

**Inspection, Testing, and Maintenance Cover Sheet
NFPA25 as amended by CCR, Title 19**

Property Information:

Name: _____	Occupancy/Use: _____
Address: _____	Construction Type: _____
City: _____	No. Stories: _____
ZIP: _____	Year Constructed: _____
Contact: _____	
Telephone: _____	



Contractor Information:

Number of System Risers

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License#: _____

Job #: _____

Performed by: _____

Copy sent to:

Owner Date: _____

Fire AHJ Date: _____

Contractor Date: _____

NOTES:


1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

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 System	6				
<input type="checkbox"/> Private Water Supply System	7				
<input type="checkbox"/> Fire Pump	8				
<input type="checkbox"/> Water Storage Tank	9				
<input type="checkbox"/> Water Spray System	10				
<input type="checkbox"/> Foam Water Sprinkler System	11				
<input type="checkbox"/> Water Mist System	12				
<input type="checkbox"/> Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No


*See "Deficiencies and Comments" section at end of each respective form.

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			License #	City	St.
Contact Person		<input type="checkbox"/> SFM	Phone		
Phone		<input type="checkbox"/> CSLB	Job #		
			Misc.		

Item	AES Form #	Date Found	Date Corrected	Deficiencies and Comments <small>Indicate all equipment, devices and parts that were repaired or replaced</small>

I hereby certify that the fire protection equipment listed above has been corrected in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable.

Building Representative	Technician		
Signature	Date	Signature	Date

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
City		City St. Zip
Contact Person	License #	Phone
	<input type="checkbox"/> SFM	Job #
	<input type="checkbox"/> CSLB	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
<input type="checkbox"/> 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 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 <i>(For Hydraulically Designed Systems)</i>	5.2.6				
1.10	I	General Information Sign <i>(Not Required for System prior to 2007 Edition of NFPA 13)</i>	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				

* 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.

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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
1.19	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 <i>(Send Report to Fire Code Official)</i>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers <i>If not present = Pass; If present = Fail</i>	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	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			
2.9	T	Small Hose Connections* <i>w/PRV Hose Valves – Partial Flow Test</i>	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 <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4	M	System Returned to Service	4.5.3		<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.

D = Deficiency C = Comment (Indicate type)

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

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter				
Quarter	1st - <input type="checkbox"/> Annual	2nd - <input type="checkbox"/> Annual	3rd - <input type="checkbox"/> Annual	4th - <input type="checkbox"/> Annual
Date				
Print Name				
Signature				

Property Information		Contractor or Licensed Owner Information	
Building Name		Name	
		Address	
Address		City	St. Zip
	License #	Phone	
City	<input type="checkbox"/> SFM	Job #	
Contact Person	<input type="checkbox"/> CSLB	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 <i>Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items</i>						
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	Gauges (Wet Pipe Systems)	5.2.4.1			
1.6	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	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 Above Riser Check	5.2.4.1			psi
1.9	I	Pressure Readings Acceptable	5.2.4.1			
1.10	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition NFPA 13)</i>	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			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections (See AES 2.1)

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	5.2.3.3			
1.26	I	Seismic Braces	5.2.3			
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3			
1.28	I	Unsprinklered Areas	CFC 901.4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1	T	Field Service Test Required <i>Send Report to Fire Code Official</i>	5.3.1		If REQUIRED, Enter 'F' until results are returned from 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 secs 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			
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			

* 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.

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE						
Include ALL Quarterly Inspections (See AES 2.1)						
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
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 for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3			
3.6	M	System Returned to Service	4.5.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	


D = Deficiency C = Comment (Indicate type)					
Item	Date	Riser	D	C	Deficiencies and Comments
Indicate all equipment, devices and parts that were repaired or replaced					

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

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.

Print Name		
Signature		Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	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							
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 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 (Dry Pipe Systems) <i>Pass = Normal Pressures</i>	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.1.2				
1.6	I	Air Pressure	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.2.5.1	psi	psi	psi	psi
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	psi
1.8	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6				
1.9	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition of NFPA 13)</i>	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				
1.14	I	Pressure Reducing Valves	13.5.1				
1.15		Backflow Preventers	13.6.1				
1.16		PRV – Fire Sprinkler Systems	13.5.1				

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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 results are returned from Lab	
2.2	T	Recalled Sprinklers <i>If not present = Pass; If present = Fail</i>	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	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	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	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			

* 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.

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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
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 <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	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	

D = Deficiency C = Comment (Indicate type)

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


Check here if additional Deficiencies and Comments are listed on Form AES9. Number attached: _____

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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	Annual	2nd	Annual	3rd	Annual	4th	Annual
Date		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Print Name								
Signature								

Property Information			Contractor or Licensed Owner Information			
Building Name			Name			
Address			Address			
City			License #	City	St.	Zip
Contact Person			<input type="checkbox"/> SFM	Phone		
Phone			<input type="checkbox"/> CSLB	Job #		
			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
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 Alarm Devices	5.2.5			
1.5	I	Gauges (Dry Pipe Systems) <i>Pass = Normal Pressures</i>	5.2.4.2 5.2.4.3 5.2.4.4 13.4.4.1.2			
1.6	I	Air Pressure	5.2.4.2 5.4.2.3 5.2.4.4 13.4.4.2.5.1		psi	
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1		psi	
1.8	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6			
1.9	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition NFPA 13)</i>	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			
1.14	I	Pressure Reducing Valves	13.5.1.1			
1.15	I	Backflow Preventers	13.6.1			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.3)

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
1.16	I	PRV - Fire Sprinkler Systems	13.5.1			
1.17	I	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility	
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 results are returned from Lab	
2.3	T	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)			
2.4	T	Water Flow Alarm Devices 90 secs 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	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	13.3.3.1			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.3)

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
2.16	T	PRV – Full Flow Test	13.5.1.2			
2.17	T	Pressure Gauges - Calibration	5.3.2			
3.1	M	Air Leakage Test	13.4.4.2.9			
3.2	M	Check Valves - Internal Inspection	13.4.2			
3.3	M	Control Valves	13.3.4			
3.4	M	Maintenance	13.4.4.3			
3.5	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.6	M	Auxiliary Drains in System Drained	13.4.4.3.2			
3.7	M	Backflow Preventer	13.6.3			
3.8	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.9	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.10	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3			
3.11	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

D = Deficiency C = Comment (Indicate type)


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

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.

Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # 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 Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

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 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 (Pre-Action Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3				
1.6	I	Air Pressure	13.4.3.1.4	psi	psi	psi	psi
1.7	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi
1.9	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6				
1.10	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition of NFPA 13)</i>	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	Pre-action 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		Backflow Preventers	13.6.1				

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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	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 <i>(Send Report to Fire Code Official)</i>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers <i>If not present = Pass; If present = Fail</i>	Title 19 904.1(c)			
2.3	T	Waterflow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.3.2.1			
2.6	T	Pre-Action Valve Trip Test <i>(Partial Trip Test is Acceptable)</i>	13.4.3.2.3 13.4.3.2.4 13.4.3.2.5			
2.7	T	Valve Trip Time	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 – Partial Flow	13.5.1.3			
3.1	M	Control Valves	13.3.4			
3.2	M	Air Leaks Repaired	13.4.3.3.1			
3.3	M	Pre-Action Valve Interior Inspected and Cleaned <i>(For Valves that Must be Internally Reset)</i>	13.4.3.1.7 13.4.3.3.2			
3.4	M	Low Points in System Drained	13.4.3.3.3			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections

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
3.5	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	M	Obstruction Investigation Required <i>(If "Yes", See Deficiencies and Comments Section for Results.)</i>	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	

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:
 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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	<input type="checkbox"/> Annual	2nd	<input type="checkbox"/> Annual	3rd	<input type="checkbox"/> Annual	4th	<input type="checkbox"/> Annual
Date								
Print Name								
Signature								

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # 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 Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

5-Year Inspection, Testing, and Maintenance
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 Alarm Devices	5.2.5			
1.5	I	Gauges (PreAction Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3			
1.6	I	Water Supply Pressure	13.4.3.1.3.1			psi
1.7	I	Air Pressure	13.4.3.1.4			psi
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5			psi
1.9	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6			
1.10	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition NFPA 13)</i>	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			
1.16	I	Master Pressure Reducing Valves	13.5.4.1			
1.17	I	Backflow Preventers	13.6.1			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance

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	Low Temperature Alarm	13.4.3.1.2			
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	5.2.3.3			
1.26	I	Seismic Braces	5.2.3			
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3			
1.28	I	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	T	Field Service Test Required Send Report to Fire Code Official	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)			
2.3	T	Waterflow 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	Priming Water Level Test	13.4.3.2.1			
2.6	T	Valve Trip Test - Full Flow	13.4.3.2.2 13.4.3.2.2.4			
2.7	T	Valve Trip Time	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			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
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	
2.16	T	PRV – Fire Sprinkler Systems	13.5.1.3				
2.17	T	Pressure Gauges <i>Calibrated or Replaced</i>	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	Interior Inspected and Cleaned <i>(All Preaction Valves)</i>	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				
3.6	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4				
3.7	M	FDC - Backflush	14.3.2.3 14.3.2.4				
3.8	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.9	M	Obstruction Investigation required. If "Yes", See Deficiencies and Comments Section for Results	14.3				
3.10	M	System Returned to Service	4.5.3 13.4.3.2.10 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No		

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

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.

Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	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							
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 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 (Deluge Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3				
1.6	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi
1.7	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable					
1.9	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6				
1.10	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition of NFPA 13)</i>	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				
1.18	I	UHSWSS - Detectors <i>(Monthly)</i>	10.4.2	Jan	Apr	Jul	Oct
				Feb	May	Aug	Nov
				Mar	Jun	Sep	Dec

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.20	I	Low Temperature Alarms	13.4.3.1.2			
1.21	I	Nozzles	10.2.1.6 10.2.5			
1.22	I	Pipe and Fittings	10.2.4.1			
1.23	I	Hangers and Supports	10.2.4.2			
2.1	T	Waterflow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	5.3.3 13.2.6			sec.
2.2	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.3	T	Priming Water Level Test	13.4.3.2.1			
2.4	T	Deluge Valve Trip Test - Full Flow <i>(Partial Trip Test is Acceptable)</i>	10.2.2 13.4.3.2.2			
2.5	T	Valve Trip Time	10.3.4.2 13.4.3.2.12			sec.
2.6	T	Pressure at Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1			psi
2.7	T	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 13.4.3.2.7.2		<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			
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 of Connection to Riser <i>(Annual test)</i>	10.3 Table 10.1.1.2			
2.21	T	Nozzles	10.2.1.6 10.3.4.3			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

		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
2.22	T	Water Spray System Test	10.3 13.4.3.2			
2.23	T	Waterflow Alarm	5.3.3			
2.24	T	UHSWSS	10.4			
2.25	T	Detection Systems	10.2.3			
2.26	T	Check Valves <i>(Includes Detector Check Valves)</i>	13.4.2.1			
3.1	M	Control Valves	13.3.4			
3.2	M	Air Leaks Repaired	13.4.3.3.1			
3.3	M	Deluge Valve Interior Inspected and Cleaned <i>(For Valves that Must Be Internally Reset)</i>	13.4.3.1.7 13.4.3.3.2			
3.4	M	Auxiliary Drains 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 <i>(Baskets/Screen)</i>	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 <i>(Includes Detector Check Valves)</i>	13.4.2			
3.12	M	Obstruction Investigation Required <i>(If "Yes", See Deficiencies and Comments Section for Results.)</i>	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	

D = Deficiency C = Comment (Indicate type)

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

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (Indicate type)


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

<input type="checkbox"/> Check here if additional Deficiencies and Comments are listed on Form AES 9.	Number attached:
<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, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Check Box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	Annual	2nd	Annual	3rd	Annual	4th	Annual
Date								
Print Name								
Signature								

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM	Job #	
			<input type="checkbox"/> CSLB	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
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 Alarm Devices	5.2.5			
1.5	I	Gauges (Prection/Deluge Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3			
1.6	I	Water Supply Pressure	13.4.3.1.3.1			psi
1.7	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5			psi
1.8	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6			
1.9	I	General Information Sign <i>(Not Required for System Prior to 2007 Edition NFPA 13)</i>	5.2.8			
1.10	I	Fire Department Connections	13.7			
1.11	I	Deluge Valves – Exterior Inspection	10.2.2 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	13.2.4			
1.16	I	Detection Systems	10.2.3			
1.17	I	Master Pressure Reducing Valves	13.5.4.1			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
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	
1.18	I	UHSWSS - Detectors	10.4.2				
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility		
1.20	I	Low Temperature Alarm	13.4.3.1.2				
1.21	I	Nozzles	10.2.1.6 10.2.5				
1.22	I	Pipe and Fittings	10.2.4.1				
1.23	I	Hangers and Supports	10.2.4.2				
1.24	I	Deluge Valve - Interior inspection	13.4.3.1.7				
2.1	T	Waterflow 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	Priming Water Level Test	13.4.3.2.1				
2.4	T	Valve Trip Test - Full Flow	10.2.2 13.4.3.2				
2.5	T	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec		
2.6	T	Pressure at the Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi		
2.7	T	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				
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				

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
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
2.19	T	Backflow Preventer Assemblies	13.6.2			
2.20	T	Pressure Reducing Valves	13.5.1.2			
2.21	T	Flushing of Connection to Riser <i>(Part of Annual Test)</i>	10.3 Table 10.1.1.2			
2.22	T	Nozzles	10.2.16 10.3.4.3			
2.23	T	Water Spray System Test	10.3 13.4.3.2			
2.24	T	Waterflow Alarm	5.3.3			
2.25	T	UHSWSS	10.4			
2.26	T	Detection Systems	10.2.3			
2.27	T	Check Valves <i>(Includes Detector Check Valves)</i>	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	Interior Inspected and Cleaned <i>(All Deluge Valves)</i>	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 <i>(Includes Baskets and Screens)</i>	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 13.4.3.3			
3.8	M	Detection Systems	10.2.3			
3.9	M	Backflow Preventer	13.6.3			
3.10	M	Check Valves <i>(Includes Detector Check Valves)</i>	13.4.2.2			
3.11	M	FDC - Backflush	14.3.2.3 14.3.2.4			
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	

Property Information	Contractor or Licensed Owner Information
Building Name	Name
Address	Job #
City	



D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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.


Print Name			
Signature		Date	

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address		Address			
City		License #	City	St.	Zip
Contact Person		<input type="checkbox"/> SFM	Phone		
Phone		<input type="checkbox"/> CSLB	Job #		
			Misc.		

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

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Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address		Address			
City		City	St.	Zip	
Contact Person		License #	Phone		
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	Misc.		

System Information

Cylinder Size	Last Hydrostatic Test Date	Flow Points Capacity Used
System Location	System Mfr.	Model #
Fuel/Heat Shut Off:		
Gas #	Electrical #	Integral Make Up Air Shut Down

Items	# of Items	Dimensions	Nozzle Model #	Nozzle Flow Points	Nozzle Qty	Total Flow Points
Hoods						
Plenums						
Ducts						

Cooking Appliances
Left to Right with Sizes and Coverage Nozzles

Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points	Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points

Fixed Temperature Sensing Elements
(Such as Fusible Links)

Quantity	Temp	Mfr Date	Install Date	Quantity	Temp	Mfr Date	Install Date

Inspection, Testing, and Maintenance

		I = Inspection T = Test M = Maintenance		P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	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 & Seals Intact	7.2.2(3)				
1.3	I	Maintenance Tag in Place	7.2.2(4) 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 Actuation Functioned Correctly	7.3.3.4				

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

Inspection, Testing, and Maintenance

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

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
2.2	T	Fuel Shut-Off Operated Correctly	7.3.3.4			
2.3	T	Regulator Tested & is within Acceptable Limits	7.3.3.4			
2.4	T	Manual Reset Relay Functioned Correctly (If Applicable)	7.3.3.4			
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)			
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)			
3.3	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)			
3.4	M	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)			
3.5	M	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)			
3.6	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)			
3.7	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)			
3.8	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4			
3.9	M	Fixed-Temp (Other Than Fusible Metal Alloy Type) & Heat Detectors Maintained or Replaced	7.3.5			
3.10	M	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)			
3.11	M	Internal Maintenance as Required by Manufacturer	Title 19 §904.7			


D = Deficiency C = Comment (Indicate type)

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

- Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:
- 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.

Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	Misc.		

System Information							
Cylinder Size(s)		Last Hydrostatic Test Date(s)		Duct Size(s)			
System Location		System Mfr.		Model #			
Protected Area Type		Dimensions					
Fuel/Air Shut Off:	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical					
Fixed Temperature Sensing Elements (Such as Fusible Links)							
Quantity	Temp	Mfg Date	Install Date	Quantity	Temp	Mfg Date	Install Date

Inspection, Testing, and Maintenance						
I = Inspection T = Test M = Maintenance			P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 17 CA ed. Reference	Date	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 & 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	Protected Equipment or Hazard Has Not Been Replaced, Modified or Relocated	11.2.1.1(8)			
2.1	T	Automatic Detection, Manual Actuation, Shutdowns 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	11.3.1.1(2)			
3.4	M	Nozzles are Correct, Clean & Properly Aimed	11.3.1.1(2)			
3.5	M	Expellant Gas containers are Full and Free of Defects	11.3.1.1(2)			
3.6	M	Hose Assemblies Checked	11.3.1.1(2)			
3.7	M	Distribution Piping Unobstructed and Contiguous	11.3.1.1(3)			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

Inspection, Testing, and Maintenance

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

Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
3.8	M	Dry Chemical is Not Caked (Non-Pressurized)	11.3.1.1(4)			
3.9	M	No Signs of Corrosion or Damage to the Agent Cylinders	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			

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM	Job #	
			<input type="checkbox"/> CSLB	Misc.	

System Information			
System Location	System Mfr.	Model #	
Protected Area Type	Protected Hazard	Cylinder Size(s)	


D = Deficiency C = Comment (Indicate type)					
Item	Date	Riser	D	C	Deficiencies and Comments
<i>Indicate all equipment, devices and parts that were repaired or replaced</i>					

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	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							
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 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 <i>Pass = Normal Pressures</i>	6.2.1 6.2.2				
1.6	I	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2	psi	psi	psi	psi
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2	psi	psi	psi	psi
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.9	I	Air/Nitrogen Pressure	6.21 6.22 13.2.7	psi	psi	psi	psi
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.11	I	Pressure Readings Acceptable	6.22 13.2.7				
1.12	I	Standpipe Hose Valves	13.5.6.1				
1.13	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	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				

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections

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		Backflow Preventers	13.6.1			
1.18	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
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	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	Waterflow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	6.3.3 13.2.6		sec.	
2.5	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.6	T	Hose Rack Hose Valve <i>(Partial Flow Test)</i>	13.5.3.3			
2.7	T	Pressure Reducing Hose Valve <i>(Partial Flow Test)</i>	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 <i>(If "Yes", See Deficiencies and Comments Section for Results.)</i>	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	

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (Indicate type)


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

- Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____
- See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st <input type="checkbox"/> Annual	2nd <input type="checkbox"/> Annual	3rd <input type="checkbox"/> Annual	4th <input type="checkbox"/> Annual
Date				
Print Name				
Signature				

Property Information			Contractor or Licensed Owner Information			
Building Name			Name			
Address			Address			
City			License #	City	St.	Zip
Contact Person			<input type="checkbox"/> SFM	Phone		
Phone		<input type="checkbox"/> CSLB	Job #			
			Misc.			

Type of Standpipe System		Class of Standpipe System
<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						
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 Alarm Devices	5.2.5			
1.5	I	Pressure Gauges <i>Pass = Normal Pressures</i>	6.2.1 6.2.2			
1.6	I	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2			psi
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2			psi
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7			psi
1.9	I	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7			psi
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2, 13.2.7			psi
1.11	I	Pressure Readings Acceptable	6.2.2 13.2.7			
1.12	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	6.2.3			
1.13	I	Heat Tape	5.2.7			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
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	
1.14	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 Connection	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	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	Standpipe Flow Test	6.3.1		Provide results in table on 1st page.		
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				
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				

Property Information, Contractor or Licensed Owner Information, Building Name, Address, City, Name, Job #



5-Year Inspection, Testing, and Maintenance
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

Table with columns: Item, Description, NFPA 25 CA ed. Reference, Date, Comments Only, P,F,N/A. Rows include: Hose Test, Control Valves, FDC - Backflush, Internal Pipe Inspection, Obstruction Investigation Required, System Returned to Service.

Table for Standpipe Flow Test Results (Item 2.6)

Table with 4 columns: No. Standpipe Risers, Total Flow Rate Required, Flow Rate Supplied at FDC, Pressure Supplied at FDC. Corresponding values for Flow Rate at Remote Hose Valve, Pressure at Remote Hose Valve Outlet, Flow Rate Supplied at Pump, Pressure Supplied at Pump.

D = Deficiency C = Comment (Indicate type)

Table with columns: Item, Date, Riser, D, C, Deficiencies and Comments. Includes instruction: Indicate all equipment, devices and parts that were repaired or replaced.

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				


D = Deficiency C = Comment (Indicate type)

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

<input type="checkbox"/> Check here if additional Deficiencies and Comments are listed on Form AES 9.	Number attached:
<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, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address		Address			
City		License #	City	St.	Zip
Contact Person		<input type="checkbox"/> SFM	Phone		
Phone		<input type="checkbox"/> CSLB	Job #		
					Misc.

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 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

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
1.9	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	Piping (Underground)	7.3.1			
1.14	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			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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
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 <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	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	

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:
 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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	Annual	2nd	Annual	3rd	Annual	4th	Annual
Date								
Print Name								
Signature								

Property Information			Contractor or Licensed Owner Information			
Building Name			Name			
Address			Address			
City			License #	City	St.	Zip
Contact Person			<input type="checkbox"/> SFM	Phone		
Phone			<input type="checkbox"/> CSLB	Job #		
			Misc.			

5-Year Inspection, Testing, and Maintenance
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

I = Inspection T = Test M = Maintenance		<i>P = Pass F = Fail N/A = Not Applicable</i>				
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	Monitor Nozzles	7.2.2.6			
1.8	I	Hydrants <i>(Dry Barrel and Wall)</i>	7.2.2.4 Table 7.2.2.4			
1.9	I	Hydrants <i>(Wet Barrel)</i>	7.2.2.5 Table 7.2.2.5			
1.10	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.11	I	Piping <i>(Exposed)</i>	7.2.2.1 Table 7.2.2.1.2			
1.12	I	Hose	7.1.4 NFPA 1962			
2.1	T	Control Valve - Positions	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 <i>(Exposed and Underground Evaluation)</i>	7.3.1.1		Record results in Deficiencies and Comments Section	
2.8	T	Water Supply Evaluation <i>(If Required by 7.3.1.2)</i>	7.3.1.2		Record results below in Table for Water Supply Test Evaluation	
2.9	T	Pressure Reducing Valve <i>Full Flow Test</i>	13.5.1.2			
2.10	T	Hose	7.1.4 NFPA 1962			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

5-Year Inspection, Testing, and Maintenance
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	
3.1	M	Control Valves	13.3.4				
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	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 15.7			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If required by 7.3.1.2 - Table for Water Supply Test Evaluation (Item 2.8)

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)	

D = Deficiency C = Comment (Indicate type)


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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

Pump #		Pump and Driver Information			
Pump Manufacturer		Max Suction Pressure	psi	Driver Mfr.	
Pump Model		Max psi (shutoff)	psi	Driver Model	
Pump Serial #		Rated Capacity	gpm	Driver Rated RPM	
Rated RPM		Rated Pressure	psi	Fuel Tank Capacity	gal.
Controller Mfr		150% Rated Capacity	gpm		
Controller Model		Rated Pressure @ Rated Capacity	psi		
Controller S/N					

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 those recommendations are to be used.

I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable				
Year		Month	Week	1	2	3	4	5
Item	Description		NFPA 25 CA ed Reference	Date	Date	Date	Date	Date
Fire Pump Start/Stop Pressures								
1.1	T	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.2	T	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.3	T	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi
1.4	T	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi
Pump House								
1.5	I	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)					
Fire Pump System								
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 & Bypass Valves 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					
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		Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)					
	I	Suction Pressure Reading	8.2.2(2)(c)	psi	psi	psi	psi	psi

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

Item		Description	Week	1	2	3	4	5
			NFPA 25 CA ed. Reference	Date	Date	Date	Date	Date
1.15	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)					
	I	System Pressure Reading	8.2.2(2)(d)	psi	psi	psi	psi	psi
1.16	I	Wet Pit Suction Screens 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)					
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	8.3.2.8(d)(a)	sec	sec	sec	sec	sec
1.28	I	Observe Time for Engine to Reach Running Speed	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.29	I	Record Time Controller is on First Step (Reduced Voltage or Reduced Current Starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.30	I	Record Time Pump Runs After Starting (Automatic Stop Controllers)	8.3.2.8(2)(c)	min	min	min	min	min
1.31	I	Observe & Record the Following While Engine Running:						
		Engine Oil Pressure Gauge	8.3.2.8(3)(c)	psi	psi	psi	psi	psi
		Speed Indicator Reading	8.3.2.8(3)(c)	rpm	rpm	rpm	rpm	rpm
		Water Temperature	8.3.2.8(3)(c)	°F	°F	°F	°F	°F
		Oil Temperature	8.3.2.8(3)(c)	°F	°F	°F	°F	°F
1.32	T	Pump Operation (No Flow Condition - 30 min.)	8.3.2.4					
1.33	I	Record Any Abnormalities (Use Comments and Deficiencies)	8.3.2.8(3)(d)					
Electrical System Conditions								
1.34	I	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)					
1.35	I	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)					

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

Item		Description	Week NFPA 25 CA ed. Reference	1	2	3	4	5
				Date	Date	Date	Date	Date
1.36	I	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)					
1.37	I	Electrical System: General Inspection	Table 8.1.2					
1.38	I	Reverse Phase Alarm Pilot Light is Off or Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)					
1.39	I	Oil Level in Vertical Motor Sight Glass is Within Acceptable Range	8.2.2(3)(e)					
1.40	I	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)					
1.41	I	Controller Selector Switch is in "Auto" Position	8.2.2(4)(b)					
1.42	I	Batteries (2) Voltage Readings are Within Acceptable Range	8.2.2(4)(c)					
1.43	I	Batteries (2) Charging Current Readings are Within Acceptable Range	8.2.2(4)(d)					
1.44	I	Batteries (2) Pilot Lights are On or Battery Failure (2) Lights are Off	8.2.2(4)(e)					
1.45	I	All Alarm Pilot Lights are Off	8.2.2(4)(f)					
1.46	I	Electrolyte Level in Batteries is Within Acceptable Range	8.2.2(4)(k) Table 8.1.2					
1.47	I	Battery Terminals are Free from Corrosion	8.2.2(4)(l)					
1.48	I	Cranking Voltage 9V on 12V System 18V on 24V System	Table 8.1.2					
Diesel Engine System								
1.49	I	Engine Running Time Meter is Reading	8.2.2(4)(g)					
1.50	I	Oil Level in Right Angle Gear Drive is within Acceptable Range	8.2.2(4)(h)					
1.51	I	Cooling Water Level is within Acceptable Range	8.2.2(4)(j)					
1.52	I	Water Jacket Heater is Operating	8.2.2(4)(m)					
1.53	I	Fuel: Tank Level (Two-Thirds Full)	Table 8.1.2 8.2.2(4)(a)					
1.54	I	Fuel: Tank Float Switch	Table 8.1.2					
1.55	I	Fuel: Solenoid Valve Operation	Table 8.1.2					
1.56	I	Fuel: Flexible Hoses and Connectors	Table 8.1.2					
1.57	I	Lubrication System: Oil level is within Acceptable Range	Table 8.1.2 8.2.2(4)(i)					
1.58	I	Cooling System: Level	Table 8.1.2					
1.59	I	Cooling System: Adequate Cooling Water to Heat Exchanger	Table 8.1.2 8.3.2.8(3)(e)					
1.60	I	Cooling System: Water Pumps	Table 8.1.2					

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

Item		Description	Week NFPA 25 CA ed. Reference	1	2	3	4	5
				Date	Date	Date	Date	Date
1.61	I	Cooling System: Condition of Flexible Hoses and Connections	Table 8.1.2					
1.62	I	Cooling System: Jacket Water Heater	Table 8.1.2					
1.63	I	Exhaust System: Leakage	Table 8.1.2					
1.64	M	Control Maintenance	13.3.4					
1.65	M	Fuel: Water in System	Table 8.1.2					
1.66	M	Exhaust System: Drain Condensate Trap	Table 8.1.2					
1.67	M	Lubrication System: Lube Oil Heater	Table 8.1.2					
General Maintenance								
1.68	M	System Returned to Service	4.5.3 15.7					


D = Deficiency C = Comment (Indicate type)

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

- Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:
- See Correction Form AES 10 for corrected deficiencies. Number attached:

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Week	1	2	3	4	5
Date					
Print Name					
Signature					

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

Pump and Driver Information					
Pump #		Max Suction Pressure	psi	Driver Mfr.	
Pump Manufacturer		Max psi (shutoff)	psi	Driver Model	
Pump Model		Rated Capacity	gpm	Driver Rated RPM	
Pump Serial #		Rated Pressure	psi	Fuel Tank Capacity	gal.
Rated RPM		150% Rated Capacity	gpm		
Controller Mfr		Rated Pressure @ Rated Capacity	psi		
Controller Model					
Controller S/N					

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 those recommendations are to be used.

Annual Flow Test								
Churn (0%) 8.3.5.1	Flow (gpm)		Suction (psi)	Discharge (psi)	Net Pressure (psi)		Speed (rpm)	
100% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)
	1							
	2							
	3							
	4							
	5							
	6							
150% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)
	1							
	2				Suction pressure at 150% of rated flow at least 0 psi? (8.1.6.1) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	3							
	4				For pump systems installed per NFPA 20, using suction tanks where NFPA 20 permitted the suction pressure to be not less than 3 psi, is the suction pressure at least 3 psi? (8.1.6.2) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	5							
	6							

Fire Pump Test Curves	
Manufacturer's shop test curve	1. 8.3.5.3(1)
Original adjusted fire pump curve using net pump pressures	2. 8.3.5.3(1)
Current adjusted fire pump curve using net pump pressures	3. 8.3.5.3(1)
Original unadjusted fire pump curve using net pump pressures	4. 8.3.5.3(1)
Current unadjusted fire pump curve using net pump pressures	5. 8.3.5.3(1)
Current unadjusted fire pump curve using total pump pressure + supply pressure	6. 8.3.5.7
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))	

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

Test Results and Evaluation (8.3.5.7)													
Fire Protection System Demand Information			Fire Pump										
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										
Are fire pump test results satisfactory?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td>8.1.6</td> <td>8.3.5.3</td> <td>8.3.5.6</td> </tr> <tr> <td>8.3.5</td> <td>8.3.5.4</td> <td>8.3.5.7</td> </tr> <tr> <td>8.3.5.2.1</td> <td>8.3.5.5</td> <td></td> </tr> </table>	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	
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												

**Annual Fire Pump
Inspection, Testing, and Maintenance**
Include ALL Monthly and Annual Inspection, Testing, 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
Fire pump Start/Stop Pressures						
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	
Pump House						
1.05	I	Pump House Heating and Ventilating Louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3			
Fire Pump System						
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 & Bypass Valves 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)			
	I	Suction Pressure Reading	8.2.2(2)(c)		psi	
1.12	I	Discharge Line Pressure Gauge Reading within Acceptable Range (Same as Suction Gauge Reading)	8.2.2(2)(d)			
	I	Discharge Pressure Reading	8.2.2(2)(d)		psi	
1.13	I	Suction Reservoir Full	8.2.2(2)(e)			

Property Information		Contractor or Licensed Owner Information	
Building Name		Name	
Address		Job #	
City			

**Annual Fire Pump
Inspection, Testing, and Maintenance**
Include ALL Monthly and Annual Inspection, Testing, 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
1.14	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 <i>(Pump Not Running)</i>	8.2.2(2)(h)			
1.16	I	Check Pump Packing Glands for Slight Discharge <i>(Pump Running)</i>	8.3.2.8(1)(b)			
1.17	I	Suction Line Pressure Gauge Reading <i>(Pump Running)</i>	8.3.2.8(1)(a)			psi
1.18	I	Discharge Pressure Gauge Reading <i>(Pump Running)</i>	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	Observe Time for Motor to Accelerate to Full Speed	8.3.2.8(2)(a)			
1.23	I	Record Time the Controller is On 1st Step <i>(For Reduced Voltage or Reduced Current Starting)</i>	8.3.2.8(2)(b)			
Electrical System Conditions						
1.24	I	Controller "Power On" Pilot Light is Illuminated	8.2.2(3)(a)			
1.25	I	Transfer Switch Normal Pilot Light is Illuminated	8.2.2(3)(b)			
1.26	I	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)			
1.27	I	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)			
1.28	I	Oil Level in Vertical Motor Sight Glass is within Acceptable Range	8.2.2(3)(e)			
1.29	I	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)			
Diesel Engine System Conditions						
1.30	I	Fuel: Tank Level (Two-Thirds Full)	8.2.2(4)(a)			
1.31	I	Fuel: Tank Float Switch	Table 8.1.2			
1.32	I	Fuel: Solenoid Valve Operation	Table 8.1.2			
1.33	I	Fuel: Flexible Hoses and Connectors	Table 8.1.2			
1.34	I	Fuel: Tank Vents & Overflow Piping is Unobstructed	Table 8.1.2			
1.35	I	Fuel: Piping	Table 8.1.2			
1.36	I	Lubrication System: Oil level	Table 8.1.2			
1.37	I	Lubrication System: Crankcase Breather	Table 8.1.2			
1.38	I	Cooling System: Level	Table 8.1.2			
1.39	I	Cooling System: Adequate Cooling Water to Heat Exchanger	Table 8.1.2			
1.40	I	Cooling System: Water Pump	Table 8.1.2			
1.41	I	Cooling System: Condition of Flexible Hoses and Connections	Table 8.1.2			

Property Information		Contractor or Licensed Owner Information	
Building Name		Name	
Address		Job #	
City			

**Annual Fire Pump
Inspection, Testing, and Maintenance**
Include ALL Monthly and Annual Inspection, Testing, 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
1.42	I	Cooling System: Jacket Water Heater	Table 8.1.2			
1.43	I	Cooling System: Antifreeze Protection Level	Table 8.1.2			
1.44	I	Cooling System: Inspect Ductwork	Table 8.1.2			
1.45	I	Battery System: Electrolyte Level	Table 8.1.2			
1.46	I	Battery System: Charger and Charge Rate	Table 8.1.2			
1.47	I	Battery System: Equalize Charge	Table 8.1.2			
1.48	I	Battery System: Terminals Clean and Tight	Table 8.1.2			
1.49	I	Exhaust System: Leakage	Table 8.1.2			
1.50	I	Exhaust System: Flexible Exhaust	Table 8.1.2			
1.51	I	Exhaust System: Hangers and Supports	Table 8.1.2			
1.52	I	Electrical System: General Inspection	Table 8.1.2			
1.53	I	Electrical System: Circuit Breakers or Fuses	Table 8.1.2			
1.54	I	Electrical System: Wire Chafing Where Subject to Moving	Table 8.1.2			

Fire Pump Tests

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 Devices	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	Time Pump Runs After Starting (For Automatic Stop Controllers)	8.3.2.8(2)(c)		min/sec	
2.09	T	Control Valve Test	13.3.3			

Pump System

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 Valve	13.5.7.1.2			
2.15	T	Exercise Isolating Switch and Circuit Breaker	Table 8.1.2			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

Annual Fire Pump Inspection, Testing, and Maintenance
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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16	T	Annual Test - Indicate Method of Discharge 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		<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	
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			

Diesel Engine System

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			

Maintenance

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	Printed Circuit Boards without Corrosion	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			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

**Annual Fire Pump
Inspection, Testing, and Maintenance**
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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.17	M	Control Valve Maintenance	13.3.4			
Diesel Engine System						
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			
Lubrication System						
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			
Cooling System						
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			
Exhaust System						
3.29	M	Drain Condensation Trap	Table 8.1.2			
Battery System						
3.30	M	Remove Corrosion, Exterior Clean and Dry	Table 8.1.2			
Electrical System						
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	Obstruction Investigation Required <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	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	

Property Information



Contractor or Licensed Owner Information

Building Name

Address

City

Name

Job #

D = Deficiency C = Comment (Indicate type)

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

- Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____
- 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.

Print Name

Signature

Date

Property Information

Building Name

Address

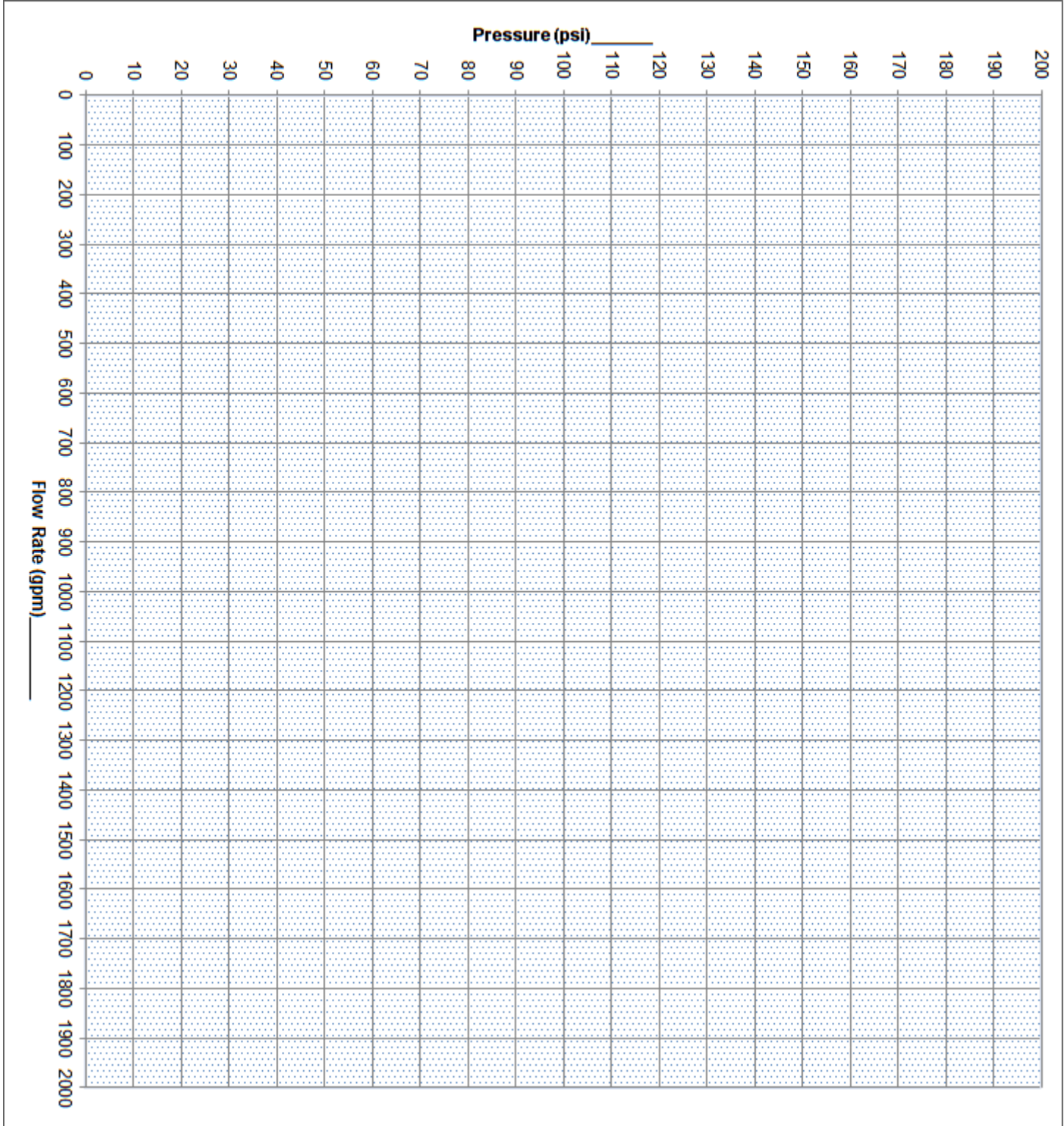
City



Contractor or Licensed Owner Information

Name

Job #



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

Property Information

Building Name

Address

City

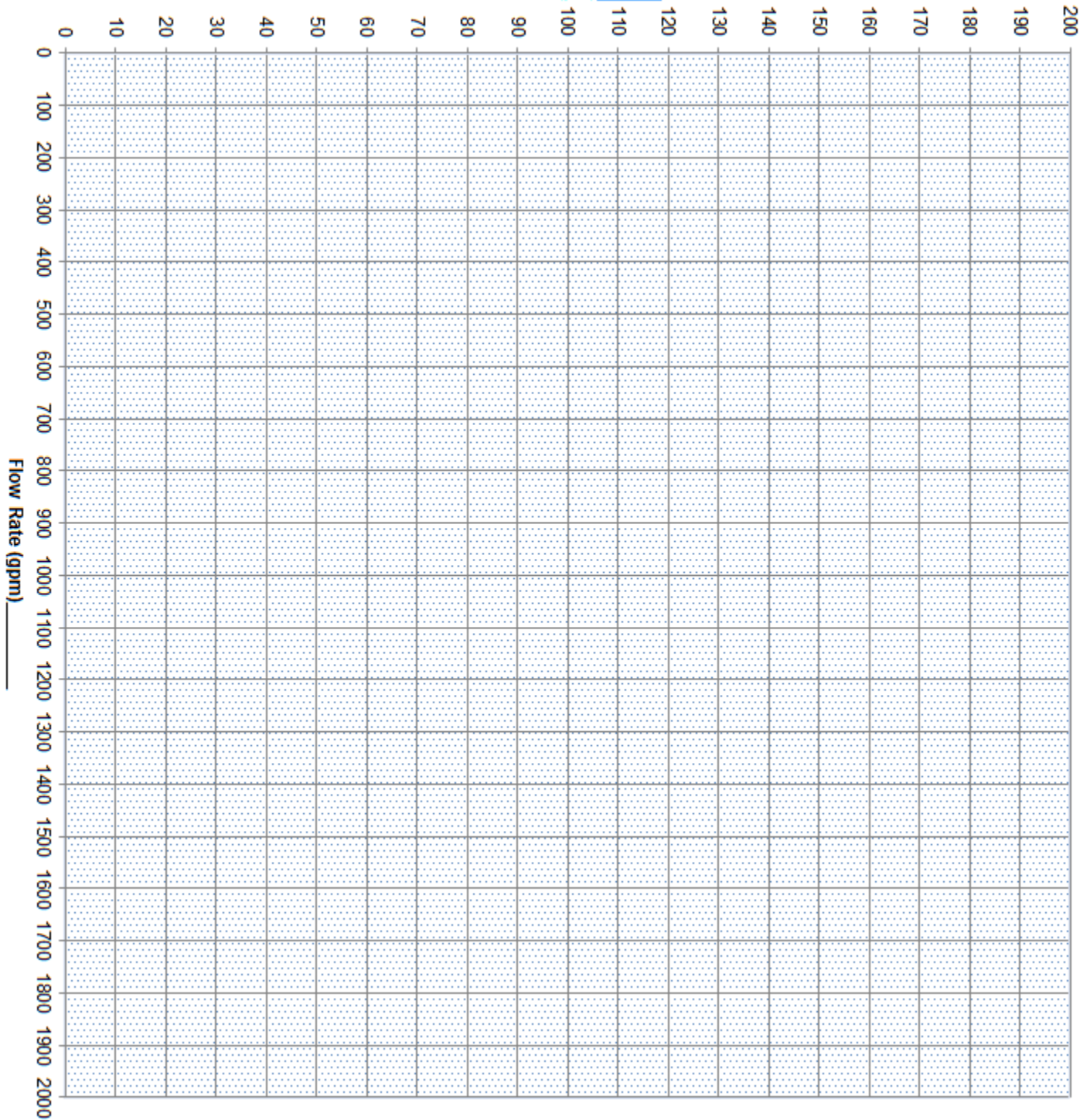


Contractor or Licensed Owner Information


Name

Job #

Pressure (psi)



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			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

Pump #		Pump and Driver Information			
Pump Manufacturer		Max Suction Pressure	psi	Driver Mfr.	
Pump Model		Max psi (shutoff)	psi	Driver Model	
Pump Serial #		Rated Capacity	gpm	Driver Rated RPM	
Rated RPM		Rated Pressure	psi	Full Load Amp (FLA)	Amp
Controller Mfr.		150% Rated Capacity	gpm	Rated Voltage	Volts
Controller Model		Rated Pressure @ Rated Capacity	psi	Service Factor (SF)	
Controller S/N					

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

I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable						
Item		Year	Month	1	2	3	4	5	6	
										NFPA 25 CA ed Reference
Fire Pump Start/Stop Pressures										
1.1	T	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi	psi
1.2	T	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi	psi
1.3	T	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi	psi	psi
1.4	T	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi	psi	psi
Pump House										
1.5	I	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)							
Fire Pump System										
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 & Bypass Valves 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	I	Piping is Free of Leaks	8.2.2(2)(b)							
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)							
	I	Suction Pressure Reading		psi	psi	psi	psi	psi	psi	psi

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

Item		Year	Description	Month NFPA 25 CA ed. Reference	1	2	3	4	5	6
					Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
1.14	I		System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)						
	I		System Pressure Reading		psi	psi	psi	psi	psi	psi
1.15	I		Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)						
1.16	I		Verify Pump Packing Glands for Slight Discharge (Pump Not Running)	8.2.2(2)(h)						
1.17	I		Pump Operation (No Flow - 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	I		Suction Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi	psi
1.21	I		Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi	psi
1.22	I		Pressure Readings Acceptable							
1.23	I		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 (No Flow)	8.3.3.2(1)(a) 13.5.7.1.1						
1.27	I		Record Time Controller is on First Step (Reduced Voltage or Reduced Current Starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec	sec
1.28	I		Record Time Pump Runs After Starting (Automatic Stop Controllers)	8.3.2.8(2)(c)	min	min	min	min	min	min
Electrical System Conditions										
1.29	I		Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)						
1.30	I		Engine Generator Sets (Monthly)	NFPA 110						
1.31	I		Transfer Switch 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 On	8.2.2(3)(d)						
1.34	I		Oil Level in Vertical Motor Sight Glass is Within Acceptable Range	8.2.2(3)(e)						
1.35	I		Exercise Isolating Switch Circuit Breaker	Table 8.1.2						
1.36	T		Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)						
General Maintenance										
1.37	M		System Returned to Service	4.5.3 15.7						

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				


D = Deficiency C = Comment (Indicate type)

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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:
 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.

Month	1	2	3	4	5	6
Date						
Print Name						
Signature						

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

Pump and Driver Information					
Pump #		Max Suction Pressure	psi	Driver Mfr.	
Pump Model		Max psi (shutoff)	psi	Driver Model	
Pump Serial #		Rated Capacity	gpm	Driver Rated RPM	
Rated RPM		Rated Pressure	psi	Full Load Amp (FLA)	Amp
Controller Mfr		150% Rated Capacity	gpm	Rated Voltage	Volts
Controller Model		Rated Pressure @ Rated Capacity	psi	Service Factor (SF)	
Controller S/N					

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 those recommendations are to be used.

Annual Flow Test										
Churn (0%) 8.3.5.1	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)					
	Phase	Volts	Amps	V x A	Rated V x FLA x SF					
	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					
100% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Phase	Volts	Amps	V x A	Rated V x FLA x SF	
	1									
	2									
	3									
	4				8.3.5.5 V x A acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	5				8.3.5.6 Voltage acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
150% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Phase	Volts	Amps	V x A	Rated V x FLA x SF	
	1									
	2									
	3									
	4				8.3.5.5 V x A acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	5				8.3.5.6 Voltage acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
					Suction pressure at 150% of rated flow at least 0 psi? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For pump systems installed per NFPA 20, using suction tanks where NFPA 20 permitted the suction pressure to be not less than 3 psi, is the suction pressure at least 3 psi? (8.1.6.2) <input type="checkbox"/> Yes <input type="checkbox"/> No										

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

Fire Pump Test Curves	
Manufacturer's shop test curve	1. 8.3.5.3(1)
Original adjusted fire pump curve using net pump pressures	2. 8.3.5.3(1)
Current adjusted fire pump curve using net pump pressures	3. 8.3.5.3(1)
Original unadjusted fire pump curve using net pump pressures	4. 8.3.5.3(1)
Current unadjusted fire pump curve using net pump pressures	5. 8.3.5.3(1)
Current unadjusted fire pump curve using total pump pressure + supply pressure	6. 8.3.5.7
*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))	

Test Results and Evaluation (8.3.5.7)													
Fire Protection System Demand Information			Fire Pump										
Type of System	Required Pressure at the Pump Discharge Flange (psi)	Required Flow (gpm)	Is the fire pump capable of supply 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										
Are fire pump test results satisfactory?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="0"> <tr> <td>8.1.6</td> <td>8.3.5.3</td> <td>8.3.5.6</td> </tr> <tr> <td>8.3.5</td> <td>8.3.5.4</td> <td>8.3.5.7</td> </tr> <tr> <td>8.3.5.2.1</td> <td>8.3.5.5</td> <td></td> </tr> </table>	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	
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												

Annual Fire Pump Inspection, Testing, and Maintenance <i>Include ALL Monthly and Annual Inspection, Testing, and Maintenance Items</i>						
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
Fire pump Start/Stop Pressures						
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	
Pump House						
1.05	I	Pump House Heating and Ventilating Louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3			
Fire Pump System						
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 & Bypass Valves Open	8.2.2(2)(a)			
1.09	I	Normally Closed Valves are Closed <i>(Test Header/Venturi Meter)</i>	8.2.2(2)(g) 13.3.2.2			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

**Annual Fire Pump
Inspection, Testing, and Maintenance**
Include ALL Monthly and Annual Inspection, Testing, 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
1.10	I	Piping is Free of Leaks	8.2.2(2)(b)			
1.11	I	Suction Line Pressure Gauge Reading within Acceptable Range <i>(Same as Water Level in Tank or Static Pressure in Water Main)</i>	8.2.2(2)(c)			
		Suction Pressure Reading	8.2.2(2)(c)			psi
1.12	I	Discharge Line Pressure Gauge Reading within Acceptable Range <i>(Same as Suction Gauge Reading)</i>	8.2.2(2)(d)			
		Discharge Pressure Reading	8.2.2(2)(d)			psi
1.13	I	Suction Reservoir 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 <i>(Pump Not Running)</i>	8.2.2(2)(h)			
1.16	I	Check Pump Packing Glands for Slight Discharge <i>(Pump Running)</i>	8.3.2.8(1)(b)			
1.17	I	Suction Line Pressure Gauge Reading <i>(Pump Running)</i>	8.3.2.8(1)(a)			psi
1.18	I	Discharge Pressure Gauge Reading <i>(Pump Running)</i>	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	Observe Time for Motor to Accelerate to Full Speed	8.3.2.8(2)(a)			
1.23	I	Record Time the Controller is on 1st Step <i>(For Reduced Voltage or Reduced Current Starting)</i>	8.3.2.8(2)(b)			sec
1.24	T	Record Time Pump Runs after Starting <i>(For Automatic Stop Controllers)</i>	8.3.2.8(2)(c)			min
1.25	T	Control Valve Test	13.3.3			
1.26	M	Control Valve Maintenance	13.3.4			
1.27	M	Adjust Gland Nuts, if Necessary	8.3.2.8(1)(c)			
Electrical System Conditions						
1.28	I	Controller "Power On" Pilot Light is Illuminated	8.2.2(3)(a)			
1.29	I	Transfer Switch Normal Pilot Light is Illuminated	8.2.2(3)(b)			
1.30	I	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)			
1.31	I	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

**Annual Fire Pump
Inspection, Testing, and Maintenance**
Include ALL Monthly and Annual Inspection, Testing, 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
1.32	I	Oil Level in Vertical Motor Sight Glass is within Acceptable Range	8.2.2(3)(e)			
1.33	I	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)			
Tests						
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 - Indicate Method of Discharge 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		<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	
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	8.3.3.4			
Maintenance						
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			

Property Information Building Name Address City		Contractor or Licensed Owner Information Name
		Job #

Annual Fire Pump Inspection, Testing, and Maintenance
Include ALL Monthly and Annual Inspection, Testing, and Maintenance Items

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
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	

D = Deficiency C = Comment (Indicate type)

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

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____
 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.

Print Name	
Signature	Date

Property Information

Building Name

Address

City

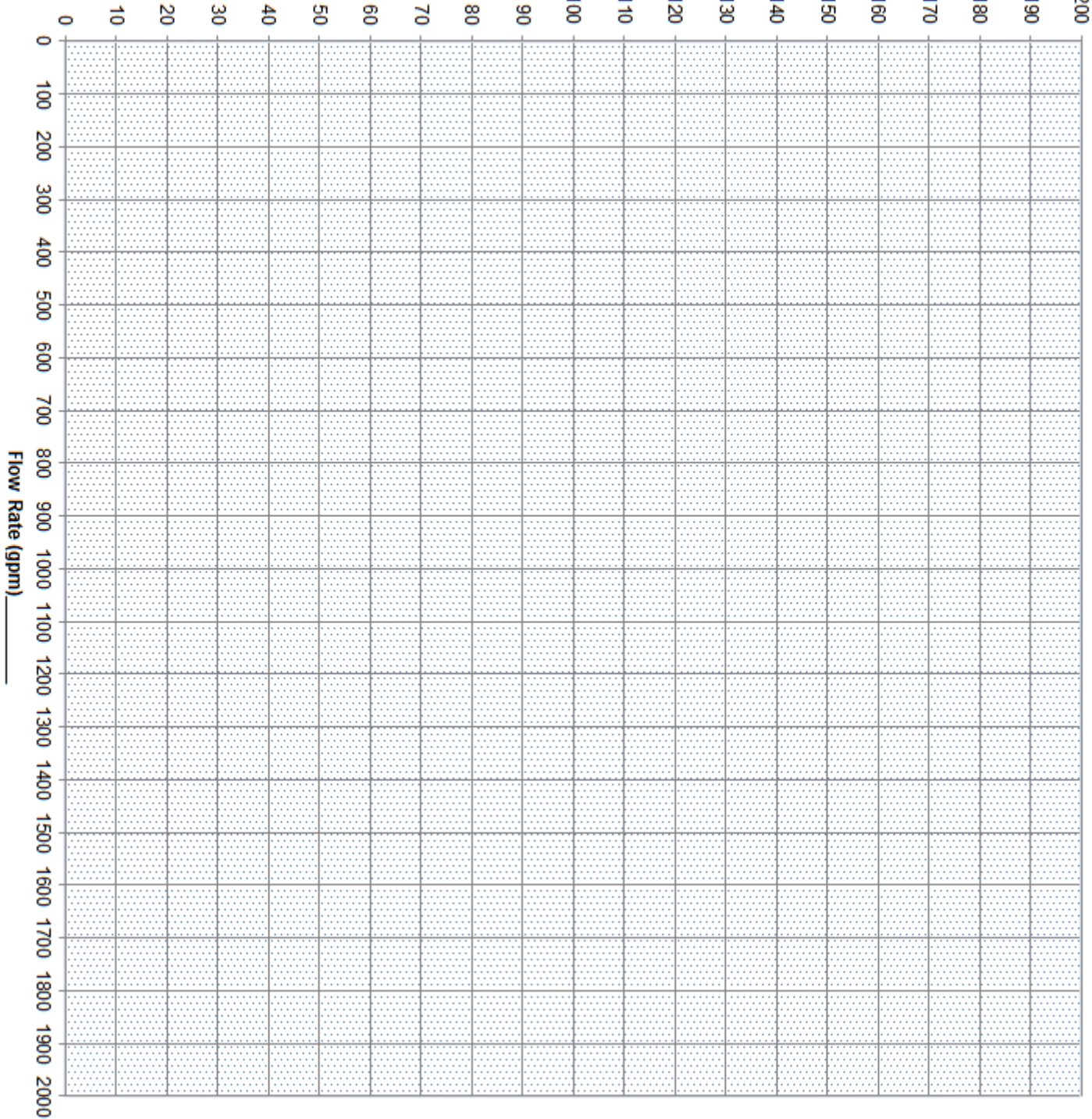


Contractor or Licensed Owner Information

Name

Job #

Pressure (psi)



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

Property Information

Building Name

Address

City

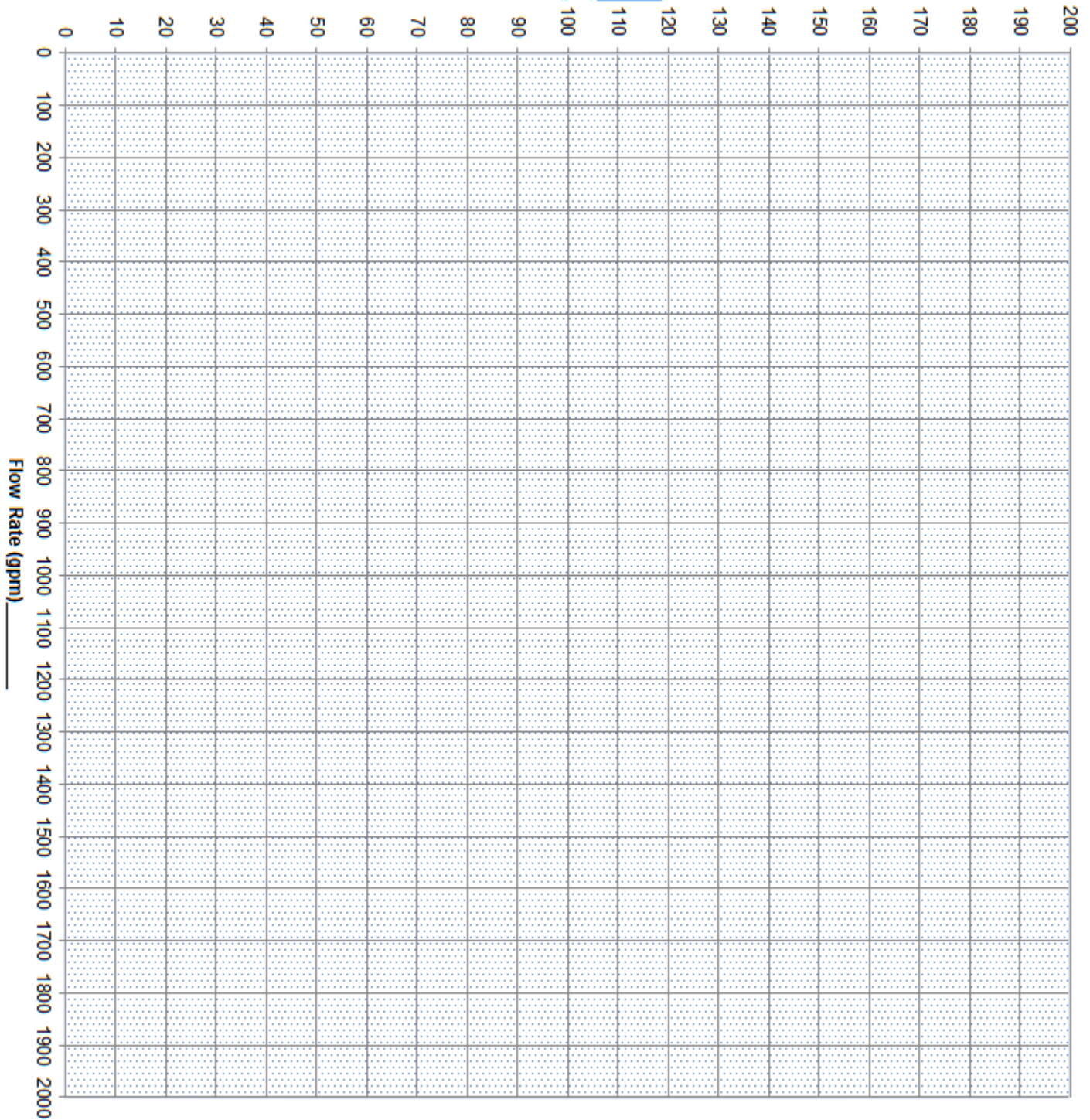


Contractor or Licensed Owner Information


Name

Job #

Pressure (psi)



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			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM	Job #	
		<input type="checkbox"/> CSLB	Misc.		

INSPECTION, TESTING, AND MAINTENANCE

I = Inspection T = Test M = Maintenance

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Water Temperature	9.2.4			
1.2	I	Heating System	9.2.3.1			
1.3	I	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	I	Condition of Water in Tank	9.2.1			
1.5	I	Water Level	9.2.1			
1.6	I	Air Pressure	9.2.2			
1.7	I	Control Valves	Table 13.1			
1.8	I	Tank - Exterior	9.2.5.1			
1.9	I	Support Structure	9.2.5.1			
1.10	I	Catwalks and Ladders	9.2.5.1			
1.11	I	Surrounding Area	9.2.5.2			
1.12	I	Hoops and Grillage	9.2.5.4			
1.13	I	Painted/Coated Surfaces	9.2.5.5			
1.14	I	Expansion Joints	9.2.5.3			
1.15	I	Interior	9.2.6			
1.16	I	Check Valves	Table 13.1			
2.1	T	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	T	High Temperature Limit Switch	9.3.4			
2.3	T	Water Level Alarms	9.3.5			
2.4	T	Control Valve - Position	Table 13.1			
2.5	T	Control Valve - Operation	Table 13.1			
2.6	T	Supervisory	Table 13.1			
2.7	T	Level Indicators	9.3.1			
2.8	T	Pressure Gauges	9.3.6			
2.9	T	Automatic Filling Device	9.3.7			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

INSPECTION, TESTING, AND MAINTENANCE

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Drain Silt	9.4.5			
3.2	M	Control Valves	Table 13.1			
3.3	M	Water Level	9.4.2			
3.4	M	Embankment-Supported Coated Fabric (ESCF)	9.4.6			
3.5	M	Check Valves	13.4.2.2			

D = Deficiency C = Comment (Indicate type)


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

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See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name	
Signature	Date

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address		Address			
City		City	St.	Zip	
Contact Person		License #	Phone		
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	Misc.		

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached:

INSPECTION, TESTING, AND MAINTENANCE

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

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
Inspection						
1.1	I	Backflow Preventer	Chapter 13			
1.2	I	Check Valves	Chapter 13			
1.3	I	Control Valves (Sealed)	Chapter 13			
1.4	I	Control Valves (Locked, Supervised)	Chapter 13			
1.5	I	Deluge Valve	10.2.2, Chapter 13			
1.6	I	Detection Systems	NFPA 72			
1.7	I	Detector Check Valves	Chapter 13			
1.8	I	Drainage	10.2.8			
1.9	I	Electric Motor	10.2.9 Chapter 8			
1.10	I	Engine Drive	10.2.9 Chapter 8			
1.11	I	Fire Pump	10.2.9 Chapter 8			
1.12	I	Fittings	10.2.4, 10.2.4.1			
1.13	I	Fittings (Rubber Gasketed)	10.2.3.1, Annex			
1.14	I	Gravity Tanks	10.2.10, Chapter 9			
1.15	I	Hangers	10.2.4.2			
1.16	I	Heat (Deluge Valve House)	10.2.1.5 Chapter 13			
1.17	I	Nozzles	10.2.1.1, 10.2.1.2, 10.2.1.6, 10.2.5.1, 10.2.5.2			
1.18	I	Pipe	10.2.1.1, 10.2.1.2, 10.2.4, 10.2.4.1,			
1.19	I	Pressure Tank	10.2.10, Chapter 9			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

INSPECTION, TESTING, AND MAINTENANCE

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.20	I	Steam Driver	10.2.9, Chapter 8			
1.21	I	Strainers	10.2.7			
1.22	I	Suction Tanks	10.2.10, Chapter 9			
1.23	I	Supports	10.2.1.1, 10.2.1.2, 10.2.4.2			
1.24	I	Water Flow Alarm Devices	NFPA 72			
1.25	I	Water Supervisory Alarm Devices	NFPA 72			
1.26	I	Supervisory Signal Devices (Except Valve Supervisory Switches)	NFPA 72			
1.27	I	Water Supply Piping	10.2.6.1 10.2.6.2			
1.28	I	UHSWSS-Detectors	10.4.2			
1.29	I	UHSWSS-Controllers	10.4.3			
1.30	I	UHSWSS-Valves	10.4.4			
		Test				
2.0	T	Backflow Preventer	Chapter 13			
2.1	T	Check Valves	Chapter 13			
2.2	T	Control Valves	13.3.3.1			
2.3	T	Deluge Valve	10.2.2, Chapter 13			
2.4	T	Detection Systems	NFPA 72			
2.5	T	Detector Check Valve	Chapter 13			
2.6	T	Electric Motor	10.2.0, Chapter 13			
2.7	T	Engine Drive	10.2.9, Chapter 8			
2.8	T	Fire Pump	10.2.9, Chapter 8			
2.9	T	Flushing Connection to Riser (Part of Annual Test)	10.2.1.3, Section 10.3			
2.10	T	Gravity Tanks	10.2.10, Chapter 9			
2.11	T	Main Drain Test	13.3.3.4			
2.12	T	Manual Release	10.2.1.3, 10.3.6			

Property Information			Contractor or Licensed Owner Information	
Building Name			Name	
Address			Job #	
City				

INSPECTION, TESTING, AND MAINTENANCE

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.13	T	Nozzles	10.2.1.3, 10.2.1.6, Section 10.3			
2.14	T	Pressure Tank	Section 10.2, Chapter 9			
2.15	T	Steam Driver	10.2.9, Chapter 8			
2.16	T	Strainers	10.2.1.3, 10.2.1.7, 10.2.7			
2.17	T	Suction Tanks	10.2.10, Chapter 9			
2.18	T	Water Flow Alarm	Chapter 5			
2.19	T	Valve Supervisory Signal Devices	Chapter 13			
2.20	T	Supervisory Signal Devices (Except Valve Supervisory Switches)	13.2.6.2			
2.21	T	Water Spray System Test	10.3, Chapter 13			
2.22	T	Water Supply Flow Test	7.3.1			
2.23	T	UHSWSS	10.4			
		Maintenance				
3.0	M	Backflow Preventer	Chapter 13			
3.1	M	Check Valves	Chapter 13			
3.2	M	Control Valves	10.2.1.4, Chapter 13			
3.3	M	Deluge Valve	10.2.2, Chapter 13			
3.4	M	Detection Systems	NFPA 72			
3.5	M	Detector Check Valve	Chapter 13			
3.6	M	Electric Motor	10.2.9, Chapter 8			
3.7	M	Engine Drive	10.2.9, Chapter 8			
3.8	M	Fire Pump	10.2.9, Chapter 8			
3.9	M	Gravity Tanks	10.2.10, Chapter 9			
3.10	M	Pressure Tanks	10.2.6, Chapter 9			
3.11	M	Steam Driver	10.2.9, Chapter 8			

Property Information		Contractor or Licensed Owner Information
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INSPECTION, TESTING, AND MAINTENANCE

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.12	M	Strainers	10.2.1.4, 10.2.1.6, 10.2.7			
3.13	M	Strainers - Baskets/Screen	10.2.1.4, 10.2.1.7, A10.2.7			
3.14	M	Suction Tanks	10.2.10, Chapter 9			
3.15	M	Water Spray System	10.2.1.4, Chapter 13			


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

- Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____
- See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name			
Signature		Date	

Property Information			Contractor or Licensed Owner Information		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached:

INSPECTION, TESTING, AND MAINTENANCE

I = Inspection T = Test M = Maintenance

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
Inspection						
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.			
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			
Test						
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 Devices(s)	11.3.4			
2.9	T	Strainer(s) - Mainline	11.2.7.1			
Maintenance						
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			
Proportioning System(s) Standard Pressure Type:						
3.4	M	Ball Drip (automatic type) Drain Valves	11.4.3.1			
3.5	M	Foam Concentrate Tank - Drain and Flush	11.4.3.2			
3.6	M	Corrosion and Hydrostatic Test	11.4.3.3			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

INSPECTION, TESTING, AND MAINTENANCE

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
		Bladder Tank Type:				
3.7	M	Sight Glass	11.4.4.1			
3.8	M	Foam Concentrate Tank - Hydrostatic Test	11.4.4.2			
		Line Type:				
3.9	M	Foam Concentrate Tank - Corrosion & Pickup Pipes	11.4.5.1			
3.10	M	Foam Concentrate Tank - Drain & Flush	11.4.5.2			
		Standard Balanced Pressure Type:				
3.11	M	Foam Concentrate Pump(s)	11.4.6.2			
3.12	M	Balancing Valve	11.4.6.3			
3.13	M	Foam Concentrate Tank	11.4.6.4			
		In-line Balanced Pressure Type:				
3.14	M	Foam Concentrate Pump(s)	11.4.7.2			
3.15	M	Balancing Valve Diaphragm	11.4.7.3			
3.16	M	Foam Concentrate Tank	11.4.7.4			
3.17	M	Pressure Vacuum Vents	11.4.8			

D = Deficiency C = Comment (Indicate type)

Item	Date	Riser	D	C	Deficiencies and Comments
Indicate all equipment, devices and parts that were repaired or replaced					

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (Indicate type)


Item	Date	Riser	D	C	Deficiencies and Comments (cont.)
Indicate all equipment, devices and parts that were repaired or replaced					

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: _____

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

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Print Name	
Signature	Date

Property Information		Contractor or Licensed Owner Information	
Building Name		Name	
Address		Address	
City	License #	City	St. Zip
Contact Person	<input type="checkbox"/> SFM	Phone	Job #
Phone	<input type="checkbox"/> CSLB	Misc.	

Type of System	
<input type="checkbox"/> Automatic Sprinkler System	<input type="checkbox"/> Water Storage Tank
System Riser ID	<input type="checkbox"/> Water Spray System
<input type="checkbox"/> Standpipe & Hose System	System Riser ID
System Riser ID	<input type="checkbox"/> Foam-Water System
<input type="checkbox"/> Private Water Supply System	System Riser ID

D = Deficiency C = Comment (Indicate type)

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

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment *(Indicate type)*

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

See Correction Form AES 10 for corrected deficiencies.

Number attached:

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Print Name		
Signature		Date