Private Fire Service Main		Code of Regulation n, Testing, and Ma		Quarterly and Annual Report	1 of 2		
Property Information		THE OF CALIFORNIA	Contractor or Licensed Owner Information				
Building Name			Name				
Address		A THE STATE OF THE	Address				
		FIRE MARS	City	St. Z	ip		
City	Lice	ense #	Phone				
Contact Person		SFM	Job #				
Phone		CSLB	Misc.				

Quarterly Inspections									
I	= In	spection T = Test M = Maintenance	P = P	ass F = Fail	N/A = Not Appl	icable			
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date		
1.1	ı	Control Valves – Identification Sign	13.3.1						
1.2	ı	Control Valves – Inspection	13.3.2						
1.3	ı	Hose Houses	7.2.2.7						
1.4	ı	Fire Department Connections	13.7						
1.5	ı	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	ı	Monitor Nozzles	7.2.2.6						

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections

		I = Inspection T = Test M = Ma	Pass F = Fail N/A = Not Applica	ble		
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.9	ı	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			
1.10	ı	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	ı	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.13	I	Piping (Underground)	7.3.1			
1.14	I	Hose	NFPA 1962			
2.1	Т	Control Valve - Position	13.3.3.1			
2.2	Т	Control Valve - Operation	13.3.3			
2.3	Т	Monitor Nozzles	7.3.3			
2.4	Т	Hydrants - Flush	7.3.2			
2.5	Т	Supervisory Devices	13.3.3.5			
2.6	Т	Backflow Preventer Assemblies	13.6.2			
2.7	Т	Pressure Reducing Valve (Partial Flow Test)	13.5.1.3			
3.1	М	Control Valves	13.3.4			
3.2	М	Mainline Strainers	7.2.2.3			

Form AES 4 Sept. 3, 2013

Private	Fire
Service	Mair

California Code of Regulations - Title 19

Quarte	rly and
Annual	Report

Service Main	Inspection, Testing, and Mair	itenance Annual Report 3
Property Information	E OF CALIFORNIA	Contractor or Licensed Owner Information
Building Name		Name
Address	Will STATE OF THE	Job#
City	FIRE MAN	

Address					Job#						
City							100	TRE MAR			
					Α	NNUAL INSPE Incl	ECTION, ude ALL	TESTING, AND Quarterly Inspec	tions		
			= Inspect	ion	T = '	Test M = Ma	intenance	NFPA 25 CA ed.	P =	Pass F = Fail N/A = Not	
Item					Descr	iption		Reference	Date	Comments Only	/ P,F,N/A
3.3	M	Hose	Houses					7.2.2.7 Table 7.2.2.7			
3.4	М	Hydra	ants					7.4.2			
3.5	М	Monit	tor Nozzle	s				7.4.3			
3.6	М	Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.)						14.3		☐ Yes ☐ No	
3.7	М	Syste	m Return	ed to	Servic	e		4.5.3 15.7		☐ Yes ☐ No	
									<u> </u>	I 140	
D = De	ficien	су С	= Comme	ent (Indica	ate type)					
Item	D	ate	Riser	D	С		Indicate		cies and C ces and parts t	comments That were repaired or replaced	
	T										
	┖										
☐ Check here if additional Deficiencies and Comments are listed on Form AES9 ☐ See Correction Form AES 10 for corrected deficiencies. Number attached: 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, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.											
			Check b	ox if A	nnual	Inspection, Tes	ting & Mai	ntenance Items a	re Complete	ed in the Indicated Quarter	
Our	arter		1 c+		nnual	2nd	ΠΔ	nnual 3n	4	Annual 4th	Δnnual

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, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.								
	Chec	k box if Annual Insp	ection, Test	ing & Maintenance I	ems are C	ompleted in the Indica	ated Quart	er
Quarter	1st	☐ Annual	2nd	Annual	3rd	Annual	4th	Annual
Date								
Print Name								
Signature								

Form AES 4 Sept. 3, 2013