_

Protected Area Type \_\_\_\_\_ Dimensions \_\_\_\_\_

Duct Size(s) \_\_\_\_\_ Fuel/Air Shut Off:    Mechanical    Electrical # \_\_\_\_\_

Cylinder Size(s) \_\_\_\_\_ Last Hydrostatic Test Date(s) \_\_\_\_\_

**FIXED TEMPERATURE SENSING ELEMENTS (such as fusible links)**

QTY	TEMP	MFG DATE	INSTALL DATE		QTY	TEMP	MFG DATE	INSTALL DATE

Property Information: Building Name: _____ Address: _____ City: _____ Zip: _____ Contact: _____ Telephone: _____	  <b>License #:</b> <input type="checkbox"/> SFM _____ <input type="checkbox"/> CSLB _____	Contractor Information: Name: _____ Address: _____ City: _____ ZIP: _____ Telephone: _____
--	---	---

Copy sent to: <input type="checkbox"/> Owner   Date _____ <input type="checkbox"/> Fire AHJ   Date _____	<b>Date:</b> _____  <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	System _____ of _____
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System Location \_\_\_\_\_ System Mfg \_\_\_\_\_ Model # \_\_\_\_\_

Protected Area Type \_\_\_\_\_

Protected Hazard \_\_\_\_\_

Cylinder Size(s) \_\_\_\_\_

**Deficiencies and Comments**

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*I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above in accordance with CCR Title 19 Chapter 5 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.*

	Print Name	Signature	Date	Time
Contractor Technician				
Customer				