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

Property Information:					
Name:	Occupancy/Use	c			
Address:	Construction Ty	pe:		E OF C	ALIE
City:	No. Stories:				
ZIP:	Year Constructe	ed:		May 3	NO Z
Contact:	_			FIRE	MARS
Telephone:					
Contractor Information:		Number of System F	Risers		
Name:		Copy sent to:			
Address:		Owner Date:			_
City:		☐ Fire AHJ Date:			
State:	_	Contractor Date:			
Telephone:		NOTES: 1) For specific inspecti			
CA License#:		requirements and infor edition as amended by	mation, see California	NFPA 25, 2 Code of Reg	011 ulations,
Job #:		Title 19, §901 to §906.			
Performed by:		2) Inspection items ma accordance with Califo §904.1(a)	y be perfor ornia Code (med by the o of Regulation	owner in ns, Title 19,
Check box for each system ins Check boxes (Fail or Pass) to	l pected and enter th indicate status of i	ne number of forms use nspected system at end	d for inspect	ction. ion.	
Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
☐ Automatic Sprinkler System	5				
☐ Standpipe and Hose System	6				
☐ Private Water Supply System	7				
☐ Fire Pump	8				
☐ Water Storage Tank	9				
☐ Water Spray System	10				
☐ Foam Water Sprinkler System	11				
☐ Water Mist System	12				
Concerns that are Not Deficiencies (i.e. Non-Sprink	lered Areas)	1		☐ Yes	☐ No
*See "Deficiencies and Comments" section at end	of each respective	e form.			

AES 1 September 3, 2013

Correc	tive Action
and Repa	irs Performed

and	orrective <i>A</i> Repairs Pe	ctive Action California Code of Regulations airs Performed Inspection, Testing, and Mair			Maintenance 1 of 1				
Property Information				Contractor or Licen		r Licensed Owne	sed Owner Information		
Building Na	ame					Name			
Address						Address			
					FIRE MARS	City	St.	Zip	
City					License #	Phone			
Contact Pe	erson				☐ SFM	Job#			
Phone					☐ CSLB	Misc.			
					_	-			
Item	AES Form #	Date Found	Date Corrected		Def Indicate all equipment	iciencies and Comr , devices and parts that v	nents were repaired or repla	ced	
						•			
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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				

Wet Pipe Fire Sprinkler System	California Code of Regulation Inspection, Testing, and Ma		Quarterly and Annual Report	1 of 3	
Property Information	E OF CALLED	Contractor or Licensed Owner Information			
Building Name		Name			
Address		Address			
	FIRE MARS	City	St. Zip)	
City	License #	Phone			
Contact Person	☐ SFM	Job #			
	☐ CSLB	Misc.			

	Riser Information		Main Dr	ain Test (Ar	nnual)		
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
Thi	☐ This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached						

		Quarterly Ins	spections				
	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 (For Hydraulically Designed Systems)	5.2.6				
1.10	I	General Information Sign (Not Required for System prior to 2007 Edition of NFPA 13)	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	Alarm Valves – Exterior Inspection	13.4.1				
1.15	I	Pressure Reducing Valves	13.5.1.1				
1.16	I	Backflow Preventers	13.6.1				
1.17	ı	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1				
1.18	ı	PRV – Fire Sprinkler Systems	13.5.1.1				
* 0	* Coroll have connections are been valves and entired been supplied by the fire entirely a veter. They do not include Class I. I. or III.						

^{*} 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.

Wet Pipe
Fire Sprinkler System

Quarte	rly and
Annual	Report

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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name	
Job#	

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections I = Inspection T = Test M = Maintenance P = Pass N/A = Not Applicable F = Fail NFPA 25 CA ed. P,F,N/A Item Description **Date Comments Only** Reference 5.2.1 1.19 ı Sprinklers 1.20 Buildings (Freeze Protection) 4.1.1.1 Owner's Responsibility 1.21 5.2.2 Pipe and Fittings 1.22 5.2.3 Hangers 1.23 Seismic Braces 5.2.3 If REQUIRED, Enter 'F' until Field Service Test Required 2.1 Т 5.3.1 (Send Report to Fire Code Official) results are returned from Lab Title 19 Recalled Sprinklers 2.2 Т If not present = Pass; If present = Fail 904.1(c) Water Flow Alarm Devices 5.3.3 2.3 Т sec. 13.2.6 90 sec. maximum - (Enter Time) 13.2.5 Main Drain Test 2.4 Т 13.3.3.4 (Enter Data on Page 1 of this Form) 2.5 Т Control Valve - Position 13.3.3.2 2.6 Т Control Valve – Operation 13.3.3.1 2.7 Т 13.3.3.5 Supervisory Devices 2.8 Т **Backflow Preventer Assemblies** 13.6.2 Small Hose Connections* 13.5.2.3 Т 2.9 w/PRV Hose Valves - Partial Flow Test 13.5.3.3 2.10 Т PRV - Fire Sprinkler Systems 13.5.1.3 3.1 Control Valves 13.3.4 M 3.2 Small Hose Connections* 13.5.6.3 Obstruction Investigation required □ Yes 3.3 (If "Yes", see Deficiencies and Comments Section 14.3 ☐ No for Results.) ∃Yes 3.4 System Returned to Service 4.5.3 □ 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 = Defi	ciency C	= Comme	nt	(Indica	ate type)
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced

Wet Pipe
Fire Sprinkler System

Signature

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

Quarte	rly a	ınd
Annual	Re	port

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Property Information						TE OF CALIFORN		Contractor or Licensed Owner Information		
Building N	lame				g°		Name			
Address							Job#			
City						FIRE MARS				
						Mires				
D = Defic	iencv C	C = Comme	nt (Indicate type	<u> </u>					
Item	Date	Riser	D	С		Deficien	cies and	Comments (cont	·.)	
item	Date	Miser			Inc	dicate all equipment,	devices and	d parts that were repaired	d or replaced	
- 										
-										
\longrightarrow				$\vdash\vdash$						
				$\vdash\vdash$						
						Form AES 9. Numl				
See Co	orrection	Form AES 1	0 for c	orrected defici	encies.	Numl	er attached			
			d abo	ve, in accord	lance with CCR	, Title 19, Section	is 901 to 9		aintained on this dat ipment is fully opera	
		Check bo	ox if A	nnual Insped	ction, Testing &	Maintenance Ite	ms are Co	mpleted in the Indica	ated Quarter	
Quart	er	1st -		Innual	2nd - [Annual	3rd	- 🗌 Annual	4th - 🗌 An	nual
Date	е									
Print Na	ame									

Wet Pipe Fire Sprinkler System	California Code of Regulation Inspection, Testing, and M	5-Year Report	1 of 3	
Property Information	OF CALIFORNIA	Contractor	or Licensed Owner Inf	formation
Building Name		Name		
		Address		
Address	FARE MARS	City	St.	Zip
	License #	Phone		
City	☐ SFM	Job #		
Contact Person	☐ 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	☐ 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								
	l = Ir	spection 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	ı	Control Valves – Identification Sign	13.3.1						
1.2	ı	Control Valves – Inspection	13.3.2						
1.3	ı	Waterflow Alarm Devices	5.2.5						
1.4	ı	Supervisory Devices	5.2.5						
1.5	ı	Gauges (Wet Pipe Systems)	5.2.4.1						
1.6	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6						
1.7	ı	Enter Water Supply Pressure Below Riser Check	5.2.4.1		psi				
1.8	ı	Enter Water Supply Pressure Above Riser Check	5.2.4.1		psi				
1.9	ı	Pressure Readings Acceptable	5.2.4.1						
1.10	ı	General Information Sign (Not Required for System Prior to 2007 Edition NFPA 13)	5.2.8						
1.11	ı	Heat Tape	5.2.7						
1.12	ı	Spare Sprinklers	5.2.1.4						
1.13	ı	Fire Department Connections	13.7						
1.14	ı	Alarm Valves – Exterior Inspection	13.4.1						
1.15	ī	Pressure Reducing Valves	13.5.1.1						
1.16	ı	Backflow Preventers	13.6.1						

Fire Sprinkler System	ction, Testing, and Mair		Report	2 of 3
Property Information	OF CALL	Contractor o	r Licensed Owner Info	rmation
	THE CONTRACTOR			
Building Name	100	Name		
Address		Job #		
City	FIRE MARS			

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 ApplicableNFPA 25 CA ed. P,F,N/A Item Description Date **Comments Only** Reference 5.1.6, 13.5.2 Small Hose Connections - Hose Valve* 1.17 13.5.5.1 1.18 ı PRV - Fire Sprinkler Systems 13.5.1.1 1.19 ı Buildings (Freeze Protection) 4.1.1.1 Owner's Responsibility 1.20 Sprinklers 5.2.1 1.21 Sprinklers - Accessible Concealed Space 5.2.1.1.6 1.22 5.2.2 Pipe and Fittings 1.23 Pipe and Fittings - Accessible Concealed Space 5.2.2.3 1.24 ı 5.2.3 1.25 Hangers - Accessible Concealed Space 5.2.3.3 1.26 Seismic Braces 5.2.3 1.27 Seismic Braces - Accessible Concealed Space 5.2.3.3 1.28 CFC 901.4 Unsprinklered Areas ☐ No ☐ Yes Field Service Test Required If REQUIRED, Enter 'F' until Т 2.1 5.3.1 Send Report to Fire Code Official results are returned from Lab Title 19 Recalled Sprinklers Т 2.2 If not present = Pass; If present = Fail 904.1(c) Water Flow Alarm Devices 5.3.3 2.3 Т sec. 90 secs max. Enter time 13.2.6 Main Drain Test 13.2.5 2.4 Т (Enter data on Page 1 of this form) 13.3.3.4 2.5 Т Control Valve - Position 13.3.3.2 2.6 Т Control Valve – Operation 13.3.3.1 2.7 Т Supervisory Devices 13.3.3.5 2.8 Т Backflow Preventer Assemblies 13.6.2 Small Hose Connections* 13.5.2.3 Т 2.9 w/PRV Hose Valves – Partial Flow Test 13.5.3.3 2.10 PRV – Fire Sprinkler Systems Т 13.5.1.3 2.11 Т Pressure Gauges - Calibration 5.3.2 2.12 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.

Wet Pipe
Fire Sprinkler System

5 Year	
Report	

Wet Pipe Fire Sprinkler System		na Code of Regulations on, Testing, and Ma		5 Year Report	3 of 3
Property Information		OF CALL	Contractor or	Licensed Owner Info	rmation
	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·
Building Name			Name		
Address		No.	Job#		
City		FIRE MARS			

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 ApplicableNFPA 25 CA ed. Item Description Date **Comments Only** P,F,N/A Reference 3.1 Check Valves - Internal inspection 13.4.2 3.2 М Control Valves 13.3.4 14.3.2.3 3.3 FDC - Backflush М 14.3.2.4 Yes Internal Pipe Inspection - See Deficiencies and 3.4 14.2 Comments Section for Results. No Obstruction Investigation Required. If "Yes", See 3.5 М 14.3 Deficiencies and Comments Section for Results Yes 3.6 4.5.3 М System Returned to Service No

D = Defi	D = Deficiency C = Comment (Indicate type)						
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced		
Chec	k here if add	itional Defic	iencies	s and C	Comments are listed on Form AES 9. Number attached:		
☐ See	Correction F	orm AES 10) for co	rrected	d 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			

Dry Pipe Fire Sprinkler System	California Code of Regulation Inspection, Testing, and M		Quarterly and Annual Report	1 of 3	
Property Information	E OF CALIFORNIA	Contracto	Contractor or Licensed Owner Information		
Building Name		Name			
Address		Address			
	THE MARS	City	St. Zip)	
City	License #	Phone			
Contact Person	☐ SFM	Job#			
Phone	☐ 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	ı	Control Valves – Identification Sign	13.3.1				
1.2	ı	Control Valves – Inspection	13.3.2				
1.3	ı	Waterflow Alarm Devices	5.2.5				
1.4	ı	Supervisory Devices	5.2.5				
1.5	ı	Gauges (Dry Pipe Systems) Pass = Normal Pressures	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.1.2				
1.6	ı	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	ı	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	psi
1.8	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6				
1.9	I	General Information Sign (Not Required for System Prior to 2007 Edition of NFPA 13)	5.2.8				
1.10	ı	Heat Tape	5.2.7				
1.11	ı	Spare Sprinklers	5.2.1.4				
1.12	ı	Fire Department Connections	13.7				
1.13	ı	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4				
1.14	ı	Pressure Reducing Valves	13.5.1				
1.15		Backflow Preventers	13.6.1				
1.16		PRV – Fire Sprinkler Systems	13.5.1				

	Dry Pipe	
Fire	Sprinkler System	

Quarte	rly ar	ıd
Annual	Repo	ort

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Property Inform	ati	or
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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name			
Job#			

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

Dry Pipe
Fire Sprinkler Systen

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Annual	Report

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Property Information	E OF CALLED	Contractor or Licensed Owner Information
Building Name		Name
Address	A THE STATE OF THE	Job#
City	FIRE MAR	

City	- W					Ø.	THE MIN'S					
					Α	NNUAL INSPI	ECTION, lude ALL	TESTING, AND Quarterly Inspect	MAINTEN tions	IANCE		
		I = I	nspection	Т	= Te	st M = Maint	enance		P = Pa	ss F = Fail	N/A = Not Applicable	
Item				I	Descri	ption		NFPA 25 CA ed. Reference	Date	Co	omments Only	P,F,N/A
3.1	М	Contro	ol Valves					13.3.4				
3.2	M	Mainte	enance					13.4.4.3				
3.3	М	Dry Pi	Dry Pipe Valve Interior Cleaned				13.4.4.3.1					
3.4	М	Low Points in System Drained					13.4.4.3.2					
3.5	М	Backflow Preventer					13.6.3					
3.6	М	(If "Y	Obstruction Investigation Required (If "Yes", see Deficiencies and Comments Section for Results.)				Section	14.3		☐ Yes ☐ No		
3.7	М	System Returned to Service				4.5.3 15.7		☐ Yes ☐ No				
D = Def	icien	cy C=	- Comme	nt (Indica	te type)						
Item	D	ate	Riser	D	С		Indicate	Deficienc e all equipment, devic	cies and C es and parts t		red or replaced	

D = Defi	ciency C	= Comme	nt (Indica	ate type)
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
					Comments are listed on Form AES9. Number attached: 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.

	Che	ck box if Annual Insp	ection, Tes	ting & Maintenance I	tems are 0	Completed in the Ind	icated Qua	arter
Quarter	1st	Annual	2nd	Annual	3rd	Annual	4th	Annual
Date								
Print Name								
Signature								

Dry Pipe Fire Sprinkler System	California Code of Regulation Inspection, Testing, and M		5-Year Report	1 of 3
Property Information	E OF CALLED	Contractor	or Licensed Owner I	nformation
Building Name		Name		
Address	THE STATE OF THE S	Address		
	FIRE MARS	City	St.	Zip
City	License #	Phone		
Contact Person	☐ SFM	Job #		
Phone	☐ 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
Thi	☐ 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							
	l = Ir	spection 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	ı	Control Valves – Identification Sign	13.3.1					
1.2	ı	Control Valves – Inspection	13.3.2					
1.3	ı	Waterflow Alarm Devices	5.2.5					
1.4	ī	Supervisory Alarm Devices	5.2.5					
1.5	ı	Gauges (Dry Pipe Systems) Pass = Normal Pressures	5.2.4.2 5.2.4.3 5.2.4.4 13.4.4.1.2					
1.6	ı	Air Pressure	5.2.4.2 5.4.2.3 5.2.4.4 13.4.4.2.5.1		psi			
1.7	ı	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1		psi			
1.8	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6					
1.9	ı	General Information Sign (Not Required for System Prior to 2007 Edition NFPA 13)	5.2.8					
1.10	T	Heat Tape	5.2.7					
1.11	ı	Spare Sprinklers	5.2.1.4					
1.12	ı	Fire Department Connections	13.7					
1.13	ı	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4					
1.14	ı	Pressure Reducing Valves	13.5.1.1					
1.15	1	Backflow Preventers	13.6.1					

	California Code of Regulations Inspection, Testing, and Mair	
Property Information	OF CALL	Contractor or Licensed Owner Information
	TATE OF SERVICE	
uilding Name		Name
ddress	THE STATE OF THE S	Job#
ity	FRE MANE	

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See AES 2.3)							
I	= Ins	pection 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	ı	PRV - Fire Sprinkler Systems	13.5.1					
1.17	ı	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility			
1.18	I	Sprinklers	5.2.1					
1.19	ı	Sprinklers - Concealed Space	5.2.1.1.6					
1.20	ı	Pipe and Fittings	5.2.2					
1.21	ı	Pipe and Fittings - Concealed Space	5.2.2.3					
1.22	ı	Hangers	5.2.3					
1.23	ı	Hangers - Concealed Space	5.2.3.3					
1.24	ı	Seismic Braces	5.2.3					
1.25	ı	Seismic Braces - Concealed Space	5.2.3.3					
1.26	ı	Dry Pipe Valves - Interior Inspection	13.4.4.1.5					
1.27	ı	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6					
2.1	Т	Dry Pipe Valve Trip Test - Full Flow	13.4.4.2.2.2					
2.2	Т	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	Т	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)					
2.4	Т	Water Flow Alarm Devices 90 secs max. Enter time	5.3.3 13.2.6		sec.			
2.5	т	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4					
2.6	Т	Priming Water Level Test	13.4.4.2.1					
2.7	Т	Valve Trip Time	13.4.4.2.5.2		sec			
2.8	т	Trip Air Pressure	13.4.4.2.5.1		psi			
2.9	Т	Quick Opening Device Test	13.4.4.2.4					
2.10	Т	Low Air Pressure Alarm Test	13.4.4.2.6					
2.11	Т	Low Temperature Alarm Test	13.4.4.2.7					
2.12	Т	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8					
2.13	Т	Control Valve – Operation	13.3.3.1					
2.14	Т	Valve Supervisory Devices	13.3.3.5					
2.15	т	Backflow Preventer Assemblies	13.6.2					

Dry Pipe Fire Sprinkler System	on, Testing, and Ma		5-Year Report	3 of 3
Property Information	GE OF CALLA	Contractor or Lic	ensed Owner Infor	mation
Building Name	To Company	Name		
Address	AFFE OF THE STATE	Job#		
City	THE MAN			

		ANNUAL INORESTIC	N TEOTINO AL	UD MAINITEN	IANOE				
	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See AES 2.3)								
I	= Insp	pection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A			
2.16	Т	PRV – Full Flow Test	13.5.1.2						
2.17	Т	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	М	Control Valves	13.3.4						
3.4	М	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	М	Backflow Preventer	13.6.3						
3.8	М	FDC - Backflush	14.3.2.3 14.3.2.4						
3.9	М	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		Yes No				
3.10	М	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		Yes No				
D = De	ficien	cv C = Comment (Indicate type)							

D = Defic	ciency C	= Comme	nt (Indica	nte type)	
Item	Date	Riser	D	С	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 AES9.						
See 0	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					

Pre-Action Fire Sprinkler System	California Code of Regulation Inspection, Testing, and M	Quarterly and Annual Report	1 of 3			
Property Information	OF CALLED	Contractor	r or Licensed Owner Inforn	nation		
Building Name		Name				
Address		Address	Address			
	FIRE MARS	City	St. Zi	р		
City	License #	Phone				
Contact Person	☐ SFM	Job #				
Phone	☐ CSLB	Misc.				

Phone

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

		Quarterly Ins	spections				
	I =	Inspection T = Test M = Maintenance		P = Pass	F = Fail	N/A = Not App	licable
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	- 1	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) Pass = Normal Pressures	13.4.3.1.3				
1.6	I	Air Pressure	13.4.3.1.4	psi	ps	i psi	ps
1.7	I	Water Supply Pressure	13.4.3.1.3.1	psi	ps	i psi	ps
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	ps	i psi	ps
1.9	I	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6				
1.10	I	General Information Sign (Not Required for System Prior to 2007 Edition of NFPA 13)	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	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				

Quarterly and Annual Report

2 of 3

Property Inform	ati	or
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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name			
Job#			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable NFPA 25 CA ed. Description **Comments Only** P,F,N/A Item Date Reference 1.18 13.4.3.1.2 Low Temperature Alarms 1.19 I Sprinklers 5.2.1 1.20 5.2.2 Pipe and Fittings 1.21 5.2.3 Hangers 1.22 5.2.3 Seismic Braces 1.23 Buildings (Freeze Protection) 4.1.1.1 Owner's Responsibility 1.24 Low Temperature Alarm Test 13.4.3.1.2 If REQUIRED. Enter 'F' until Field Service Test Required 2.1 Т 5.3.1 (Send Report to Fire Code Official) results are returned from Lab Recalled Sprinklers Title 19 Т 2.2 If not present = Pass; If present = Fail 904.1(c) Waterflow Alarm Devices 5.3.3 2.3 Т sec. 13.2.6 90 sec. maximum - (Enter Time) 13.2.5 Main Drain Test Т 2.4 13.3.3.4 (Enter Data on Page 1 of this Form) 2.5 Т Priming Water Level Test 13.4.3.2.1 13.4.3.2.3 Pre-Action Valve Trip Test Т 2.6 13.4.3.2.4 (Partial Trip Test is Acceptable) 13.4.3.2.5 2.7 Т Valve Trip Time 13.4.3.2.12 sec. 2.8 Manual Actuation Device Test 13.4.3.2.9 Т Т Low Air Pressure Alarm Test 2.9 13.4.3.2.13 2.10 Т Low Temperature Alarm Test 13.4.3.2.14 2.11 Τ Automatic Air Pressure Maintenance Device Test 13.4.3.2.15 2.12 Т Control Valve - Operation 13.3.3 Т 2.13 Valve Supervisory Devices 13.3.3.5 2.14 Т Backflow Preventer Assemblies 13.6.2 2.15 Т PRV - Partial Flow 13.5.1.3 3.1 Control Valves 13.3.4 3.2 Air Leaks Repaired 13.4.3.3.1 M 13.4.3.1.7 Pre-Action Valve Interior Inspected and Cleaned 3.3 M (For Valves that Must be Internally Reset) 13.4.3.3.2 3.4 Μ Low Points in System Drained 13.4.3.3.3

Pre-Action	
Fire Sprinkler System	

Quarte	rly and
Annual	Report

3 of 3

торон торон	,	Turnau Roport
Property Information	OF CALIFORNIA	Contractor or Licensed Owner Information
Building Name		Name
Address		Job#
City	FIRE MAKE	

Addres		ie					1 1 1 1	3	1 ⊩	Job #				
	S						- With	FIRE MARSH	ŀ	JOD #				
City								Mille						
					Α	NNUAL INS	SPECTION nclude ALL	, TESTING, . Quarterly li	ANI nspe	D MAINTEI	NANCE			
		I =	Inspection	1 T	= Tes	st M = Mai	ntenance	INEDA OF OA		P = Pa	ss F = Fail	N/A = Not A	Applicable	
Item					Descri			NFPA 25 CA Reference		Date	Con	nments On	ly	P,F,N/A
3.5	М	Requ	uirements	Satisf	ied	Maintenance		13.4.3.3	.4					
3.6	М	(If "	ruction Inv Yes", See esults.)	estiga Defici	ation R encies	lequired and Comment	s Section	14.3			☐ Yes ☐ No			
3.7	М	Syste	em Return	ed to	Servic	е		4.5.3 13.4.3.2. 15.7	10		☐ Yes ☐ No			
D = De	ficien	cy C	= Comme	nt	(Indica	te type)		Dofi	oion	oioo and C	'a mana méa			
Item	D	ate	Riser	D	С		Indica			cies and C ces and parts t	omments hat were repaire	d or replaced		
					Н									
					П									
					Ш									
	\perp				Ш									
						Comments are ed deficiencies.	listed on Forr			attached: attached:				
11	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 Annu	ual Inspection	Testing &	Maintenance	Items	s are Comple	eted in the Ind	icated Qua	arter	
Qu	arter		1st	Ar	nnual	2na		nnual	3r	d	Annual	4th	☐ Annı	ual
D	ate													
Print	Nam	e												

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										

Pre-Action Fire Sprinkler System Water		Regulations - Title 19 g, and Maintenance	5-Year Report	1 of 3		
Property Information	OF C	Contractor	or Licensed Owner In	formation		
Building Name		Name				
Address		Address	Address			
	FIRE	City	St.	Zip		
City	License #	Phone				
Contact Person	☐ SFM	Job #				
Phone	☐ 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
☐ Thi	s building has more than 5 risers. See additional AES	hed 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 P = Pass F = Fail N/A = Not ApplicableI = Inspection T = Test M = Maintenance NFPA 25 CA P, F, N/A Item Description Date **Comments Only** ed. Reference 1.1 Control Valves - Identification Sign 13.3.1 1.2 Control Valves – Inspection 13.3.2 1.3 Waterflow Alarm Devices 5.2.5 1.4 5.2.5 Supervisory Alarm Devices Gauges (PreAction Valves) 13.4.3.1.3 1.5 Pass = Normal Pressures 1.6 Water Supply Pressure 13.4.3.1.3.1 psi Air Pressure 1.7 13.4.3.1.4 ı psi 1.8 Detection System (Pilot Line) Air Pressure 13.4.3.1.5 psi Hydraulic Design Information Sign 1.9 5.2.6 (For Hydraulically Designed Systems) General Information Sign 5.2.8 1.10 (Not Required for System Prior to 2007 Edition NFPA 13) 5.2.7 1.11 Heat Tape 1.12 5.2.1.4 Spare Sprinklers 1.13 Fire Department Connections 13.7

Form AES 2.6 Sept. 3, 2013

13.4.3.1.6

13.5.1.1

13.5.4.1

13.6.1

1.14

1.15

1.16

1.17

Preaction Valves – Exterior Inspection

Master Pressure Reducing Valves

Pressure Reducing Valves

Backflow Preventers

	rnia Code of Regulations ection, Testing, and Mail		5-Year Report	2 of 3
Property Information	OF CALL	Contractor	or Licensed Owner Infor	rmation
	THE CONTRACTOR			
uilding Name		Name		
ddress		Job#		
ity	FIRE MARS			

		5-Year Inspection, To Includes ALL Quarterly and Annua	esting, and Maint	tenance s, and Mainte	enance	
I	= Ins	pection 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	ı	Low Temperature Alarm	13.4.3.1.2			
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.20	ı	Sprinklers	5.2.1			
1.21	ı	Sprinklers - Accessible Concealed Space	5.2.1.1.6			
1.22	ı	Pipe and Fittings	5.2.2			
1.23	ı	Pipe and Fittings - Accessible Concealed Space	5.2.2.3			
1.24	ı	Hangers	5.2.3			
1.25	ı	Hangers - Accessible Concealed Space	5.2.3.3			
1.26	ı	Seismic Braces	5.2.3			
1.27	ı	Seismic Braces - Accessible Concealed Space	5.2.3.3			
1.28	ı	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	т	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	т	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)			
2.3	т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.	
2.4	т	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	т	Priming Water Level Test	13.4.3.2.1			
2.6	т	Valve Trip Test - Full Flow	13.4.3.2.2 13.4.3.2.2.4			
2.7	Т	Valve Trip Time	13.4.3.2.12		sec	
2.8	Т	Manual Actuation Device Test	13.4.3.2.9			
2.9	Т	Air Leakage Test	13.4.3.2.6			
2.10	Т	Low Air Pressure Alarm Test	13.4.3.2.13			
2.11	Т	Low Temperature Alarm Test	13.4.3.2.14			
2.12	Т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.13	Т	Control Valve – Operation	13.3.3			
2.14	Т	Valve Supervisory Devices	13.3.3.5			
2.15	Т	Backflow Preventer Assemblies	13.6.2			
		-			-	

	Pre-Ac	tion	
Fire S	prinkler S	ystem	Water

Print Name Signature

5-Year	
Report	

Fire Sprinkler System Water Inspection						Inspection	on, Test	ing, and Ma	intenance	ə-rear Report	3 of 3
Property Information						-	Æ, C	OF CALLS	Contract	tor or Licensed Owner Info	rmation
							AZ C				
Building Name									Name		
Address							VIII.		Job#		
City							N.	RE MAN			
				Includ	des Al			esting, and Ma espections, Tests		ance Items	
1 :	= Insp	ectio	n T=	= Test		M = Maintenand	се	NEDA OF OA		Pass F = Fail N/A = Not Applica	ble
Item					Descr	iption		NFPA 25 CA ed Reference	Date Date	Comments Only	P,F,N/A
2.16	T	PRV	– Fire Sp	rinkleı	r Syste	ems		13.5.1.3			
2.17	Т		sure Gaug ibrated or		ced			5.3.2			
3.1	M	Contr	rol Valves	i				13.3.4			
3.2	М	Chec	k Valves	- Inter	nal Ins	spection		13.4.2.2			
3.3	М	Repa	ir Air Lea	ks				13.4.3.3.1			
3.4	М		or Inspect Preaction \			aned		13.4.3.1.7 13.4.3.1.7.1 13.4.3.3.2			
3.5	М	Low F	Points in S	Syster	m Drai	ned		13.4.3.3.3			
3.6	М		ional Man			Maintenance		13.4.3.3.4			
3.7	М	FDC	- Backflus	sh				14.3.2.3 14.3.2.4			
3.8	М		nal Pipe Ir ments Sed			See Deficiencies sults.	and	14.2			res No
3.9	М	Obstr Defic	ruction Inviencies ar	estiga nd Co	ation r mmen	equired. If "Yes ts Section for R	", See esults	14.3			
3.10	M	Syste	em Return	ned to	Servi	ce		4.5.3 13.4.3.2.10 15.7			res No
D = Def	icien	cv C	= Comme	nt ((Indica	ite type)					
Item		ate	Riser	D	С	., p.			cies and Cor		
							Indicate	all equipment, devi	ices and parts that	t were repaired or replaced	
						omments are listed deficiencies.	l on Form AE		ber attached: ber 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										

Form AES 2.6 Sept. 3, 2013

Date

Deluge Sprinkler Systems Water Spray		California Code of Regulations - Title 19 Inspection, Testing, and Maintenance			
Property Information	E OF CALIFORNIA	Contractor	actor or Licensed Owner Information		
Building Name		Name			
Address		Address			
	FIRE MARS	City	St. Zi _l)	
City	License #	Phone			
Contact Person	☐ SFM	Job#		•	

Misc.

☐ CSLB

Phone

	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 = Pas	s 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	ı	Waterflow Alarm Devices	5.2.5					
1.4	ı	Supervisory Alarm Devices	5.2.5					
1.5	ı	Gauges (Deluge Valves) Pass = Normal Pressures	13.4.3.1.3					
1.6	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi	
1.7	ı	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi	
1.8	ı	Pressure Readings Acceptable						
1.9	Ι	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6					
1.10	Ι	General Information Sign (Not Required for System Prior to 2007 Edition of NFPA 13)	5.2.8					
1.11	I	Fire Department Connections	13.7					
1.12	I	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6					
1.13	I	Pressure Reducing Valves	13.5.1.1					
1.14	ı	Backflow Preventers	13.6.1					
1.15	I	Drainage	10.2.8					
1.16	ı	Detection Systems	10.2.3					
1.17	ı	Master Pressure Reducing Valves	13.5.4.1					
		LILIOWOO BULLION		Jan	Apr	Jul	Oct	
1.18	I	UHSWSS - Detectors (Monthly)	10.4.2	Feb	May	Aug	Nov	
				Mar	Jun	Sep	Dec	

Deluge	Sprinkler
Systems '	Water Spray

Quarte	rly and	
Annual	Report	

2 of 4

Property Information

Building Name		
Address		
City		



Contractor or Licensed Owner Information

Name	
Job #	

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections									
		I = Inspection T = Test M = Maintenance			ass $F = Fail$ $N/A = Not Applicable$					
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A				
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility					
1.20	ı	Low Temperature Alarms	13.4.3.1.2							
1.21	ı	Nozzles	10.2.1.6 10.2.5							
1.22	ı	Pipe and Fittings	10.2.4.1							
1.23	ı	Hangers and Supports	10.2.4.2							
2.1	Т	Waterflow Alarm Devices 90 sec. maximum - (Enter Time)	5.3.3 13.2.6		sec.					
2.2	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4							
2.3	Т	Priming Water Level Test	13.4.3.2.1							
2.4	Т	Deluge Valve Trip Test - Full Flow (Partial Trip Test is Acceptable)	10.2.2 13.4.3.2.2							
2.5	Т	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec.					
2.6	Т	Pressure at Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi					
2.7	Т	Pressure at Deluge Valve	10.3.4.4.2 13.4.3.2.7.2		psi					
2.8	Т	Pressure Readings Acceptable	10.3.4.4.3 13.4.3.2.7.2		☐ Yes ☐ No					
2.9	Т	Water Discharge Pattern at Nozzle or Sprinkler	10.3.4.3							
2.10	Т	Multiple System Test	10.3.5 13.4.3.2.8							
2.11	Т	Manual Actuation Device Test	10.3.6 13.4.3.2.6							
2.12	Т	Low Air Pressure Alarm Test	13.4.3.2.13							
2.13	Т	Low Temperature Alarm Test	13.4.3.2.14							
2.14	Т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15							
2.15	Т	Control Valve - Position	13.3.3							
2.16	Т	Control Valve – Operation	13.3.3							
2.17	Т	Valve Supervisory Devices	13.3.3.5							
2.18	Т	Backflow Preventer Assemblies	13.6.2							
2.19	Т	Pressure Reducing Valves	13.5.1.3							
2.20	Т	Flushing of Connection to Riser (Annual test)	10.3 Table 10.1.1.2							
2.21	Т	Nozzles	10.2.1.6 10.3.4.3							

Deluge	Sprinkler	
Systems	Water Spra	١

Quarte	rly and
Annual	Report

3 of 4

Property Information	Pro	perty	Infor	matior
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Building Name
Address
City



Contractor or Licensed Owner Information

Name		
Job#		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections I = Inspection P = Pass T = Test **M** = Maintenance F = Fail N/A = Not Applicable NFPA 25 CA ed. P,F,N/A Item Description Date **Comments Only** Reference 10.3 2.22 Т Water Spray System Test 13.4.3.2 2.23 Т Waterflow Alarm 5.3.3 UHSWSS 2.24 Т 10.4 2.25 Т **Detection Systems** 10.2.3 Check Valves 2.26 Т 13.4.2.1 (Includes Detector Check Valves) 3.1 Μ Control Valves 13.3.4 3.2 Air Leaks Repaired 13.4.3.3.1 M Deluge Valve Interior Inspected and Cleaned 13.4.3.1.7 3.3 (For Valves that Must Be Internally Reset) 13.4.3.3.2 3.4 M Auxiliary Drains in System Drained 13.4.3.3.3 Additional Manufacturer's Maintenance 3.5 Μ 13.4.3.3.4 Requirements Satisfied 10.2.1.4 Strainers 3.6 Μ 10.2.4.6 (Baskets/Screen) 10.2.7 10.2.1.4 3.7 Water Spray System Μ 13.4.3.3 10.2.2 3.8 Μ Deluge Valve 13.4.3.3 3.9 **Detection Systems** 10.2.3 3.10 Backflow Preventer 13.6.3 Μ Check Valves 3.11 M 13.4.2 (Includes Detector Check Valves) Obstruction Investigation Required □ Yes 3.12 (If "Yes", See Deficiencies and Comments Section 14.3 Μ □ No for Results.) 4.5.3 □ Yes 3.13 System Returned to Service 13.4.3.2.10 ∃No 15.7

D = Defi	ciency C	= Comme	nt	(Indica	ate type)
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced

Deluge	Sprinkler
Systems \	Nater Spray

Quarte	rly and
Annual	Report

s	Deluge : ystems V	Sprinkle Vater Sp	r ray		Inspection		esting, an				е	Quarte Annua	erly and I Report	4 of 4
	Pr	operty In	forma	ation	OF CALIFORNIA OF				Contractor or Licensed Owner Information					ormation
Building	Name					N.G.		A	Name					
Address						N.		7	Job#					
City							FIRE MAKE	7						
D = Def	iciency C	= Comme	ent	(Indica	te type)									
Item	Date	Riser	D	С		Ind	Deficie icate all equipm	ncies a	and Co	omm	ents (cor	ntinued)	nlaced	
				П			outo un oquipin	<i></i> , <i></i>		, parto t			praesa	
				\Box										
				П										
				П										
				\Box										
					Comments are liste did deficiencies.	d on F	form AES 9.		er attache					
l h tř	ereby certi ne compan	fy that the y indicate	d abo	ve, in a	ion equipment li accordance with s noted in the "I	CCR,	Title 19, Sec	tions 9	01 to 90	06 and	that the	equipmer	ned on thi nt is fully o	s date by operable
		Check E	Box if	Annual	I Inspection, Tes	ting &	Maintenance	e Items	are Co	omplet	ted in the	Indicated	Quarter	
Qua	arter	1st		Annual	2nd		Annual		3rd		Annual		4th	Annual

Date Print Name Signature

Deluge Sprinkler Systems Water Spray	California Code of Regulation Inspection, Testing, and Ma		5-Year Report	1 of 4
Property Information	E OF CALLED	Contractor	or Licensed Owner In	formation
Building Name		Name		
Address	A STATE OF THE STA	Address		
	FIRE MARS	City	St.	Zip
City	License #	Phone		
Contact Person	☐ SFM	Job #		
Phone	☐ 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	s building has more than 5 risers. See additional AES	2.9 form attac	ched.	Number of AES	3 2.9 forms atta	ached:	

	5-Year Inspection, Testing, and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items										
	l = Ir	nspection T = Test M = Maintenance		P = F	Pass F = Fail N/A = Not Applicable						
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A					
1.1	ı	Control Valves – Identification Sign	13.3.1								
1.2	I	Control Valves – Inspection	13.3.2								
1.3	ı	Waterflow Alarm Devices	5.2.5								
1.4	ı	Supervisory Alarm Devices	5.2.5								
1.5	ı	Gauges (Prection/Deluge Valves) Pass = Normal Pressures	13.4.3.1.3								
1.6	ı	Water Supply Pressure	13.4.3.1.3.1		psi						
1.7	ı	Detection System (Pilot Line) Air Pressure	13.4.3.1.5		psi						
1.8	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6								
1.9	ı	General Information Sign (Not Required for System Prior to 2007 Edition NFPA 13)	5.2.8								
1.10	ı	Fire Department Connections	13.7								
1.11	ı	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6								
1.12	ı	Pressure Reducing Valves	13.5.1.1								
1.13	ı	Backflow Preventers	13.6.1								
1.14	ı	Pipe and Fittings	10.2.4 10.2.4.1								
1.15	ı	Drainage	13.2.4								
1.16	ı	Detection Systems	10.2.3								
1.17	I	Master Pressure Reducing Valves	13.5.4.1								

Systems Water Spray	nia Code of Regulations ction, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contractor of	or Licensed Owner Info	rmation
	TE CONSTRUCTION			
Building Name		Name		
Address		Job #		
City	FIRE MARS			

		5-Year Inspection Includes ALL Quarterly and Annua	, Testing, and Ma	aintenance		
<u> </u>	= Inst	Includes ALL Quarterly and Annua pection T = Test M = Maintenance	al Inspections, Test		enance Items Pass F = Fail N/A = Not Applicable	
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.18	ı	UHSWSS - Detectors	10.4.2			
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.20	ı	Low Temperature Alarm	13.4.3.1.2			
1.21	ı	Nozzles	10.2.1.6 10.2.5			
1.22	ı	Pipe and Fittings	10.2.4.1			
1.23	ı	Hangers and Supports	10.2.4.2			
1.24	ı	Deluge Valve - Interior inspection	13.4.3.1.7			
2.1	т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.	
2.2	т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4			
2.3	Т	Priming Water Level Test	13.4.3.2.1			
2.4	т	Valve Trip Test - Full Flow	10.2.2 13.4.3.2			
2.5	т	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec	
2.6	т	Pressure at the Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi	
2.7	т	Pressure at Deluge Valve	10.3.4.4.2 13.4.3.2.7.2		psi	
2.8	т	Pressure Readings Acceptable	10.3.4.4.3 13.4.3.2.7.3		☐ Yes ☐ No	
2.9	Т	Water Discharge Pattern at Nozzle or Sprinkler	10.3.4.3			
2.10	Т	Multiple System Test	10.3.5 13.4.3.2.8			
2.11	т	Manual Actuation Device Test	10.3.6 13.4.3.2.6			
2.12	т	Deluge Valve - Interior inspection	13.4.3.1.7			
2.13	Т	Low Air Pressure Alarm Test	13.4.3.2.13			
2.14	Т	Low Temperature Alarm Test	13.4.3.2.14			
2.15	Т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.16	Т	Control Valve - Position	13.3.3			
2.17	Т	Control Valve – Operation	13.3.3			
2.18	Т	Valve Supervisory Devices	13.3.3.5			

Deluge Sprinkler Systems Water Spray		Testing, and Ma		5-Year Report	3 of 4
Property Information		OF CALLAN	Contractor or Lic	ensed Owner Info	rmation
	<i>A</i>	S Q D E			
uilding Name	80		Name		
ddress	Ma		Job#		
ity	`	FIRE MARS			

		5-Year Inspection, Includes ALL Quarterly and Annual			ance Items	
l	= Insp	pection T = Test M = Maintenance	mapeediona, reada		Pass $F = Fail$ $N/A = Not Applicable$	
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.19	т	Backflow Preventer Assemblies	13.6.2			
2.20	Т	Pressure Reducing Valves	13.5.1.2			
2.21	Т	Flushing of Connection to Riser (Part of Annual Test)	10.3 Table 10.1.1.2			
2.22	Т	Nozzles	10.2.16 10.3.4.3			
2.23	т	Water Spray System Test	10.3 13.4.3.2			
2.24	Т	Waterflow Alarm	5.3.3			
2.25	Т	UHSWSS	10.4			
2.26	Т	Detection Systems	10.2.3			
2.27	Т	Check Valves (Includes Detector Check Valves)	13.4.2.1			
3.1	М	Control Valves	10.1.5 13.3.4			
3.2	М	Repair Air Leaks	13.4.3.3.1			
3.3	М	Interior Inspected and Cleaned (All Deluge Valves)	13.4.3.1.7 13.4.3.3.2			
3.4	М	Low Points in System Drained	13.4.3.3.3			
3.5	М	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	М	Strainers, Filters, Restricted Orifices, and Diaphragm Chambers (Includes Baskets and Screens)	10.2.1.4 10.2.7 13.4.3.1.8			
3.7	м	Water Spray System/Deluge Valve	10.2.1.4 10.2.2 13.4.3.3			
3.8	М	Detection Systems	10.2.3			
3.9	М	Backflow Preventer	13.6.3			
3.10	М	Check Valves (Includes Detector Check Valves)	13.4.2.2			
3.11	М	FDC - Backflush	14.3.2.3 14.3.2.4			
3.12	М	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		Yes No	
3.13	м	System Returned to Service	4.5.3 13.4.3.2.10 15.7		☐ Yes ☐ No	

S	Deluge S ystems W	Sprinkler /ater Spr	ray		Californi Inspectio	ia Code of Regulation on, Testing, and M	ns - Title 19 aintenance	5-Year Report	4 of 4			
	Pro	operty Inf	forma	tion		OF CALL	Contractor or L	Contractor or Licensed Owner Information				
						TE CON SERVICE						
Building	Building Name						Name					
Address	Address						Job#					
City						FIRE MARS						
					•	·						
D = Defi	ciency C	= Comme	nt (Indica	ite type)	Deficie		4-				
Item	Date	Riser	D	C			encies and Commen evices and parts that were re					

Check	here if addit	tional Defici	encies	and Co	omments are listed on Form AES 9.	Number attached:					
See 0	Correction Fo	orm AES 10	for cor	rected	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 Naı	me										
Signatur	e					Date					

	ornia Code of Regulati pection, Testing, and N		1 of 1				
Property Information	E OF CALIFORNIA	Contractor or Licensed Owner Information					
Building Name	TO SERVICE AND ADDRESS OF THE PARTY OF THE P	Name					
Address	THE STATE OF THE S	Address					
	FIRE MAR	City	St.	Zip			
City	License #	Phone					
Contact Person	☐ SFM	Job #					
Phone	☐ CSLB	Misc.					

	Riser Information			Mai	n Drain Tes	t	
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A

Print Name					
Signature	Date				

Wet Chemical Fire Extingui					rnia Code of Regulations - Title 19 spection, Testing, and Maintenance					Semi- Re	Anr por		1 of 2	
Pr	operty Inf	ormation			122	E OF C	ALIKOR	A	Contracto	or or Lic	censed (Own	er Inforn	nation
Building Name					9.0	3	SIP	Name	;					
Address						X of	STATE OF THE PARTY	Addre	ess					
					FIRE MARS		City	City St.				Zip		
City	·					License #			 e					
Contact Person					☐ SFM			Job #						
Phone					CS	SLB		Misc.						
								-						
					Sys	tem In	formatio	n						
Cylinder Size				Last Hydro	Irostatic Test Date				Flow Points Capacity Used					
System Location				System Mf	Mfr.				Model #					
Fuel/Heat Shut Off:														
Gas #				Electrical #	<u> </u>				Integra	al Make	Up Air S	hut [Down	
Items	# of	tems	D	imensions		Noz: Mode			zzle Points	Ν	lozzle Qty			Гotal v Points
Hoods														
Plenums														
Ducts														
				Left to R			Appliance and Cove	es erage Nozz	les					
Appliance Na	ame	Nozzle Model		Nozzle Flow Points	Tot Flow F		Appliance Name				ozzle odel		Nozzle ow Points	Total Flow Points

	Inspection, Testing, and Maintenance										
		I = Inspection T = Test M = Maintenance		P = F	Pass F = Fail N/A = Not Applicabl	e					
Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A					
1.1	ı	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	7.2.2(2)								
1.2	ı	Tamper Indicators & Seals Intact	7.2.2(3)								
1.3	ı	Maintenance Tag in Place	7.2.2(4) Title 19 §906								
1.4	1	No Obvious Physical Damage	7.2.2(5)								
1.5	ı	Gauge Readings within Proper Limits (Stored Pressure)	7.2.2(6)								
1.6	ı	Blow-Off Caps in Place & Undamaged	7.2.2(7)								
1.7	ī	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	Т	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4								

Fixed Temperature Sensing Elements (Such as Fusible Links)

Quantity

Temp

Mfr

Date

Install

Date

Install

Date

Mfr

Date

Quantity

Temp

Wet Chemical Pre-Engineered	
Fire Extinguishing System	

Sem	ni-∕	٩n	nu	al
F	Rer	001	rt	

-	\mathbf{o}	ы,
	OT	Z

Property Information

Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name			
Job#			

Inspection, Testing, and Maintenance T = Test M = Maintenance P = Pass I = Inspection F = Fail N/A = Not ApplicableNFPA 17A CA P,F,N/A Item Description Date **Comments Only** ed. Reference 2.2 Т Fuel Shut-Off Operated Correctly 7.3.3.4 2.3 Т Regulator Tested & is within Acceptable Limits 7.3.3.4 Manual Reset Relay Functioned Correctly 2.4 7.3.3.4 (If Applicable) All Agent Containers within Acceptable Hydrostatic 3.1 7.5.1(1)Test Dates All Auxiliary Pressure Containers and/or Hose 3.2 Μ 7.5.1(2)(3) Assemblies within Acceptable Hydrostatic Test Dates 3.3 Cartridge Weights within Acceptable Limits 7.3.3.1(2) Liquid Level within Acceptable Limits 3.4 7.3.3.1(2) (Non-pressurized) No Signs of Corrosion in Agent Cylinder 3.5 Μ 7.3.3.1(2) (Non-pressurized) 3.6 Distribution Piping Unobstructed and Contiguous 7.3.3.1(3) 3.7 Μ Nozzles are Correct, Clean & Properly Aimed 7.3.3.1(2) Fixed Temp Fusible Metal Alloy Type Detectors Replaced 3.8 7.3.4 Fixed-Temp (Other Than Fusible Metal Alloy Type) & 3.9 Μ 7.3.5 Heat Detectors Maintained or Replaced Auxiliary Equipment Such as Water valves 3.10 7.3.3.1(2) **Functioned Correctly** 3.11 Μ Internal Maintenance as Required by Manufacturer Title 19 §904.7

D = Defi	ciency C	= Comme	nt (Indica	ate type)		
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced		
Check	Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:						
☐ See 0	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 Na	me						
Signatu	е				Date		

<u> </u>							
	System Information						
Cylinder Size(s)		Last	Hydrostatic Test Da	te(s)		Duct Size(s)	
System Location		Syst	em Mfr.			Model #	
Protected Area T	уре	Dime	ensions				
Fuel/Air Shut Off	: Mechanic	al 🗌 E	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 = F	Pass F = Fail N/A = Not Applica	ble
Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	ı	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	11.2.1.1(2)			
1.2	1	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	ı	No Obvious Physical Damage	11.2.1.1(5)			
1.5	ı	Gauge Readings within Proper Limits (Stored Pressure)	11.2.1.1(6)			
1.6	ı	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	Т	Automatic Detection, Manual Actuation, Shutdowns and Auxiliary Equipment Functioned Correctly	11.3.1.4			
2.2	Т	Alarm Signals Functioned Correctly	11.3.1.4			
2.3	Т	Releasing Devices Operable	11.3.1.4			
3.1	М	All Agent Containers within Acceptable Hydrostatic Test Dates	11.5.1(1)			
3.2	М	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	11.5.1(2)(3)			
3.3	М	Cartridge Weights within Acceptable Limits	11.3.1.1(2)			
3.4	М	Nozzles are Correct, Clean & Properly Aimed	11.3.1.1(2)			
3.5	М	Expellant Gas containers are Full and Free of Defects	11.3.1.1(2)			
3.6	М	Hose Assemblies Checked	11.3.1.1(2)			
3.7	М	Distribution Piping Unobstructed and Contiguous	11.3.1.1(3)			

Dry Chemical Pre-Engineered	
Fire Extinguishing System	

Semi-Annual	
Report	

of	6

Property Information	E OF CALLED	Contractor or Licensed Owner Information
Building Name		Name
Address	THE STATE OF THE S	Job#
City	FIRE MAR	

Inspection, Testing, and Maintenance

I = Inspection T = Test M = Maintenance					T = 1	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	М	Dry Che (Non-P	mical is ressuriz	Not C (ed)	aked		11.3.1.1(4)			
3.9	М	No Signs	s of Corr	osion	or Dan	nage to the Agent Cylinders	11.3.1.3			
3.10	М	Fixed-Te Replace	emperati d	ure Se	ensing	Elements Maintained or	11.3.2			
3.11	М	Dry Che	mical is	Not C	aked nk Eve	ery 6 Years)	11.3.1.2			
D = De	D = Deficiency C = Comment (Indicate type)									
Item			Riser	D	С			cies and Co		
						indicate	e all equipment, devic	es and parts tr	hat were repaired or replaced	
	╫									
	╁	\dashv								
	╀	-+								
	╀									
	╄	_								
	_	\rightarrow								
	\top									
	\vdash									
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	╁									
	╫	\dashv								
Char	alı barı	if additio	nal Dafia	oi a nai a	o and	Comments are listed on Form	AFC 0			
						comments are listed on Formed deficiencies.	Number att Number att			
	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 N	ame									
Signati	ıre								Date	

Specialty Pre-Engineered
& Engineered Fire
Extinguishing System

Signature

& Engineered Fire Extinguishing System						nia Code of Ropection, Testing	egulations , and Maint	s - Title 19 enance	Semi-Annual Report	1 of 1	1 of 1
	Pr	operty In	forma	ation		OF CALIFORNIA		Contractor or Licensed Owner Information			
Building	Name							Name			
Address							Z Z	Address			_
						FIRE N	ARST	City	St.	Zip	_
City						License #	SS*	Phone		r	_
Contact I	Person					☐ SFM		Job #			_
Phone	1 013011					☐ CSLB		Misc.			_
THORIC						I GOED		IVII3C.			_
						System Inf	ormation				
System L	ocation				System M	fr.		Model	#		
Protected	d Area Type	е			Protected	Hazard		Cylinde	er Size(s)		
D = Defi	ciency C	= Comme	ant ((Indica	ate type)						_
				C	ite type)		Deficie	encies and Comr	nents		
Item	Date	Riser	D	C		Indicate all e			vere repaired or replaced		
											_
					Comments are lised deficiencies.	sted on Form AES		attached: attached:			
I he	ereby certi e compan	ify that the	d abo	ve, in	accordance wit	th CCR, Title 19,	Sections 9	y inspected, teste 001 to 906 and tha nts" section of thi	ed, and maintained on the the equipment is fully is form.	is date by operable	
Print Na	ıme										_

Date

Standpipe and Hose System	California Code of Regulation Inspection, Testing, and M	Quarterly and Annual Report	1 of 3	
Property Information	E OF CALIFORNIA	Contracto	r or Licensed Owner Inform	nation
Building Name	10 D	Name		
Address		Address		
	FIRE MARS	City	St. Zip)
City	License #	Phone		
Contact Person	☐ SFM	Job#		
Phone	☐ 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	ı	Control Valves – Inspection	13.3.2						
1.3	ı	Waterflow Alarm Devices	5.2.5						
1.4	ı	Supervisory Devices	5.2.5						
1.5	ı	Gauges Pass = Normal Pressures	6.2.1 6.2.2						
1.6	ı	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	ı	Pressure at Top of Standpipe Riser	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi		
1.9	ı	Air/Nitrogen Pressure	6.21 6.22 13.2.7	psi	psi	psi	psi		
1.10	ı	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi		
1.11	ı	Pressure Readings Acceptable	6.22 13.2.7						
1.12	ı	Standpipe Hose Valves	13.5.6.1						
1.13	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	6.2.3						
1.14	ı	Heat Tape	5.2.7						
1.15	I	Fire Department Connections	13.7						
1.16	ı	Pressure Reducing Valves	13.5.1.1						

Form AES 3 Sept. 3, 2013

Property Information

Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name	
Job#	

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not ApplicableNFPA 25 CA ed. Description **Comments Only** P,F,N/A Item Date Reference 1.17 Backflow Preventers 13.6.1 1.18 Buildings (Freeze Protection) 4.1.1.1 Owner's Responsibility 5.2.2 1.19 Pipe and Fittings 5.2.3 1.20 Hangers Seismic Braces 1.21 5.2.3 6.2.1 1.22 Hose Connections Table 6.1.2 6.2.1 Cabinet 1.23 Table 6.1.2 6.2.1 1.24 ı Hose Table 6.1.2 6.2.1 1.25 Hose Storage Device Table 6.1.2 NFPA 1962 6.2.1 1.26 Ι Hose Nozzle Table 6.1.2 6.2.1 Т 2.1 Control Valve - Position 13.3.3.1 6.2.1 2.2 Т Control Valve – Operation 13.3.3.2 2.3 Т Supervisory Devices 13.3.3.5 Waterflow Alarm Devices 6.3.3 2.4 Т sec. 90 sec. maximum - (Enter Time) 13.2.6 Main Drain Test 13.2.5 Т 2.5 (Enter Data on Page 1 of this Form) 13.3.3.4 Hose Rack Hose Valve 2.6 Т 13.5.3.3 (Partial Flow Test) Pressure Reducing Hose Valve 2.7 Т 13.5.2.3 (Partial Flow Test) Т Backflow Preventer Assemblies 2.8 13.6.2 2.9 Т Class I & III Hose Valve Test 13.5.6.2.1 2.10 Class II Hose Valve Test 13.5.6.2.2 3.1 Control Valves 13.3.4 3.2 Hose Valves M 13.5.6.3 Obstruction Investigation Required □ Yes 3.3 14.3 Μ (If "Yes", See Deficiencies and Comments Section □No for Results.) ∃Yes 4.5.3 3.4 System Returned to Service Μ 15.7 No

Form AES 3 Sept. 3, 2013

Standpipe and Hose System	pipe and Hose Syster	e Systen	Hose	pe and	iqb	Stand
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California Code of Regulations - Title 19

Quarte	rly and
Annual	Report

Inspec	tion, Testing, and Ma	intenance Annual Report
Property Information	E OF CALLED	Contractor or Licensed Owner Information
Building Name		Name
Address		Job#
City	PRE MAR	
D = Deficiency C = Comment (Indicate type)		
	D 61 1	

City						OF FIR	E MARS						
D = Dofi	oionov	C = Comme	nt /	Undicate	tuno l								
				Indicate	туре)		Defic	cienc	ies and	Comments	6		
Item	Date	Riser	D	С		Indicate a				s that were rep		aced	
				\vdash									
		1		\vdash									
		+											
				\vdash									
				\vdash									
		-		\vdash									
		-		\vdash									
		1											
		+											
			_										
Chock	, horo if a	dditional Dofi	cioncia	e and Co	mments are lis	stad on Form /	ESO N						
		Form AES 1				stea on ronn A		ber atta ber atta					
I he	ereby cei e compa	rtify that the ny indicate	d abo	ve, in ac	n equipment cordance wit	th CCR, Title	19, Section	าร 901	to 906 ar	nd that the e	quipment	d on ti	his date by operable
			ex	cept as	noted in the	"Deficiencie	s and Comi	ments	" section	of this form) <u>.</u>		
		Check	box i	f Annua	Inspection, 7	Testing & Ma	intenance I	Items	are Comp	oleted in the	Indicated (Quarte	r
Qua		1st		\nnual	2	2nd 🗌 Ann	ual		3rd	Annual		4th	Annual
Da													
Print N													
Signa	iture												

Stan	dpip	e and Hose System		nia Code of letion, Testin			9		Year port	1 of 4
		Property Information		ZZZZ	ALIFORN		Contractor or Licensed Owner Information			
Building	Nam	e		100	Name					
Addres	ddress			Will with	Address					
				FIRE	MAR	City		St.	Zip	
City			L	_icense #		Phone				
Contact	Perso	on		SFM		Job #				
Phone				CSLB		Misc.				
		Type of Stan	dnine Sv	stem				Class of St	andpipe Syste	am
☐ Ma	anual '	• •		omatic Dry				Class I	anapipe Oysic	7111
	anual			ni-Automatic	Drv		H	Class II		
				mbined Sprinkler/Standpipe			Class III			
				•						
		Riser Information				Ma	ain Dr	ain Test (AN	NUAL)	
Riser No.		Location		Riser Diamete		Main Drain Initial S Diameter Press		Residual Pressure	Final Static Pressure	P, F, N/A
140.				Diamete	, Diamet	1100	3410	Tressure	Ticssuic	
☐ Th	is buil	ding has more than 5 risers. See a	dditional A	AES 2.9 form a	ttached.	Numbe	er of AE	S 2.9 forms atta	ached:	
		5-Y Includes ALL Qu	ear Insp arterly an	ection, Test d Annual Insp	ling, and M ections, Tes	aintenand ts, and Mai	ce ntenan	ce Items		
	l = lr	spection T = Test M = Mai	ntenance				P = F	Pass F = Fail N	/A = Not Applicable	9
Item	Description				NFPA 25 C ed. Reference	Da	ate	Comme	nts Only	P, F, N/A
1.1	ı	Control Valves – Identification S	gn		13.3.1					
1.2	ı	Control Valves – Inspection			13.3.2					
1.3	I Waterflow Alarm Devices				5.2.5					

	l = Ir	nspection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicable	
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	ı	Control Valves – Identification Sign	13.3.1			
1.2	ı	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	ı	Pressure Gauges Pass = Normal Pressures	6.2.1 6.2.2			
1.6	ı	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi	
1.7	ı	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi	
1.8	ı	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7		psi	
1.9	ı	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7		psi	
1.10	ı	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2, 13.2.7		psi	
1.11	ı	Pressure Readings Acceptable	6.2.2 13.2.7			
1.12	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	6.2.3			
1.13	ı	Heat Tape	5.2.7			

	rnia Code of Regulations ection, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contracto	r or Licensed Owner Inforn	nation
	THE CONTRACTOR			
uilding Name		Name		
ldress		Job#		
ty	FIRE MARS			

City

		5-Year Inspe Includes ALL Quarterly and	ction, Testing, and M Annual Inspections, Te	Maintenand Sts, and Mai	ce intenance Items	
ı	= Insp	pection T = Test M = Maintenance			= Pass F = Fail N/A = Not Applicable	_
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.14	ı	Standpipe Hose Valves	13.5.6.1			
1.15	ı	Pressure Reducing Hose Valves	13.5.2.1			
1.16	ı	Pressure Reducing Valves	13.5.1.1			
1.17	ı	Fire Department Connections	13.7			
1.18	ı	Backflow Preventers	13.6.1			
1.19	ı	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	ı	Hangers	6.2.1			
1.22	ı	Seismic Braces	6.2.1			
1.23	ı	Hose Connection	6.2.1 Table 6.1.2			
1.24	ı	Cabinet	6.2.1 Table 6.1.2			
1.25	ı	Hose	6.2.1 Table 6.1.2			
1.26	ı	Hose Storage Device	6.2.1 Table 6.1.2			
1.27	ı	Hose Nozzle	6.2.1 Table 6.1.2			
2.1	Т	Control Valve - Position	6.2.1 13.3.3.1			
2.2	Т	Control Valve - Operation	6.2.1 13.3.3.2			
2.3	Т	Supervisory Devices	13.3.3.5			
2.4	Т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.	
2.5	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4			
2.6	Т	Standpipe Flow Test	6.3.1		Provide results in table on 1st page.	
2.7	т	Standpipe Hydrostatic Test	6.3.2			
2.8	Т	Hose Rack Assembly Flow Test	13.5.3.2			
2.9	Т	Backflow Preventer Assemblies	13.6.2			
2.10	Т	Pressure Reducing Hose Valves	13.5.2.2			
2.11	Т	Pressure Reducing Valves	13.5.3.2			
2.12	Т	Pressure Gauges	6.3.4			

Standpipe and Hose System	on, Testing, and Ma		5-Year Report	3 of 4
Property Information	OF CALLA	Contractor or	Licensed Owner Info	ormation
Building Name		Name		
Address		Job #		
City	FIRE MARS			

	5-Year Inspection, Testing, and Maintenance						
	Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items I = Inspection						
	– msp		NFPA 25 CA ed.	P = Pass F = Fail N/A = Not Applicable			
Item		Description	Reference	Date	Comments Only	P,F,N/A	
2.13	Т	Hose Test	6.2.1 NFPA 1962				
3.1	М	Control Valves	13.3.4				
3.2	М	FDC - Backflush	14.3.2.3 14.3.2.4				
3.3	М	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2				
3.4	М	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		Yes No		
3.5	М	System Returned to Service	4.5.3 15.7		Yes No		

Table for Standpipe Flow Test Results (Item 2.6)					
No. Standpipe Risers	Flow Rate at Remote Hose Valve				
Total Flow Rate Required	Pressure at Remote Hose Valve Outlet				
Flow Rate Supplied at FDC	Flow Rate Supplied at Pump				
Pressure Supplied at FDC	Pressure Supplied at Pump				

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

Stand	dpipe and	d Hose S	syste	m	Californ Inspection	nia Code of Regulations on, Testing, and Ma	s - Title 19 aintenance	5-Year Report	4 of 4	
	Pro	perty Inf	orma	tion		OF CALL	Contractor or	Licensed Owner Info	rmation	
Building Name Address City						STATE MARSH	Name Job #			
D = Defi	ciency C	= Comme	nt (Indica	te type)					
Item	Date	Riser	D	С		Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced				
						<u> </u>				

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

Private Fire Service Main	California Code of Regul Inspection, Testing, and		Quarterly and Annual Report	1 of 2	
Property Information	E OF CALLE	Contractor	Contractor or Licensed Owner Information		
Building Name		Name			
Address		Address			
	THE MARS	City	St. Zi	р	
City	License #	Phone			
Contact Person	☐ SFM	Job #			
Phone	☐ CSLB	Misc.			

	Quarterly Inspections							
I	= Ins	spection T = Test M = Maintenance		P = Pa	ass F = Fail	N/A = Not Appl	icable	
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date	
1.1	ı	Control Valves – Identification Sign	13.3.1					
1.2	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 = Maii	ntenance	•	Pass F = Fail N/A = Not Applica	hle
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.9	ı	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			
1.10	ı	Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5			
1.11	ı	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.12	ı	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.13	I	Piping (Underground)	7.3.1			
1.14	ı	Hose	NFPA 1962			
2.1	Т	Control Valve - Position	13.3.3.1			
2.2	Т	Control Valve - Operation	13.3.3			
2.3	Т	Monitor Nozzles	7.3.3			
2.4	Т	Hydrants - Flush	7.3.2			
2.5	Т	Supervisory Devices	13.3.3.5			
2.6	Т	Backflow Preventer Assemblies	13.6.2			
2.7	Т	Pressure Reducing Valve (Partial Flow Test)	13.5.1.3			
3.1	М	Control Valves	13.3.4			
3.2	М	Mainline Strainers	7.2.2.3			

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Annual	Re	port

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Service Mairi	mspection, resting, and mair	iteriance Annual Report
Property Information	E OF CALIFORNIA	Contractor or Licensed Owner Information
Building Name		Name
Address		Job#
City	FIRE MARS	

City								10	Mintel						
					Al	NNUAL II	NSPECT Include	ION,	TESTING, A	AND N spection	MAINTEN ons	IANCE			
			= Inspecti	on	T = 7	Test M	= Mainter	nance			P =	Pass F = Fa	iI N/A = Nc	ot Applicat	ble
Item					Descri	iption			NFPA 25 CA Reference	се	Date	Cor	mments On	y	P,F,N/A
3.3	М	Hose	Houses						7.2.2.7 Table 7.2						
3.4	М	Hydra	ants						7.4.2						
3.5	М		or Nozzle						7.4.3						
3.6	М	(If "	ruction Inv Yes", see L esults.)			Required and Comm	nents Sect	ion	14.3			☐ Yes ☐ No			
3.7	М	Syste	m Return	ed to	Servic	e			4.5.3 15.7			☐ Yes ☐ No			
D = De	ficien	су С	= Comme	nt ((Indica	te type)									
Item	D	ate	Riser	D	С			Indicat				Comments that were repaire	ed or replaced		
	$oxed{oxed}$				Ш										
					Ш										
	$oxed{oxed}$				Ш										
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						Comments ed deficienci		n Forr		nber atta					
I h	ereby he co	/ certif mpany	fy that the / indicated	d abo	ve, in a	accordanc	e with CO	CR, Tit	ive has been tle 19, Section ies and Com	ns 901	to 906 and	tested, and made that the equal that the equal this form.	aintained oi ipment is fu	n this dat Illy opera	e by ble
			Check be	ox if A	nnual	Inspection	n, Testing	& Ma	intenance Ite	ms are	Complete	ed in the Indica	ated Quarte	r	
Qua	arter	. 1	1st	□ <i>A</i>	nnual	. 2	2nd		\nnual	3rd		Annual	4th	☐ Ann	ual
Da	ate														

Print Name Signature

Private Fire Service Main	California Code of Regulation Inspection, Testing, and M	5-Year Report	1 of 2			
Property Information	E OF CALIFORNIA	Contractor of	actor or Licensed Owner Information			
Building Name		Name				
Address	No. The state of t	Address				
	FIRE MARS	City	St.	Zip		
City	License #	Phone				
Contact Person	☐ SFM	Job#				
Phone	☐ CSLB	Misc.				

Misc.

Phone

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 ApplicableNFPA 25 CA P, F, N/A Item Description ed. Date **Comments Only** Reference 13.3.1 1.1 Control Valves – Identification Sign 1.2 Control Valves - Inspection 13.3.2 1.3 Hose Houses 7.2.2.7 1.4 Fire Department Connections 13.7 1.5 13.5.1.1 Pressure Reducing Valves **Backflow Preventers** 1.6 13.6.1 1.7 Monitor Nozzles 7.2.2.6 7.2.2.4 Hydrants 1.8 (Dry Barrel and Wall) Table 7.2.2.4 7.2.2.5 Hydrants 1.9 (Wet Barrel) Table 7.2.2.5 7.2.2.3 1.10 Mainline Strainers Table 7.2.2.3 7.2.2.1 1.11 I Table 7.2.2.1.2 (Exposed) 7.1.4 1.12 I Hose NFPA 1962 2.1 Т Control Valve - Positions 13.3.3.1 2.2 Т Control Valve - Operation 13.3.3 2.3 Т 7.3.3 Monitor Nozzles 2.4 Т Hydrants - Flush 7.3.2 2.5 13.3.3.5 Т Supervisory Devices 2.6 Т Backflow Preventer Assemblies 13.6.2 Record results in Deficiencies Piping 2.7 Т 7.3.1.1 and Comments Section (Exposed and Underground Evaluation) Record results below in Water Supply Evaluation (If Required by 7.3.1.2) 2.8 Т 7.3.1.2 Table for Water Supply Test Evaluation Pressure Reducing Valve 2.9 Т 13.5.1.2 Full Flow Test 7.1.4 Т 2.10 Hose NFPA 1962

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California Code of Regulations - Title 19

5-Year	
Report	

Standpipe and Hose System Inspection				spection, Tes	ion, Testing, and Maintenance Report 2 o								
		Prop	erty Info	ormat	tion		fi.s.	OF CALIA		Contractor or Licensed Owner Information			
Building	Nam	е					STAY	The Park	Name				
Address				100									
City							W.E.	FIDE MARS					
Oity							4	WIE WILL					
						5	-Year Inspectio	n, Testing, and	Maintenand	e e			
	= Iner	ection	T =	Inc Test			Quarterly and Ann aintenance	ual Inspections, 1		ntenance Items = Pass F = Fail N/A = I	Not Applicable		
Item	- iiiəț	Cuon	<u> </u>			iption	antenance	NFPA 25 CA ed	_	Comments		P,F,N/A	
3.1	M	Control	Valves	•	Jesen	iption		Reference 13.3.4	Date	Comments	<u> </u>	1,1,10/A	
3.2	M		e Straine	are				7.2.2.3		+			
5.2	IVI	Ivialillill	Collaine					Table 7.2.2.3 7.2.2.7					
3.3	М	Hose H	louses					Table 7.2.2.7					
3.4	М	Hydran	ts					7.4.2					
3.5	M	Monitor	Nozzles	s				7.4.3					
3.6	M	FDC - E	Backflush	h				14.3.2.3 14.3.2.4					
3.7	М		Pipe Insents Sect				eficiencies and	14.2					
3.8	М			ction Investigation Required. If "Yes", encies and Comments Section for Res				14.3			Yes		
3.9	М	System	Returne	ed to s	Servic	e		4.5.3 15.7			Yes		
			lf I	requ	ired l	by 7.3	.1.2 - Table for	Water Supply 1	Test Evaluat	ion <i>(Item 2.8)</i>			
Flow Rat	e (gpi	m)						Static Pressure	e (psi)				
Hose Str	eam /	Allowanc	e (gpm)					Residual Pres	sure (psi)				
Total Sys	stem [Demand	(gpm)					Flow Rate (gp	m)				
Required	Pres	sure at S	Source (p	si)				Available Pres	sure at Total S	ystem Demand (psi)	<u></u>		
D = Def	icien	cv C = (Commer	nt (/	ndica	te type)						
Item			Riser	D	С				ncies and Co				
							Indica	ate all equipment, dev	rices and parts th	at were repaired or repla	ced		
	\vdash	-				-							
	\vdash												
	\vdash	-+											
	╁	\dashv				-							
	+												
	-												
	\vdash	_											
	1					<u> </u>							
Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: Number attached:													
∟ See	Corre	ction Form	n AES 10	tor cor	rected	deficien	cies.	ivuii	iboi attaoricu.				
l he th	ereby le coi	certify to	that the i	abov	e, in a	accord	ance with CCR, Ti	ove has been fully itle 19, Sections 90 cies and Commen	01 to 906 and t	sted, and maintained that the equipment is this form.	l on this date fully opera	e by ble	
Print Na	ame												
Signature						7							

Diesel Fire Pump		Regulations - Title 19 ng, and Maintenance	Weekly Report	1 of 4			
Property Information	OF OF	CALLEGA	Contractor or Licensed Owner Information				
Building Name		Name Name					
Address	Mill of	Address	Address				
	FIRI	City	St.	Zip			
City	License #	Phone					
Contact Person	☐ SFM	Job #					
Phone	□ CSLB	Misc					

Pump #					
Pump Manufacturer	cturer Max Suction Pressure		psi	Driver Mfr.	
Pump Model N		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 = Main	tenance		P = Pas	s F = Fail	$N/A = Not A_I$	oplicable
		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	Т	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.2	Т	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.3	Т	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi
1.4	Т	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g	psi	psi	psi	psi	psi
		Pump House						
1.5	ı	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)					
		Fire Pump System						
1.6	ı	Control Valves - Identification Sign	13.3.1					
1.7	ı	Control Valves - Inspection	13.3.2					
1.8	ı	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)					
1.9	ı	Normally Closed Valves are Closed (Test Header/Venturi Meter)	8.2.2(2)(g) 13.3.2.2					
1.10	1	Valve Supervisory Devices	5.2.5					
1.11	М	Control Valve Maintenance	13.3.4					
1.12	ı	Piping is Free of Leaks	8.2.2(2)(b)					
1.13	ı	Suction Reservoir is Full	8.2.2(2)(e)					
1.14		Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)					
		Suction Pressure Reading	8.2.2(2)(c)	psi	psi	psi	psi	psi

Weekly	
Report	

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Property Information

Building Name
Address
City



Contractor or Licensed Owner Information

Name			
Job#			

			Week	1	2	3	4	5
Item		Description	NFPA 25 CA ed.	Date	Date	Date	Date	Date
iteiii			Reference					
1.15	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)					
	ı	System Pressure Reading	8.2.2(2)(d)	psi	psi	psi	psi	psi
1.16	ı	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	ı	Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi
1.20	ı	Check Pump Packing Glands for Slight Discharge (Pump Running)	8.3.2.8(1)(b)					
1.21	ı	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)					
1.22	ı	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)					
1.23	ı	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	ı	Observe Time for Engine to Crank	8.3.2.8(d)(a)	sec	sec	sec	sec	sec
1.28	ı	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 Runn	ing:					
		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	Т	Pump Operation (No Flow Condition - 30 min.)	8.3.2.4					
1.33`	ı	Record Any Abnormalities (Use Comments and Deficiencies)	8.3.2.8(3)(d)					
		Electrical System Conditions						
1.34	ı	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)					
1.35	ı	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)					

Weekly Report

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Property Information

Building Name
Address
City



Contractor or Licensed Owner Information

Name			
Job#			

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

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Pro	nerty	Info	rma	tior
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Building Name	
Address	
City	

D = Deficiency C = Comment (Indicate type)

Signature



Contractor or Licensed Owner Information

Name	
Job#	

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

Deficiencies and Comments

ncom	Indicate all equipment, devices and parts that were repaired or replaced							olaced
					Comments are listed on Formed deficiencies.	m AES 9. 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.								
We	ek	1			2	3	4	5
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Print N	lame							

Dies Fire Pu	o.	nia Code of Regulat pection, Testing, and M		Annua Repor	~ 1 of 9
Prop	erty Information	OF CALLED	Contra	ctor or Licensed Owr	ner Information
Building Name			Name		
Address			Address		
		FIRE MAR	City	St.	Zip
City		License #	Phone		
Contact Person		☐ SFM	Job #		
Phone		☐ CSLB	Misc.		
Pump #		Pump and Driver	Information		
Pump Manufacturer	Max Sucti	ion Pressure	ps	i Driver Mfr.	
Pump Model	Max psi (s	shutoff)	ps	i Driver Model	
Pump Serial #	Rated Ca	pacity	gpr	n Driver Rated RPM	
Rated RPM	Rated Pre	essure	ps	i Fuel Tank Capacity	gal.
Controller Mfr	150% Rat	ted Capacity	gp	n	
Controller Model	Rated Pre	ssure @ Rated Capacity	ps	i	
Controller S/N					
Where the pump a	and driver manufacturer's recommendatio manufacturer's recommenda				able 8.5.3. If the
		Annual Flow Te	st		

	Annual Flow Test									
Churn (0%) 8.3.5.1	Flow (gpm)		Suction (psi)		Discharge (psi)		Net Pressure (psi)		Speed (rpm)	
6.3.3.1										
100% Rated Flow	Nozzle #	Size	Pitot Pressure		low pm)	Suction (psi)	Discharge (psi)		Net ure (psi)	Speed (rpm)
	1									
	2									
	3									
	4									
	5]				
·	6									
150% Rated Flow	Nozzle #	Size	Pitot Pressure		low pm)	Suction (psi)	Discharge (psi)		Net ure (psi)	Speed (rpm)
	1									
	2					Suction pressure at 150% of rated flow at least 0 psi?				?
	3					(8.1.6.1)	Yes	No		
	4					For pump system	ns installed per NF	PA 20,	using suct	tion tanks where
5					NFPA 20 permitt	ed the suction pre	ssure to	be not les	ss than 3 psi, is	
	6					the suction press	sure at least 3 psi?	(6.1.6.	∠) ∐ Y	∕es ∐ No

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))	

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual 2 of 9
Property Information	Contract Contract	or or Licensed Owner Information
Building Name	Name	
Address	Job#	

Test Results and Evaluation (8.3.5.7)						
Fire Protec	tion System Demand Informati	on		Fire I	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?			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
Are fire pump test results satisfactory?			Yes No	8.1.6 8.3.5 8.3.5.2.1	8.3.5.3 8.3.5.4 8.3.5.5	8.3.5.6 8.3.5.7

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 = FailN/A = Not Applicable NFPA 25 CA ed. P,F,N/A Item Description Date **Comments Only** Reference Fire pump Start/Stop Pressures 1.01 Fire Pump Start Pressure 8.3.2.8(1)(f) psi 1.02 Fire Pump Stop Pressure 8.3.2.8(1)(f) psi 1.03 Pressure Maintenance Pump Start Pressure 8.3.2.8(1)(g) psi 1.04 Pressure Maintenance Pump Stop Pressure 8.3.2.8(1)(g) psi **Pump House** 8.2.2(1)(a) Pump House Heating and Ventilating Louvers. 8.2.2(1)(b) 8.3.4.3 1.05 Illumination **Fire Pump System** 1.06 Control Valves - Identification Sign 13.3.1 1.07 Ι Control Valves - Inspection 13.3.2 1.08 Pump suction, Discharge & Bypass Valves Open 8.2.2(2)(a) Normally Closed Valves Are Closed 8.2.2(2)(g) 1.09 (Test Header/Venturi Meter) 13.3.2.2 1.10 Piping is Free of Leaks 8.2.2(2)(b) Suction Line Pressure Gauge Reading within Acceptable Range 1.11 8.2.2(2)(c) (Same as Water Level in Tank or Static Pressure in Water Main) Suction Pressure Reading 8.2.2(2))c) psi Discharge Line Pressure Gauge Reading 1.12 within Acceptable Range 8.2.2(2)(d) (Same as Suction Gauge Reading) Discharge Pressure Reading 8.2.2(2)(d) psi 1.13 Suction Reservoir Full 8.2.2(2)(e)

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Annual Fire Pump Inspection, Testing, and Maintenance Include ALL Monthly and Annual Inspection, Testing, and Maintenance Items I = Inspection M = Maintenance T = Test P = Pass F = Fail N/A = Not ApplicableNFPA 25 CA ed. Item **Description Date Comments Only** P,F,N/A Reference 1.14 Wet Pit Suction Screens are Unobstructed and in Place 8.2.2(2)(f) Check Pump Packing Glands for Slight Discharge 1.15 8.2.2(2)(h) (Pump Not Running) Check Pump Packing Glands for Slight Discharge 1.16 8.3.2.8(1)(b) (Pump Running) Suction Line Pressure Gauge Reading 1.17 8.3.2.8(1)(a) psi (Pump Running) Discharge Pressure Gauge Reading 1.18 8.3.2.8(1)(a) psi (Pump Running) 1.19 Check for Unusual Noise or Vibration 8.3.2.8(1)(d) Check Packing Boxes, Bearings, or Pump Casing 1.20 8.3.2.8(1)(e) for Overheating 1.21 Circulation Relief Valve Operating Properly 13.5.7.1.2 1.22 Observe Time for Motor to Accelerate to Full Speed 8.3.2.8(2)(a) Record Time the Controller is On 1st Step 1.23 8.3.2.8(2)(b) (For Reduced Voltage or Reduced Current Starting) **Electrical System Conditions** Controller "Power On" Pilot Light is Illuminated 1.24 8.2.2(3)(a) 1.25 Transfer Switch Normal Pilot Light is Illuminated 8.2.2(3)(b) Isolating Switch is Closed -1.26 8.2.2(3)(c) Standby (Emergency) Source Reverse Phase Alarm Pilot Light is Off, or, Normal 1.27 8.2.2(3)(d) Phase Rotation Pilot Light is On Oil Level in Vertical Motor Sight Glass is 1.28 8.2.2(3)(e) within Acceptable Range Power to Pressure Maintenance (Jockey) Pump 1.29 8.2.2(3)(f) is Provided **Diesel Engine System Conditions** 1.30 Fuel: Tank Level (Two-Thirds Full) 8.2.2(4)(a) 1.31 Fuel: Tank Float Switch Table 8.1.2 1.32 Τ Fuel: Solenoid Valve Operation Table 8.1.2 Table 8.1.2 1.33 Fuel: Flexible Hoses and Connectors Table 8.1.2 1.34 Fuel: Tank Vents & Overflow Piping is Unobstructed 1.35 L Table 8.1.2 Fuel: Piping 1.36 Lubrication System: Oil level Table 8.1.2 1.37 Lubrication System: Crankcase Breather Table 8.1.2 1.38 Cooling System: Level Table 8.1.2 Cooling System: Adequate Cooling Water to Heat 1.39 Τ Table 8.1.2 Exchanger 1.40 Cooling System: Water Pump Table 8.1.2 Cooling System: Condition of Flexible Hoses and 1.41 Table 8.1.2 Connections

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Contractor or Licensed Owner Information

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

Include ALL Monthly and Annual Inspection, Testing, and Maintenance Items							
		I = Inspection T = Test M = Maintenanc	NFPA 25 CA ed.	P = I	Pass F	= Fail N/A = Not Applicat	
Item		Description	Reference	Date		Comments Only	P,F,N/A
1.42	ı	Cooling System: Jacket Water Heater	Table 8.1.2				
1.43	ı	Cooling System: Antifreeze Protection Level	Table 8.1.2				
1.44	ı	Cooling System: Inspect Ductwork	Table 8.1.2				
1.45	1	Battery System: Electrolyte Level	Table 8.1.2				
1.46	ı	Battery System: Charger and Charge Rate	Table 8.1.2				
1.47	ı	Battery System: Equalize Charge	Table 8.1.2				
1.48	ı	Battery System: Terminals Clean and Tight	Table 8.1.2				
1.49	ı	Exhaust System: Leakage	Table 8.1.2				
1.50	ı	Exhaust System: Flexible Exhaust	Table 8.1.2				
1.51	ı	Exhaust System: Hangers and Supports	Table 8.1.2				
1.52	ı	Electrical System: General Inspection	Table 8.1.2				
1.53	ı	Electrical System: Circuit Breakers or Fuses	Table 8.1.2				
1.54	ı	Electrical System: Wire Chafing Where Subject to Moving	Table 8.1.2				
		Fire Pump Tests					
2.01	Т	Pump Operation - No Flow Condition	8.3.2				
2.02	Т	Engine Generator Sets	NFPA 110				
2.03	Т	Control Valve - Position	13.3				
2.04	Т	Control Valve - Operation	13.3.3.1				
2.05	Т	Supervisory Devices	13.3.3.5.1				
2.06	Т	Pump Operation - Flow Condition	8.3.3.1				
2.07	Т	Pressure Reducing Valve	13.5.1.2				
2.08	Т	Time Pump Runs After Starting For Automatic Stop Controllers)	8.3.2.8(2)(c)			min/se	С
2.09	Т	Control Valve Test	13.3.3				
		Pump System	_				
2.10	Т	Pump System: Check Pump Shaft End Play	Table 8.6.1				
2.11	Т	Pump System: Check Accuracy of Pressure Gauges/Sensors	Table 8.6.1				
2.12	Т	Pump System: Check Pump Coupling Alignment	Table 8.6.1				
2.13	Т	Pressure Relief Valve	13.5.7.2				
2.14	Т	Circulation Relief Valve	13.5.7.1.2				
2.15	Т	Exercise Isolating Switch and Circuit Breaker	Table 8.1.2				

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Item

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Tighten Electrical Connections

Grease Motor Bearings

Lubricate Mechanical Moving Parts

(Excluding Starters and Relays)

Calibrate Pressure Switch Settings

Check Voltmeter and Ammeter for Accuracy

Printed Circuit Boards without Corrosion

Any Cracked Cable/Wire Insulation

Any Signs of Water on Electrical Parts

Any Leaks in Plumbing Parts

Suction Screens



Annual Fire Pump

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Job #		

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 ApplicableNFPA 25 CA ed. **Description Date Comments Only** P,F,N/A Reference Annual Test - Indicate Method of Discharge 8.3.3.1.2.1 8.3.3.1.2.1 8.3.3.1.2.2 If the current test does NOT use the method described 8.3.3.1.2.2 8.3.3.1.2.3 in 8.3.3.1.2.1 - then indicate the DATE the last time 8.3.3.1.2.3 8.3.3.1.3 this method was used: Automatic Transfer Switch Test Τ 8.3.3.4 Т Alarm Tests 8.3.3.5 Т Electronic Fuel Management Control System Test 8.3.3.8 Т Trip Circuit Breaker Table 8.1.2 Т Operate Manual Starting Means Table 8.1.2 Т Parallel and Angular Alignment Test 8344 **Diesel Engine System** Т Battery System: Specific Gravity or State of Charge Table 8.1.2 Т Electrical System: Operation of Safeties and Alarms Table 8.1.2 Τ Exhaust System: Excessive Back Pressure Table 8.1.2 Maintenance Lubricate Pump Bearings Table 8.1.2 Check Pump Shaft End Play Table 8.1.2 Μ Table 8.1.2 Check Accuracy of Pressure Gauges Check Pit Suction Screens Table 8.1.2 M Lubricate Coupling Table 8.1.2 M М Lubricate Right-angle Gear Drive Table 8.1.2

8.3.3.7

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Building Name	
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Contractor or Licensed Ow	vner Information
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Name		
Job #		

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

	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	
3.17	М	Control Valve Maintenance	13.3.4				
		Diesel Engine System					
3.18	М	Fuel: Water in System	Table 8.1.2				
3.19	М	Fuel: Strainer, Filter, Dirt Leg, or Combination Thereof	Table 8.1.2				
3.20	М	Cooling System: Antifreeze	Table 8.1.2				
		Lubrication System					
3.21	М	Lubricate Oil Heater	Table 8.1.2				
3.22	М	Crankcase Breather	Table 8.1.2				
3.23	М	Oil Change	Table 8.1.2				
3.24	М	Oil Filter	Table 8.1.2				
		Cooling System					
3.25	М	Water Strainer	Table 8.1.2				
3.26	М	Antifreeze Protection Level	Table 8.1.2				
3.27	М	Rod Out Heat Exchanger	Table 8.1.2				
3.28	М	Clean Louvers	Table 8.1.2				
		Exhaust System					
3.29	М	Drain Condensation Trap	Table 8.1.2				
		Battery System					
3.30	М	Remove Corrosion, Exterior Clean and Dry	Table 8.1.2				
		Electrical System					
3.31.	М	Boxes, Panels and Cabinets	Table 8.1.2				
3.32	М	Tighten Control and Power Wiring Connections	Table 8.1.2				
3.33	М	Circuit Breakers and Fuses	Table 8.1.2				
3.34	М	Inspect and Operate Emergency Manual Starting Means (Without Power)	Table 8.1.2				
3.35	М	Adjust Gland Nuts if Necessary					
3.36	М	Obstruction Investigation Required (If "Yes", see Deficiencies and Comments Section for Results.)	14.3		☐ Yes ☐ No		
3.37	М	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No		

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual 7 of 9
Property Information	Contra	ctor or Licensed Owner Information
Building Name	Name	
A dalace = =		

Address						THE STATE OF THE PARTY OF THE P	NA PARAMETER STATE OF THE PARAMETER STATE OF	Job#
City						FIRE MAR		
D = Deficiency C = Comment (Indicate type)								
D = Deficiency C = Comment (Indicate type) Itom Date Pisor D C Deficiencies and Comments								
Item	Date	Riser	D	С		Indicate all equip	oment, dev	vices and parts that were repaired or replaced
					Comments are listed ed deficiencies.	on Form AES 9.	Number a	attached: 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 Na	me							
Signatu	re							Date

Di	esel
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Property	Intorm	ati∩r

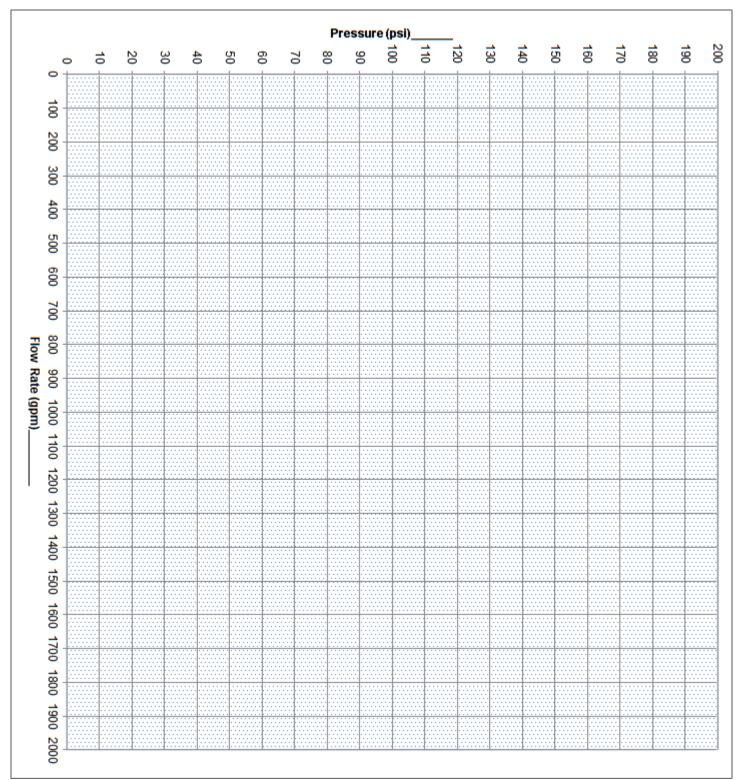
Building Name

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

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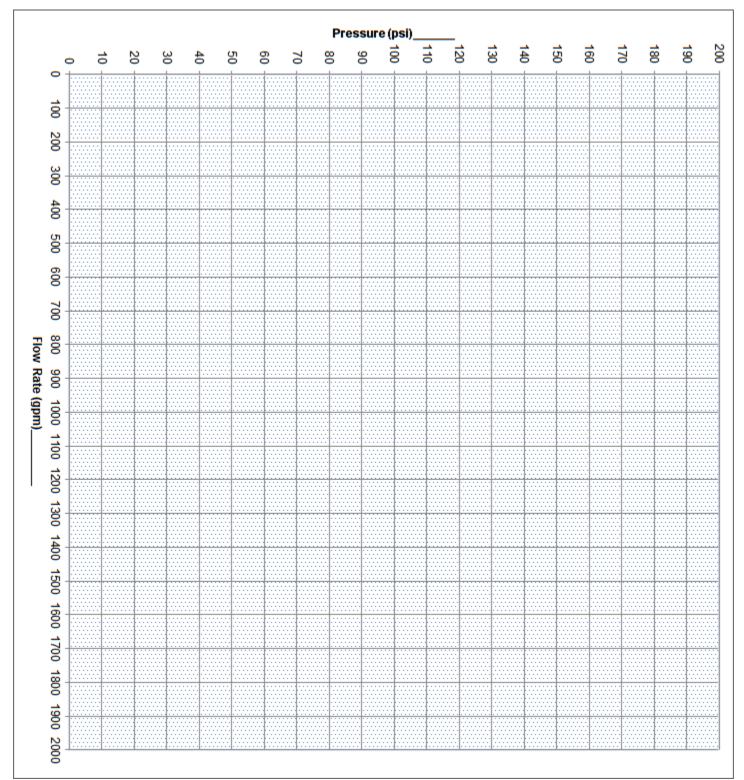
Building Name Address

City



Contractor or Licensed Owner Information

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- 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

Electric Fire Pump		Regulations - Title 19 ng, and Maintenance	Monthly Report	1 of 3			
Property Information	Fig. OF	CALLED	or or Licensed Owner Info	ormation			
Building Name		Name	Name				
Address	May de	Address					
	FIR	City	St.	Zip			
City	License #	Phone					
Contact Person	☐ SFM	Job #					
Phone	☐ CSLB	Misc.					

Pump # Pump and Driver Information								
Pump Manufacturer	N	Max Suction Pressure	psi	Driver Mfr.				
Pump Model	N	Max psi (shutoff)	psi	Driver Model				
Pump Serial #	F	Rated Capacity	gpm	Driver Rated RPM				
Rated RPM	F	Rated Pressure	psi	Full Load Amp (FLA)	Amp			
Controller Mfr.	1	150% Rated Capacity	gpm	Rated Voltage	Volts			
Controller Model	F	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								
		Year	Month	1	2	3	4	5	6
Item		Description	NFPA 25 CA ed	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
iteiii		Description	Reference						
		Fire Pump Start/Stop Pressures							
1.1	Т	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.2	Т	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.3	Т	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi	psi
1.4	Т	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g	psi	psi	psi	psi	psi	psi
		Pump House							
1.5	ı	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)						
		Fire Pump System							
1.6	ı	Control Valves - Identification Sign	13.3.1						
1.7	ı	Control Valves - Inspection	13.3.2						
1.8	1	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)						
1.9	ı	Normally Closed Valves are Closed (Test Header/Venturi Meter)	8.2.2(2)(g) 13.3.2.2						
1.10	1	Valve Supervisory Devices	5.2.5						
1.11	ı	Piping is Free of Leaks	8.2.2(2)(b)						
1.12	ı	Suction Reservoir is Full	8.2.2(2)(e)						
1.13	ı	Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)						
	1	Suction Pressure Reading	0.2.2(2)(0)	psi	psi	psi	psi	psi	psi

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Contractor or Licensed Owner Information

Name			
Job#			

		Year	Month	1	2	3	4	5	6
Item		Description	NFPA 25 CA ed.	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
iteiii			Reference						
1.14	ı	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)						
	1	System Pressure Reading	(-)(-)	psi	psi	psi	psi	psi	psi
1.15	ı	Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)						
1.16	ı	Verify Pump Packing Glands for Slight Discharge (Pump Not Running)	8.2.2(2)(h)						
1.17	ı	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	ı	Check Pump Packing Glands for Slight Discharge (Pump Running)	8.3.2.8(1)(b)						
1.20	Ι	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	ı	Pressure Readings Acceptable							
1.23	I	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)						
1.24	_	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)						
1.25	-	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)						
1.26	_	Circulation Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(a) 13.5.7.1.1						
1.27	ı	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	ı	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	1	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)						
1.30	ı	Engine Generator Sets (Monthly)	NFPA 110						
1.31	I	Transfer Switch Pilot Light is Illuminated 8.2.2(3)(b)							
1.32	ı	Isolating Switch is Closed - Standby (Emergency) Source 8.2.2(3)							
1.33	ı	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	Circuit Breaker Table 8.1.2						
1.36	Т	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)						
		General Maintenance							
1.37	М	System Returned to Service	4.5.3 15.7						

Fire Pump	Inspection, Testing, and Mainte		Report	3 of 3
Property Information	E OF CALLED	Contractor or	Licensed Owner Infor	mation
Building Name		Name		
Address	A CONTRACTOR OF THE PARTY OF TH	Job#		
City	FIRE MARY			

D = Defic	ciency C	= Comme	nt (Indica	ate type)				
Item	Date	Riser	D	С		D Indicate all equipme	eficiencies and Conent, devices and parts that	nments t were repaired or replace	d
Check	here if add	litional Defic	ciencie	es and	Comments are lis	sted on Form AES 9. Nu	imber attached:		
					ed deficiencies.		umber attached:		
l ha	rohy corti	fu that tha	fire =	rotoc	tion oquinment	listed above has bee	n fully increased too	tod and maintained	on this date by
the	e compan	y indicated	d abo	ve, in	accordance wit	th CCR, Title 19, Secti "Deficiencies and Co	ons 901 to 906 and th	nat the equipment is f	ully operable
Month	,	1			2	3	4	5	6
Date		•			_				
Print Na									
Signatu	re								

Electric Californ Fire Pump Inspe				nia Code ection, T	e of Regula esting, and M	tions - Ti laintenand	tle 19 :e		nual port	1 of 7
	Prope	rty Information		NAX S	OF CALLED	A	Contract	or or Licensed	Owner In	formation
Building Name	9			1	THE PERSON NAMED IN	Nam	e			
Address				NE	ATT OF THE	Addr	ess			
				A	FIRE MAN	City		St	:	Zip
City				License		Phor				
Contact Perso	on			☐ SFI		Job 7	•			
Phone				☐ CSI	LB	Misc				
Pump #				Pur	p and Drive	r Informat				
Pump Manufac	cturer		Max Suction	on Pressu	ire			Driver Mfr.		
Pump Model			Max psi (s	hutoff)			psi	Driver Model		
Pump Serial #			Rated Cap	<u> </u>				Driver Rated RPI	_	
Rated RPM			Rated Pres					Full Load Amp (F	FLA)	Amp
Controller Mfr			150% Rate		-			Rated Voltage		Volts
Controller Mod	el		Rated Pres	sure @ R	ated Capacity		psi	Service Factor (S	SF)	
Controller S/N					" 11	., . ,			05 T // 0	5.0.15.11
vvnere tr	e pump and	d driver manufacture manufactu	er's recommendation rer's recommendati						25, Table 8	.5.3. If the
				Ann	ual Flow Te	est				
	Flow		Suction			Discharge		et Pressure	l	Speed
-	(gpm)		(psi)		(ps	i)	(psi)		(rpm)	
Churn (0%)		Phase		Volts Amp		os		VxA	Rated	V x FLA x SF
8.3.5.1		A-B								
		B-C								
		C-A							<u>L</u>	
	8.3.5.5	V x A accepta	ble? Yes	No)	8.3.5.6	S Voltage	acceptable?	Yes	No
	Nozzle #	Size	Pitot Pressure	Flo (gp		hase	Volts	Amps	VxA	Rated V x FLA x SF
	1									
100%	2									
Rated Flow	3							1 1		
	4				8.3.5.	5 VxAa	cceptable?	Yes	No	-
	5				8.3.5.	6 Voltage	acceptable	?? Yes	No	
	6									
	Nozzle #	Size	Pitot Pressure	Flo (gp		hase	Volts	Amps	VxA	Rated V x FLA x SF
	1		. 10000.10	(96)	,			1 1		
	2				-			+		
	3							+ +		
150% Rated Flow					0.05	5 . V A			/aa 🗆 N	
ratou i low	4						cceptable?		′es ∐ N	U
	5						acceptable		No	
	6							of rated flow at lea		Yes No
For pump systems installed per NFPA 20, using suction tanks where NFPA 20 permitted the suction pressure to be not less psi, is the suction pressure at least 3 psi? (8.1.6.2) Yes No							ot less than 3			

Electric	California Code of Regulations - Title 19
ire Pump	Inspection, Testing, and Maintenance

Annual Report

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Dra		Inform	-41
FIO	perty	Inform	lation

Building Name		
Address		
Citv		



Contractor or Licensed Owner Information	

Name			
Job#			

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?			and using the
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
Are fire pump test results satisfactory?		Yes No	8.1.6 8.3.5 8.3.5.2.1	8.3.5.3 8.3.5.4 8.3.5.5	8.3.5.6 8.3.5.7	

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

Include ALL Monthly and Annual Inspection, Testing, and Maintenance Items						
	I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable					Э
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
Fire pump Start/Stop Pressures						
1.01	ı	Fire Pump Start Pressure	8.3.2.8(1)(f)		psi	
1.02	ı	Fire Pump Stop Pressure	8.3.2.8(1)(f)		psi	
1.03	ı	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)		psi	
1.04	1	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)		psi	
		Pump House				
1.05	ı	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	ı	Control Valves - Identification Sign	13.3.1			
1.07	ı	Control Valves - Inspection	13.3.2			
1.08	ı	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			

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Fire	Pump

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Dro	norty	Inform	ation
Pro	perty	morn	ıatıor

Building Name	
Address	
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Contractor or Licensed Owner Information

Name		
Job#		

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

		Include ALL Monthly and Annual Inspe			nance Items	
		I = Inspection T = Test M = Maintenance		P = F	Pass F = Fail N/A = Not Applicable)
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.10	1	Piping is Free of Leaks	8.2.2(2)(b)			
1.11	ı	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)			
		Suction Pressure Reading	8.2.2(2))c)		psi	
1.12	ı	Discharge Line Pressure Gauge Reading within Acceptable Range (Same as Suction Gauge Reading)	8.2.2(2)(d)			
		Discharge Pressure Reading	8.2.2(2)(d)		psi	
1.13	1	Suction Reservoir Full	8.2.2(2)(e)			
1.14	ı	Wet Pit Suction Screens are Unobstructed and in Place	8.2.2(2)(f)			
1.15	ı	Check Pump Packing Glands for Slight Discharge (Pump Not Running)	8.2.2(2)(h)			
1.16	ı	Check Pump Packing Glands for Slight Discharge (Pump Running)	8.3.2.8(1)(b)			
1.17	ı	Suction Line Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)		psi	
1.18	ı	Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)		psi	
1.19	ı	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	ı	Circulation Relief Valve Operating Properly	13.5.7.1.2			
1.22	ı	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 (For Reduced Voltage or Reduced Current Starting)	8.3.2.8(2)(b)			sec
1.24	Т	Record Time Pump Runs after Starting (For Automatic Stop Controllers)	8.3.2.8(2)(c)			min
1.25	Т	Control Valve Test	13.3.3			
1.26	М	Control Valve Maintenance	13.3.4			
1.27	М	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	ı	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)			

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3.13

Corrosion on Printed Circuit Boards

Any Cracked Cable/Wire Insulation

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

Annual	
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P	rone	rtv	Info	rma	atio	n

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 I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not ApplicableNFPA 25 CA ed. Item **Description Date Comments Only** P,F,N/A Reference Oil Level in Vertical Motor Sight Glass is within 1.32 8.2.2(3)(e) Acceptable Range Power to Pressure Maintenance (Jockey) Pump 1.33 8.2.2(3)(f) is Provided **Tests** 2.01 Т Engine Generator Sets (Monthly) **NFPA 110** 2.02 Т Exercise Isolating Switch and Circuit Breaker Table 8.1.2 Annual Test - Indicate Method of Discharge 8.3.3.1.2.1 8.3.3.1.2.1 8.3.3.1.2.2 2.03 If the current test does NOT use the method described 8.3.3.1.2.2 8.3.3.1.2.3 in 8.3.3.1.2.1 - then indicate the DATE the last time 8.3.3.1.2.3 8.3.3.1.3 this method was used: 2.04 Т Automatic Transfer Switch Test 8.3.3.4 2.05 Τ 8.3.3.5 Alarm Tests 2.06 Т Electronic Fuel Management Control System Test 8.3.3.8 2.07 Т Trip Circuit Breaker Table 8.1.2 2.08 Т Operate Manual Starting Means Table 8.1.2 Inspect and Operate Emergency Manual 2.09 Μ Table 8.1.2 Starting Means (Without Power) Parallel and Angular Alignment Test 2.10 Т 8.3.3.4 Maintenance 3.01 Μ Lubricate Pump Bearings Table 8.1.2 3.02 Table 8.1.2 M Check Pump Shaft End Play 3.03 Table 8.1.2 Check Accuracy of Pressure Gauges 3.04 Check Pit Suction Screens Table 8.1.2 M 3.05 Table 8.1.2 Lubricate Coupling M 3.06 Table 8.1.2 M Lubricate Right-angle Gear Drive Table 8.1.2 3.07 M **Tighten Electrical Connections** Lubricate Mechanical Moving Parts 3.08 Table 8.1.2 (Excluding Starters and Relays) 3.09 M Calibrate Pressure Switch Settings Table 8.1.2 Table 8.1.2 3.10 M **Grease Motor Bearings** 3.11 M Check Voltmeter and Ammeter for Accuracy Table 8.1.2

Table 8.1.2

Table 8.1.2

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California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

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Property Information

Building Name		
Address		



Contractor or Licensed Ow	vner Information
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Name		
Job#		

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	
3.14	М	Any Leaks in Plumbing Parts	Table 8.1.2				
3.15	М	Any Signs of Water on Electrical Parts	Table 8.1.2				
3.16	М	Suction Screens	8.3.3.7				
3.17		Is Obstruction Investigation Required? If "Yes", See Deficiencies and Comments Section for Results.	14.3		☐ Yes ☐ No		
3.18	М	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No		

0.10	W Oyoto	, iii i totai ii			15.7 No				
D = Deficiency C = Comment (Indicate type)									
D = Deficiency C = Comment (Indicate type) Deficiencies and Comments									
Item	Date	Riser	D	С	Indicate all equipment, devices and parts that were repaired or replaced				
	 								
	1		\vdash						
			_						
Chec	k here if add	ditional Def	iciencie	es and	Comments are listed on Form AES 9. Number attached:				
l	See Correction Form AES 10 for corrected deficiencies. Number attached:								
I h	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 Na	ame								
Signature Date									

Ele	ectric
Fire	Pump

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Report	۱

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Property Information

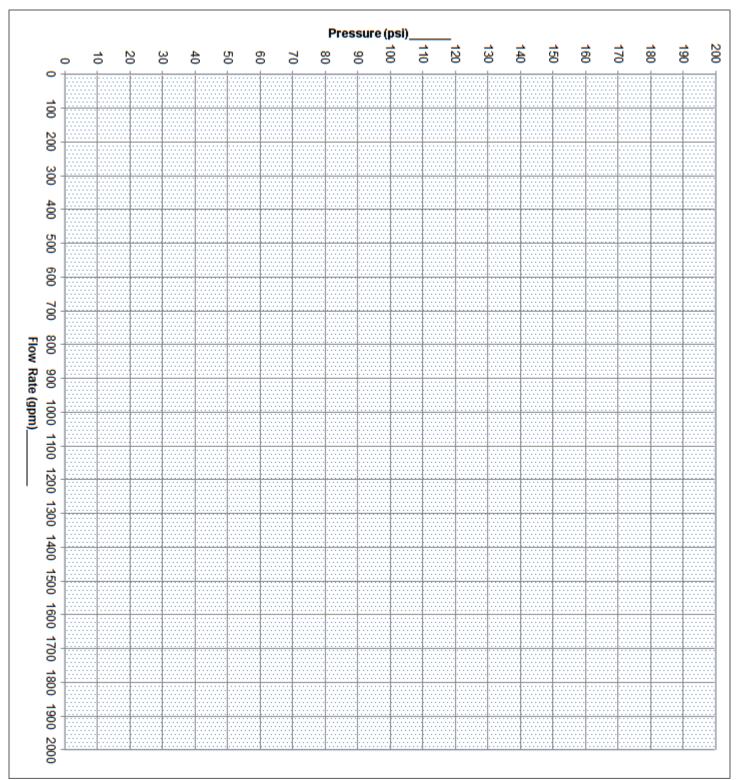
Building Name

Address City



Contractor or Licensed Owner Information

Name Job#



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

Form AES 5.4

Ele	ectric
Fire	Pump

Ann	ual
Rep	ort

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Pro	nerty	Info	rma	tior
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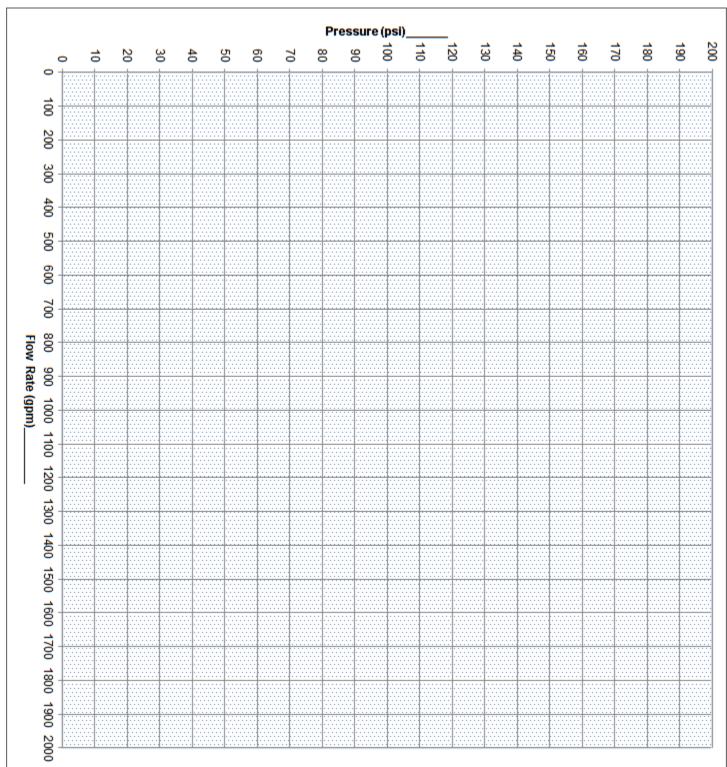
Building Name

Address City



Contractor or Licensed Owner Information

Name Job#



- Original unadjusted fire pump curve
 Current unadjusted fire pump curve
 Current unadjusted fire pump curve
 Current unadjusted fire pump curve using total pump pressure + supply pressure

Form AES 5.4 Sept. 3, 2013

Curve Identification:

Water Storage Tanks	California Code of Regulatio Inspection, Testing, and Ma	Annual Inspection Report	1 of 2	
Property Information	OF CALIFORNIA	Contracto	Contractor or Licensed Owner Information	
Building Name		Name		
Address		Address		
	TARE MARS	City	St. Zip	
City	License #	Phone		
Contact Person	☐ SFM	Job#		
Phone	☐ CSLB	Misc.		

		INSPECTION, T	ESTING, AND MAIN	ITENANCE		
		I = Inspection T = Test M = Maintena		P = Pa	ass F = Fail N/A = Not Appli	cable
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	ı	Water Temperature	9.2.4			
1.2	I	Heating System	9.2.3.1			
1.3	ı	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	ı	Condition of Water in Tank	9.2.1			
1.5	ı	Water Level	9.2.1			
1.6	ı	Air Pressure	9.2.2			
1.7	ı	Control Valves	Table 13.1			
1.8	ı	Tank - Exterior	9.2.5.1			
1.9	ı	Support Structure	9.2.5.1			
1.10	ı	Catwalks and Ladders	9.2.5.1			
1.11	ı	Surrounding Area	9.2.5.2			
1.12	ı	Hoops and Grillage	9.2.5.4			
1.13	ı	Painted/Coated Surfaces	9.2.5.5			
1.14	ı	Expansion Joints	9.2.5.3			
1.15	ı	Interior	9.2.6			
1.16	ı	Check Valves	Table 13.1			
2.1	Т	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	Т	High Temperature Limit Switch	9.3.4			
2.3	Т	Water Level Alarms	9.3.5			
2.4	Т	Control Valve - Position	Table 13.1			
2.5	Т	Control Valve - Operation	Table 13.1			
2.6	Т	Supervisory	Table 13.1			
2.7	Т	Level Indicators	9.3.1			
2.8	Т	Pressure Gauges	9.3.6			
2.9	Т	Automatic Filling Device	9.3.7			

Form AES 6 Sept. 3, 2013

Notor Storono Tonko	California Code of Regulations - Title 19
Vater Storage Tanks	Inspection, Testing, and Maintenance

Annual nspection Repor

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Trate: Ctorage rainte	Inspection, Testing, and Mair	itenance Inspection Report - 31 -
Property Information	AL OF CALIFORNIA	Contractor or Licensed Owner Information
Building Name		Name
Address	A TO THE WAY	Job#
City	FIRE MARY	

	INSPECTION, TESTING, AND MAINTENANCE									
I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable										
Item				[Descri	ption	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	М	Drain Silt					9.4.5			
3.2	М	Control Val	ves				Table 13.1			
3.3	М	Water Leve	el				9.4.2			
3.4	М	Embankme	ent-Su	ıppoı	rted C	oated Fabric (ESCF)	9.4.6			
3.5	М	Check Valv	es .				13.4.2.2			
D = De	ficien	cy C = Cor	nmen	nt (Indica	ate type)				
Item		ate Ris		D	С			cies and Co	omments at were repaired or replaced	
						maio	ato an equipment, devic	oo ana pano in	ас полоторалов от горгасов	
			寸							
			\dashv							
			_							
			\dashv							
			\dashv							
		_	\dashv							
	+		\dashv							
	1		\dashv							
Che	ck here	e if additional	Defici	iencie	s and	Comments are listed on Fo	rm AES 9 Number att	ached:		
						ed deficiencies.	Number att			
	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									

See Correction Form	AES 10 for corrected deficiencies.	Number attached:
		been fully inspected, tested, and maintained on this date by ections 901 to 906 and that the equipment is fully operable Comments" section of this form.
Print Name		
Signature		Date

Water Spray Fixed System	California Code of Regulatio Inspection, Testing, and Ma		Inspection Report	1 of 4
Property Information	E OF CALLED	Contracto	r or Licensed Owner Info	rmation
Building Name		Name		
Address		Address		
	FARE MARS	City	St.	Zip
City	License #	Phone		
Contact Person	☐ SFM	Job #		
Phone	☐ CSLB	Misc.		

Tr	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		P = F	Pass F = Fail N/A = Not Applicab	le		
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A		
		Inspection						
1.1	ı	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	Ι	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	1	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	ı	Pressure Tank	10.2.10, Chapter 9					

Form AES 7 Sept. 3, 2013

Water Spray	
Fixed Systen	n

Inspection	
Report	

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	Pro	pertv	Informa	itior
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Building Name
Address
City



Contractor or Licensed Owner Information

Name			
Job#		•	

	INSPECTION, TESTING, AND MAINTENANCE						
		I = Inspection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicabl	e	
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A	
1.20	ı	Steam Driver	10.2.9, Chapter 8				
1.21	ı	Strainers	10.2.7				
1.22	ı	Suction Tanks	10.2.10, Chapter 9				
1.23	ı	Supports	10.2.1.1, 10.2.1.2, 10.2.4.2				
1.24	ı	Water Flow Alarm Devices	NFPA 72				
1.25	ı	Water Supervisory Alarm Devices	NFPA 72				
1.26	ı	Supervisory Signal Devices (Except Valve Supervisory Switches)	NFPA 72				
1.27	ı	Water Supply Piping	10.2.6.1 10.2.6.2				
1.28	ı	UHSWSS-Detectors	10.4.2				
1.29	ı	UHSWSS-Controllers	10.4.3				
1.30	ı	UHSWSS-Valves	10.4.4				
		Test					
2.0	Т	Backflow Preventer	Chapter 13				
2.1	Т	Check Valves	Chapter 13				
2.2	Т	Control Valves	13.3.3.1				
2.3	Т	Deluge Valve	10.2.2, Chapter 13				
2.4	Т	Detection Systems	NFPA 72				
2.5	Т	Detector Check Valve	Chapter 13				
2.6	Т	Electric Motor	10.2.0, Chapter 13				
2.7	Т	Engine Drive	10.2.9, Chapter 8				
2.8	Т	Fire Pump	10.2.9, Chapter 8				
2.9	Т	Flushing Connection to Riser (Part of Annual Test)	10.2.1.3, Section 10.3				
2.10	Т	Gravity Tanks	10.2.10, Chapter 9				
2.11	Т	Main Drain Test	13.3.3.4				
2.12	Т	Manual Release	10.2.1.3, 10.3.6				

Form AES 7 Sept. 3, 2013

Water Spray	
Fixed Systen	n

Inspection
Report

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	Pro	pertv	Informa	itior
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Building Name
Address
City



Contractor or Licensed Owner Information

Name				
Job#		•	•	

	INSPECTION, TESTING, 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
2.13	Т	Nozzles	10.2.1.3, 10.2.1.6,			
2.10	'	NOZZIES	Section 10.3			
2.14	Т	Pressure Tank	Section 10.2, Chapter 9			
2.15	Т	Steam Driver	10.2.9, Chapter 8			
2.16	Т	Strainers	10.2.1.3, 10.2.1.7, 10.2.7			
2.17	Т	Suction Tanks	10.2.10, Chapter 9			
2.18	Т	Water Flow Alarm	Chapter 5			
2.19	Т	Valve Supervisory Signal Devices	Chapter 13			
2.20	Т	Supervisory Signal Devices (Except Valve Supervisory Switches)	13.2.6.2			
2.21	Т	Water Spray System Test	10.3, Chapter 13			
2.22	Т	Water Supply Flow Test	7.3.1			
2.23	Т	UHSWSS	10.4			
		Maintenance				
3.0	М	Backflow Preventer	Chapter 13			
3.1	М	Check Valves	Chapter 13			
3.2	М	Control Valves	10.2.1.4, Chapter 13			
3.3	М	Deluge Valve	10.2.2, Chapter 13			
3.4	М	Detection Systems	NFPA 72			
3.5	М	Detector Check Valve	Chapter 13			
3.6	М	Electric Motor	10.2.9, Chapter 8			
3.7	М	Engine Drive	10.2.9, Chapter 8			
3.8	М	Fire Pump	10.2.9, Chapter 8			
3.9	М	Gravity Tanks	10.2.10, Chapter 9			
3.10	М	Pressure Tanks	10.2.6, Chapter9			
3.11	М	Steam Driver	10.2.9, Chapter 8			

Form AES 7 Sept. 3, 2013

Water Spray Fixed System	California Code of Regulations Inspection, Testing, and Mair		Inspection Report	4 of 4
Property Information	OF CALIFORNIA	Contractor	or Licensed Owner Inforr	mation
Building Name		Name		
Address		Job #		

	INSPECTION, TESTING, 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	
3.12	М	Strainers	10.2.1.4, 10.2.1.6, 10.2.7				
3.13	М	Strainers - Baskets/Screen	10.2.1.4, 10.2.1.7, A10.2.7				
3.14	М	Suction Tanks	10.2.10, Chapter 9				
3.15	М	Water Spray System	10.2.1.4, Chapter 13				

City

D = Defi	D = Deficiency C = Comment (Indicate type)						
Item	Date	Riser	D	С	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:						
Lhe	roby corti	fu that the	fire n	rotoot	ion equipment listed above has been fully inspected, tosted, and maintained on this date by		

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 to906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form. Print Name Signature Date

Form AES 7 Sept. 3, 2013

Foam-Water Sprinkler System		f Regulations - Title 19 ing, and Maintenance	Inspection Report	1 of 3
Property Information	THE O	Contrac	tor or Licensed Owner Inf	ormation
Building Name		Name		
Address	None of the second	Address		
	S. FI	RE MARS	St.	Zip
City	License #	Phone		
Contact Person	☐ SFM	Job #		
Phone	☐ CSLB	Misc.	<u> </u>	

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	iis bui	Iding has more than 5 risers. See additional AE	I, TESTING, AND MAIN		of AES 2.9 forms	s attached.	
		I = Inspection T = Test M = Maint				N/A = Not Appli	cable
Item		Description	NFPA 25 CA ed. Reference	Date		ments Only	P,F,N/A
		Inspection	11010101100				
1.1	ı	Discharge Device Location (Sprinkler)	11.2.5				
1.2	ı	Discharge Device Location (Spray Nozzle)	11.2.5				
1.3	ı	Discharge Device Position (Sprinkler)	11.2.5				
1.4	ı	Discharge Device Position (Spray Nozzle)	11.2.				
1.5	ı	Foam Concentrate Strainer(s)	11.2.7.2				
1.6	ı	Drainage in System Area	11.2.8				
1.7	I	Proportioning System(s) - All	11.2.9				
		Test					
2.1	Т	Discharge Device Location	11.3.2.6				
2.2	Т	Discharge Device Position	11.3.2.6				
2.3	Т	Discharge Device Obstruction	11.3.2.6				
2.4	Т	Foam Concentrate Strainer(s)	11.2.7.2				
2.5	Т	Proportioning System(s) - All	11.2.9				
2.6	Т	Complete Foam-water System(s)	11.3.3				
2.7	Т	Foam-water Solution	11.3.5				
2.8	Т	Manual Actuation Devices(s)	11.3.4				
2.9	Т	Strainer(s) - Mainline	11.2.7.1				
		Maintenance					
3.1	М	Foam Concentrate Pump Operation	11.4.6.1 11.4.7.1				
3.2	М	Foam Concentrate Strainer(s)	11.4				
3.3	М	Foam Concentrate Samples	11.2.10				
		Proportioning System(s) Standard Pressure Type:					
3.4	М	Ball Drip (automatic type) Drain Valves	11.4.3.1				
3.5	М	Foam Concentrate Tank - Drain and Flush	11.4.3.2			<u> </u>	
3.6	М	Corrosion and Hydrostatic Test	11.4.3.3				

Form AES 8 Sept. 3, 2013

Foam-Water	
Sprinkler System	1

Inspection	
Report	

2 of 3

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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name		
Job#		

	INSPECTION, TESTING, 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	
		Bladder Tank Type:					
3.7	М	Sight Glass	11.4.4.1				
3.8	М	Foam Concentrate Tank - Hydrostatic Test	11.4.4.2				
		Line Type:					
3.9	М	Foam Concentrate Tank - Corrosion & Pickup Pipes	11.4.5.1				
3.10	М	Foam Concentrate Tank - Drain & Flush	11.4.5.2				
Standard Balanced Pressure Type:							
3.11	М	Foam Concentrate Pump(s)	11.4.6.2				
3.12	М	Balancing Valve	11.4.6.3				
3.13	М	Foam Concentrate Tank	11.4.6.4				
		In-line Balanced Pressure Type:					
3.14	М	Foam Concentrate Pump(s)	11.4.7.2				
3.15	М	Balancing Valve Diaphragm	11.4.7.3				
3.16	М	Foam Concentrate Tank	11.4.7.4				
3.17	М	Pressure Vacuum Vents	11.4.8				

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

Form AES 8 Sept. 3, 2013

Foam-Water Sprinkler System	nia Code of Regulations ction, Testing, and Mair		Inspection Report	3 of 3
Property Information	E OF CALLED	Contractor	or Licensed Owner Inforn	nation
g Name		Name		
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Building Name						la Caro	Name		
Address						THE STATE OF THE PARTY OF THE P	ZZ/	Job #	
City						FIRE MA	Roy I		
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I he	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 and 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.								
Print Na	ame								
Signatu	re							Date	

Form AES 8 Sept. 3, 2013

Continuation Form for Deficiencies and Comments					Cal Ins	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance					1 of 2	
Property Information						OF CALIFORNIA		١	Contractor or Licensed Owner Information			
Building Name								9	Name			
Address								1	Address			
						FIRE	MARS		City	St.	Zip	
City						License #			Phone			
Contact	Person					☐ SFM			Job #			
Phone						☐ CSLB			Misc.			
						Type of	System		Ot			
	omatic Spri Riser ID	inkier Syst	iem						Storage Tank Spray System			
	andpipe &	Hose Sys	tem				System					
	Riser ID	11000 0,0							Vater System			
	ate Water	Supply Sy	ystem				System					
D = Def	iciency C	= Comme	nt ((Indica	e type)							
Item	Date	Riser	D	С		Indicate all			icies and Commo		4	
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Form AES 9 Sept. 3, 2013

Continuation Form for Deficiencies and Comments

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

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Property Information	E OF CALLED	Contractor or Licensed Owner Information		
Building Name		Name		
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D = Deficiency C = Comment (Indicate type)								
Item	Date	Riser	D	С	Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced			
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Print Na	ıme							
Signatu	re				Date			

Form AES 9 Sept. 3, 2013