Fire Protection Inspection, Testing, and Maintenance Requirements

01/01/2021
Effective Date

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ATTACHMENTS:

Attachment 1: Standardized SFM AES Inspection Testing and Maintenance Forms

1. SCOPE

This procedure provides an overview of requirements for inspections, maintenance, and testing of fire protection systems and features at Cal Poly. Requirements are summarized for each category of equipment as well as any qualification requirements of personnel who perform the work.

2. DISCUSSION

2.1. The Office of the State Fire Marshal (SFM) is the authority having jurisdiction responsible for enforcing the requirements of applicable fire protection regulations, codes, and standards. The SFM is also the authority for approving equipment, materials, installation, or a procedure that is credited to comply with applicable requirements.

2.2. Regulations, codes, and standards applicable to fire protection systems and features at Cal Poly specify preventative maintenance requirements to ensure equipment reliability.

2.3. Fire protection systems and features have unique design and installation requirements that may not be familiar to personnel performing work on this equipment. Because

maintaining fire protection systems and features is critical for life safety and protection of property, minimum qualifications or certifications are required for performing work on some systems and features.

2.4. This procedure does not provide a comprehensive set of maintenance requirements. This procedure will reference regulations, codes, or standards for additional details on requirements where appropriate.

3. DEFINITIONS

3.1. Authority Having Jurisdiction (AHJ): An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure. For state owned or operated buildings, the AHJ is the State Fire Marshal.

3.2. Automatic Fire Extinguishing System (AES): Includes, but is not limited to, fire sprinkler systems, engineered and pre-engineered fixed extinguishing systems, standpipe systems, and alarm and supervisory equipment attached to those systems (CA HSC §13195).

3.3. Battery-Powered Lighting Units: Individual unit equipment for backup illumination consisting of a rechargeable battery, battery-charging means, provisions for one or more lamps mounted on the equipment, or with terminals for remote lamps, or both, and relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment.

3.4. Emergency Lighting: Lighting units that provide illumination of rooms and egress routes upon loss of normal power supplies to the building

3.5. Fire Alarm Control System (FACS): A system or portion of a combination system consisting of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals.

3.6. Fire Rated Assembly: Includes materials, systems and assemblies used for structural fire resistance, fire-resistance- rated construction separation of adjacent spaces and construction installed to resist the passage of smoke to safeguard against the spread of fire and smoke within a building and the spread of fire to or from buildings (2019 CFC 701.1);

3.7. Portable fire extinguisher: Devices that are carried or on wheels and operated by hand, containing an extinguishing agent that can be expelled under pressure for the purpose of suppressing or extinguishing fire. Typical extinguishing agents and associated performance standards include (NFPA 10 2018):

- Dry chemical (ANSI/UL 299)
- Water type (ANSI/UL 626)
- Carbon Dioxide (ANSI/UL 154)
- Halon type (CAN/ULC-S512)

- Film-forming foam type (ANSI/UL 8)
- Halocarbon type (ANSI/UL 2129)

3.8. State Fire Marshal (SFM): The State Fire Marshal administers the Office of the State Fire Marshal. The functions of the office are to foster, promote and develop ways and means of protecting life and property against fire and panic. The State Fire Marshal is appointed by the Governor with the advice and consent of the Senate (CA HSC §13100).

3.9. Standpipe: The system piping that delivers the water supply for hose connections, and for sprinklers on combined systems, vertically from floor to floor.

4. RESPONSIBILITIES

4.1. EHS Program Owner

4.1.1. Identifying inspection, maintenance and testing requirements for fire protection systems and features

4.1.2. Maintaining this procedure

4.2. Facility Operations

4.2.1. Creation of Preventative Maintenance Plans

4.2.2. Performing or delegating maintenance activities to ensure fire protection systems and features receive required inspection, maintenance, and testing.

4.3. Contractors

4.3.1. Contractors performing work within the scope of this procedure shall follow the requirements of this procedure or equivalent.

5. INSTRUCTIONS

5.1. General

5.1.1. Inspection, testing, and maintenance personnel shall at a minimum be under the supervision of a responsible person who shall ensure that such maintenance and testing are conducted at specified intervals (2019 CFC §108.4). Additional personnel qualifications may be required as specified.

5.1.2. Personnel who perform inspections, testing, or maintenance required by this procedure are required to document each inspection using the appropriate form included in this procedure. Records shall be provided to EH&S where they will be maintained for the required duration specified in Section 6.

5.2. Fire Protection Water Supplies and Hydrants

5.2.1. Fire Hydrant Systems Inspection, Testing, and Maintenance Requirements

a. Private fire hydrants of all types: Inspection annually and after each operation; flow test and maintenance annually

b. Fire service main piping: Inspection of exposed, annually; flow test every 5 years.
c. Fire service main piping strainers: Inspection and maintenance after each use.
d. Records of inspections, testing and maintenance shall be maintained.

5.3. Automatic Fire Extinguishing Systems (AES)

5.3.1. AES Installation, Maintenance, and Testing Personnel

e. As depicted in Figure 1 below, the California Health and Safety Code requires that personnel who install, alter, repair, or add appurtenances to AES systems shall maintain an active certification issued by the Office of the State Fire Marshal.

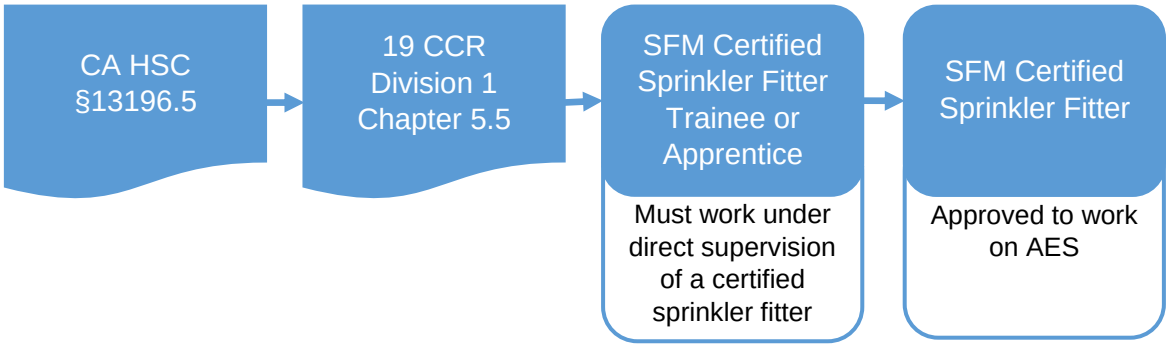

Figure 1 – Automatic Fire Extinguishing System Personnel Requirements

f. AES Sprinkler Fitter Trainee and Apprenticeship Program

1. The Fire Sprinkler Fitter Trainee and Apprenticeship Program must be completed prior to applying for a Sprinkler Fitter Certification.
2. Trainees and Apprentices must also be registered with the Office of the State Fire Marshal utilizing application form AES 1005A and shall work under the direct supervision of a Certified Fire Sprinkler Fitter at all times (19 CCR § 937-938).

g. AES Sprinkler Fitter Certification
Any person who installs, alters, repairs, or adds appurtenances to water-based fire protection systems shall be currently registered and certified in accordance with the Office of the State Fire Marshal utilizing application form AES 1005 (19 CCR § 939).

5.3.2. AES Inspection, Testing, and Maintenance Requirements

a. Water-based fire protection systems shall be inspected, tested and maintained in accordance with the frequencies required by NFPA 25 (2011 edition) including Annexes A, B, C, D, F and G as amended by the State of

California (Published as NFPA 25, 2013 California Edition) (2019 CFC §904(a)(1).

b. Engineered and pre-engineered fixed extinguishing systems shall be inspected, tested and maintained at least semi-annually, and immediately after a system activation (2019 CFC §904(a)(2).
c. The forms referenced in Table 1 were developed by the Office of the State Fire Marshal and shall be used to record the results of all inspections, testing, and maintenance of water-based fire protection systems. The completed forms shall be provided to the authority having jurisdiction as indicated (2019 CFC §906.4(a)). All standardized forms are dated 9-3-2013.

Table 1 – Standardized SFM AES Inspection Testing and Maintenance Forms

Form Number	Description	Frequency	Retained On-Site	Forward to AHJ
AES 1	Inspection, Testing, and Maintenance Cover Sheet		X	X
Sprinkler Systems				
AES 2.1	Wet Pipe Fire Sprinkler System	Quarterly/ Annual	X	
AES 2.2	Wet Pipe Fire Sprinkler System	Five Year	X	X
AES 2.3	Dry Pipe Fire Sprinkler System	Quarterly/ Annual	X	
AES 2.4	Dry Pipe Fire Sprinkler System	Five Year	X	X
AES 2.5	Pre-action Sprinkler Systems	Quarterly/ Annual	X	
AES 2.6	Pre-action Sprinkler Systems Water	Five Year	X	X
AES 2.7	Deluge Sprinkler Systems Water Spray	Quarterly/ Annual	X	
AES 2.8	Deluge Sprinkler Systems Water Spray	Five Year	X	X
AES 2.9	Main Drain Test Continuation Form ¥		¥	¥
AES 3	Standpipe and Hose System	Quarterly/ Annual	X	
AES 3.1	Standpipe and Hose System	Five Year	X	X
AES 4	Private Fire Service Main	Quarterly/ Annual	X	
AES 4.1	Private Fire Service Main	Five Year	X	X
Fire Pumps				
AES 5.1	Diesel Fire Pump	Weekly	X	
AES 5.2	Diesel Fire Pump	Annual	X	
AES 5.3	Electric Fire Pump	Monthly	X	X
AES 5.4	Electric Fire Pump	Annual	X	X
Other Forms				
AES 6	Water Storage Tanks	Annual	X	X
AES 7	Water Spray Fixed System		X	X
AES 8	Foam-Water Sprinkler System		X	X

AES 9	Continuation Form for Deficiencies and Comments ¥		¥	¥
AES 10	Corrective Action and Repairs Performed ¥		¥	¥
Engineered and Pre-Engineered Systems				
AES 20	Wet Chemical Pre-Engineered Fire Extinguishing System	Semi-Annual	X	X
AES 21	Dry Chemical Pre-Engineered Fire Extinguishing System	Semi-Annual	X	X
AES 22	Specialty Pre-Engineered and Engineered Fire Extinguishing System	Semi-Annual	X	X

Table 1 Notes

1 AES-1 shall be attached and maintained as applicable to AES Forms 2 through 8.

2 AES-9 (when attached) shall be maintained as applicable to AES forms 2 through 8.

3 The local Fire Code or Building Code official may require additional AES forms to be submitted based on protected hazard and/or complexity.

4 Any critical deficiency of a fire protection system shall result in the appropriate AES form being sent to the Fire Code or Building Code official ¥ Form will only be sent to AHJ if needed.

¥ Form will only be sent to AHJ if needed.

5.4. Standpipes and Hose Systems

5.4.1. Standpipe and Hose Systems Scope

A standpipe and hose system is an arrangement of piping, valves, hose connections, an associated equipment installed in a building or structure, with the hose connections located in such a manner that water can be discharged in streams or spray patters through attached hose and nozzles, for the purpose of extinguishing a fire (NFPA 14 2019).

5.4.2. Standpipe and Hose Systems Installation, Maintenance, and Testing Personnel

If a standpipe provides firewater supply to automatic fire extinguishing equipment, ensure personnel qualifications outlined in Section 5.3.1 are satisfied prior to any installation, alteration, or repair.

Maintenance and testing shall be under the supervision of a responsible person who shall ensure that such maintenance and testing are conducted at specified intervals (2019 CFC §108.4).

5.4.3. Standpipe and Hose Systems Maintenance and Testing Requirements

Refer to applicable requirements of Section 5.3.2 of this procedure.

5.5. Fire Alarm Control Systems (FACS)

5.5.1. Fire Alarm Control System Inspection Testing and Service Personnel

a. As outlined in Figure 2, service personnel shall meet the qualification requirements of NFPA 72 for inspection, testing and maintenance of fire alarm control systems (2019 CFC § 907.8.5).

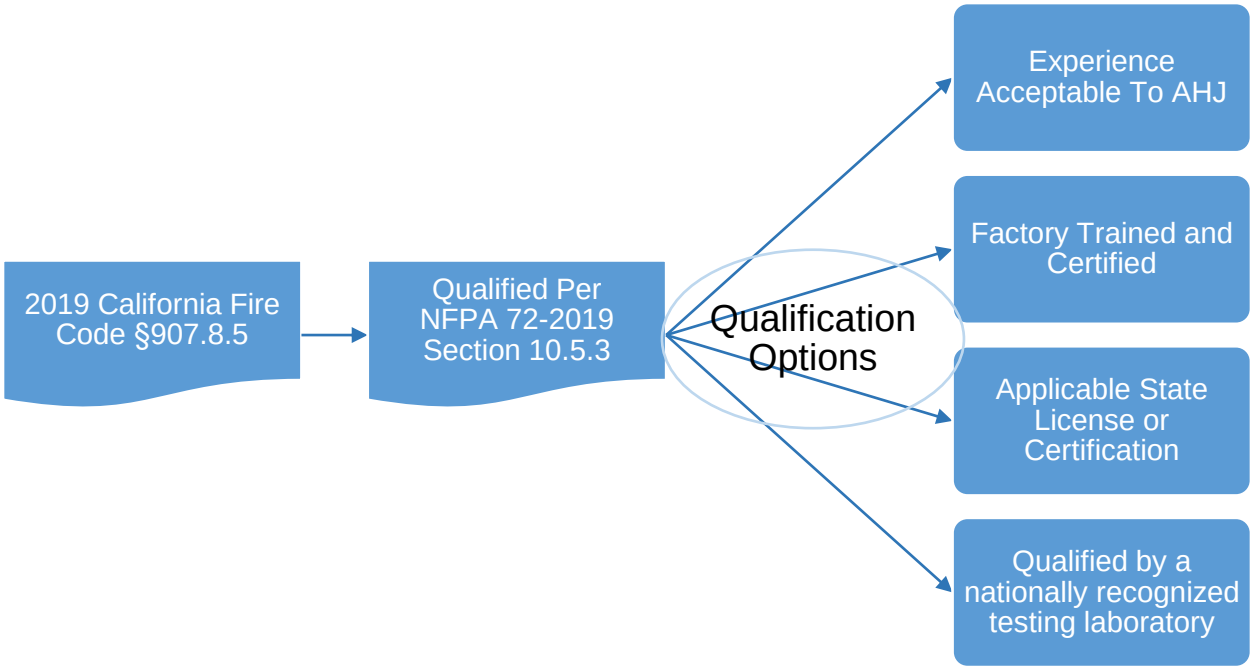

Figure 2 - Fire Alarm Control System Personnel Requirements

b. Inspection, Testing and service personnel who perform work on fire alarm control systems shall have the knowledge and experience of the work they are performing that's acceptable to the authority having jurisdiction or shall be, but not limited to, one or more of the following (NFPA 72-2019, Section 10.5.3):

1. Factory trained and certified for the specific type and brand of system being serviced
1. Certified by a nationally recognized certification organization acceptable to the authority having jurisdiction
2. Registered, licensed, or certified by a state or local authority to perform service on systems addressed within the scope of NFPA 72, either individually or through their affiliation with an organization.
3. Employed and qualified by an organization listed by a nationally recognized testing laboratory for the servicing of systems within the scope of NFPA 72.

5.5.2. FACS Maintenance and Testing Requirements

a. Testing shall be performed in accordance with the maintenance schedules in NFPA 72.
b. Smoke detector sensitivity. Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to not more than 5 years. Where the frequency is extended, records of detector- caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed (2019 CFC §907.8.3).

5.6. Smoke Control Systems

5.6.1. Where a fire alarm system is integrated with a smoke control system, integrated testing shall be performed per NFPA 4 at intervals not exceeding 10 years unless otherwise specified by an integrated system test plan prepared in accordance with NFPA 4 (2019 CFC . 901.6.2.2).

5.6.2. Inspection, testing, and maintenance of smoke and heat vents shall be in accordance with NFPA 204 except as follows (2019 CFC §910.5):

a. Mechanically operated smoke and heat vents shall be inspected annually and operationally tested not less than every 5 years.
b. Gravity dropout smoke and heat vents shall be inspected annually.
c. Fused, damaged or painted fusible links shall be replaced.

5.7. Portable Fire Extinguishers

5.7.1. Portable Fire Extinguisher Installation, Maintenance, and Testing Personnel

Figure 3 – Portable Fire Extinguisher Personnel Requirements

a. No person shall engage in the servicing and maintenance of portable fire extinguishers without having first submitted an application and all documents, necessary to demonstrate compliance with and having obtained a license from the State Fire Marshal. (19 CCR §560).
b. A prospective licensee must provide written proof of their service experience in order to be licensed. The prospective licensee shall provide written documentation that they have at least 24 months of experience with portable fire extinguishers in all the following areas:

- Servicing,
- Maintenance,
- Recharging,
- Repairing,
- Hydrostatic testing and
- Installation.

This shall be accomplished by having their fire extinguisher service employer submit letter (s) on their letter head attesting to this experience. This correspondence shall indicate their length of employment, an estimate of the number and type of portable fire extinguishers that they have experience with and a statement that the individual has the necessary experience to obtain a license. Additional documentation may include training certificates from the various fire extinguisher manufacturers and college classes related to Fire Science.
EXCEPTION: An applicant for a Limited License does not need to meet the 24 month of experience but shall submit their work experience and lesson plan/work instructions for performing an annual external maintenance in lieu of the 24 month requirement (19 CCR §595.5(f)).

5.7.2. Portable Fire Extinguisher Inspection, Maintenance and Testing Requirements

a. Fire extinguishers shall be manually inspected when initially placed in service. Thereafter extinguishers shall be manually inspected at least monthly. Fire extinguishers shall be inspected at more frequent intervals when circumstances require as determined by the Authority Having Jurisdiction. Manual inspection shall include a check of at least the following items: (19 CCR §574.1-2)

    1. Located in designated place.
    2. No obstruction to access or visibility.
    3. Operating instructions on nameplate legible and facing outward.
    4. Safety seals and tamper indicators not broken or missing.
    5. Examine for obvious physical damage, corrosion, leakage or clogged nozzle.
    6. Pressure gauge reading or indicator in the operable range or position.
    7. Fullness determined by weighing or hefting.
    8. For wheeled units, the condition of tires, wheels, carriage, hose, and nozzle shall also be checked.
    9. For non-rechargeable extinguishers using push-to-test pressure indicators, test the indicator.

b. When an inspection of any extinguisher reveals a deficiency in any of the conditions listed in 5.7.2a, immediate corrective action shall be taken (19 CCR §574.3). Refer to 19 CCR Table 4 for appropriate corrective actions to address various deficiencies.

c. Records of all fire extinguishers inspected shall be maintained, including those extinguishers that were found to require corrective actions. Records shall be maintained until next required maintenance. At least monthly, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded on a tag or label attached to the fire extinguisher, or an inspection checklist maintained on file, or an electronic system (e.g. bar coding) that provides a permanent record (19 CCR §574.5).
d. Fire extinguishers shall be subjected to maintenance annually by a fire extinguisher license holder as decried in Section 5.7.1 of this procedure. Annual servicing shall be performed as described in 19 CCR § 575 or immediately after use or when specifically indicated by an inspection or at the time of hydrostatic test. For purposes of maintenance, hydrostatic tests required during the same calendar year shall be performed at the time of the annual maintenance or recharge.
e. Non-rechargeable fire extinguishers shall not be recharged or hydrostatically tested but shall be discharged and removed from service at a maximum interval of 12 years from the date of manufacture (19 CCR § 575.1).

5.8. Emergency Lighting

5.8.1. Inspections and Testing Requirements

a. Monthly activation test. Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired (2019 CFC §1031.10.1).
b. Annual power test. Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes (2019 CFC §1031.10.2).

5.9. Fire Rated Assemblies

5.9.1. Maintenance and testing personnel shall be under the supervision of a responsible person who shall ensure that such maintenance and testing are conducted at specified intervals (2019 CFC §108.4).

5.9.2. Fire Rated Assemblies Maintenance and Testing

a. Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening

protectives and smoke and draft control doors shall not be modified (2019 CFC §705.2).

b. Hold-open devices and automatic door closers, where provided, shall be maintained. Swinging fire doors shall close from the full-open position and latch automatically. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position (2019 CFC §705.2.3-4).
c. Horizontal and vertical sliding and rolling fire doors shall be inspected and tested annually to confirm proper operation and full closure. Records of inspections and testing shall be maintained (2019 CFC §705.2.6).
d. Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105 (2019 CFC §706.1).

6. RECORDS

6.1. A record of periodic inspections, tests, servicing and other operations and maintenance shall be maintained by EH&S on campus or other approved location for not less than 3 years, or as specified in the Table 2 below (2019 CFC §108.3).

6.2. Records shall be made available for inspection by the fire code official, and a copy of the records shall be provided to the fire code official on request (2019 CFC §108.3).

Table 2 – Record Retention Schedule for Fire Protection Inspections, Testing, and Maintenance

Record ID	Description	Retention Period	Reference
Hydrant Systems	Fire Hydrants, mains, and water tanks	3 years	2019 California Fire Code
AES	Automatic fire extinguishing system inspections, tests, and maintenance activities.	5 years after the next required inspection	19 CCR Division 1 §904.1(b), §904.2(c)
Fire Extinguisher			

7. REFERENCES

7.1. California Health and Safety Code, Division 12, Fires and Fire Protection

7.2. 24 CCR Part 9, California Fire Code

7.3. 19 CCR Division 1, State Fire Marshal

7.4. NFPA 10, Standard for Portable Fire Extinguishers

7.5. NFPA 14, Standard for the Installation of Standpipe and Hose Systems

7.6. NFPA 25 2013 California Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems

7.7. NFPA 72, National Fire Alarm and Signaling Code

7.8. NFPA 80, Standard for Fire Doors and Other Opening Protectives

7.9. NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives

8. DOCUMENT OWNERSHIP AND MAINTENANCE

8.1. Document Owner

Environmental Health and Safety

8.2. Document Approvals

Director, Environment Health & Safety

8.3. Revision History

8.3.1. Revision 0: Initial issuance.

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

Property Information:

Name: _____ Occupancy/Use: _____

Address: _____ Construction Type: _____

City: _____ No. Stories: _____

ZIP: _____ Year Constructed: _____

Contact: _____

Telephone: _____

Contractor Information:

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License#: _____

Job #: _____

Performed by: _____

Number of System Risers

Copy sent to:

☐ Owner Date: _____

☐ Fire AHJ Date: _____

☐ Contractor Date: _____

NOTES:

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

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

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

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
☐ Automatic Sprinkler System	5	0	☐	☐	☐
☐ Standpipe and Hose System	6	0	☐	☐	☐
☐ Private Water Supply System	7	0	☐	☐	☐
☐ Fire Pump	8	0	☐	☐	☐
☐ Water Storage Tank	9	0	☐	☐	☐
☐ Water Spray System	10	0	☐	☐	☐
☐ Foam Water Sprinkler System	11	0	☐	☐	☐
☐ Water Mist System	12	0	☐	☐	☐
☐ Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas)				☐ **Yes**	☐ **No**

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

Corrective Action and Repairs Performed	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	1 of 1

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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 Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
	☐ CSLB	Misc.

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

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

Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (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	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1				
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1				

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

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

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

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

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

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 **Inspection, Testing, and Maintenance**	Quarterly and **Annual Report**	3 of 3

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

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments (cont.)*** *Indicate all equipment, devices and parts that were repaired or replaced*
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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

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

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
		Address
Address		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 building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached:

5-Year INSPECTION, TESTING, AND MAINTENANCE
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Devices	5.2.5			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1			
1.6	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6			
1.7	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1		psi	
1.8	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1		psi	
1.9	I	Pressure Readings Acceptable	5.2.4.1			
1.10	I	General Information Sign *(Not Required for System Prior to 2007 Edition 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			

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5 Year Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.1)

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1			
1.19	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	
1.20	I	Sprinklers	5.2.1			
1.21	I	Sprinklers - Accessible Concealed Space	5.2.1.1.6			
1.22	I	Pipe and Fittings	5.2.2			
1.23	I	Pipe and Fittings - Accessible Concealed Space	5.2.2.3			
1.24	I	Hangers	5.2.3			
1.25	I	Hangers - Accessible Concealed Space	5.2.3.3			
1.26	I	Seismic Braces	5.2.3			
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3			
1.28	I	Unsprinklered Areas	CFC 901.4		☐ Yes ☐ No	
2.1	T	Field Service Test Required *Send Report to Fire Code Official*	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers ***If not present = Pass; If present = Fail***	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices ***90 secs max. Enter time***	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test ***(Enter data on Page 1 of this form)***	13.2.5 13.3.3.4			
2.5	T	Control Valve - Position	13.3.3.2			
2.6	T	Control Valve – Operation	13.3.3.1			
2.7	T	Supervisory Devices	13.3.3.5			
2.8	T	Backflow Preventer Assemblies	13.6.2			
2.9	T	Small Hose Connections* w/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3			
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			
2.11	T	Pressure Gauges - Calibration	5.3.2			
2.12	T	Small Hose Connections*	13.5.6.2.2			

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

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5 Year Report	3 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.1)

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

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

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (Dry Pipe Systems) *Pass = Normal Pressures*	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.1.2				
1.6	I	Air Pressure	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.2.5.1	psi	psi	psi	psi
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	psi
1.8	I	Hydraulic Design Information Sign *(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	I	Heat Tape	5.2.7				
1.11	I	Spare Sprinklers	5.2.1.4				
1.12	I	Fire Department Connections	13.7				
1.13	I	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4				
1.14	I	Pressure Reducing Valves	13.5.1				
1.15		Backflow Preventers	13.6.1				
1.16		PRV – Fire Sprinkler Systems	13.5.1				

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.17	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	
1.18	I	Sprinklers	5.2.1			
1.19	I	Pipe and Fittings	5.2.2			
1.20	I	Hangers	5.2.3			
1.21	I	Seismic Braces	5.2.3			
1.22	I	Small Hose Connections*	13.5.6.2.2			
2.1	T	Field Service Test Required *(Send Report to Fire Code Official)*	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers *If not present = Pass; If present = Fail*	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices *90 sec. maximum - (Enter Time)*	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test *(Enter Data on Page 1 of this Form)*	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.4.2.1			
2.6	T	Dry Pipe Valve Trip Test *(Partial Trip Test is Acceptable)*	13.4.4.2.2 13.4.4.2.2.3 13.4.4.1.5			
2.7	T	Valve Trip Time	13.4.4.2.5.2		sec.	
2.8	T	Trip Air Pressure	13.4.4.2.5.1		psi	
2.9	T	Quick-Opening Device Test	13.4.4.2.4			
2.10	T	Low Air Pressure Alarm Test	13.4.4.2.6			
2.11	T	Low Temperature Alarm Test	13.4.4.2.7			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8			
2.13	T	Control Valve – Operation	13.3.3			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			
2.16	T	PRV – Partial Flow	13.5.1.3			

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

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Control Valves	13.3.4			
3.2	M	Maintenance	13.4.4.3			
3.3	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.4	M	Low Points in System Drained	13.4.4.3.2			
3.5	M	Backflow Preventer	13.6.3			
3.6	M	Obstruction Investigation Required (*If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☐ No	
3.7	M	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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

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

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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

5-Year INSPECTION, TESTING, AND MAINTENANCE
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Alarm Devices	5.2.5			
1.5	I	Gauges (Dry Pipe Systems) *Pass = Normal Pressures*	5.2.4.2 5.2.4.3 5.2.4.4 13.4.4.1.2			
1.6	I	Air Pressure	5.2.4.2 5.4.2.3 5.2.4.4 13.4.4.2.5.1		psi	
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1		psi	
1.8	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6			
1.9	I	General Information Sign *(Not Required for System Prior to 2007 Edition NFPA 13)*	5.2.8			
1.10	I	Heat Tape	5.2.7			
1.11	I	Spare Sprinklers	5.2.1.4			
1.12	I	Fire Department Connections	13.7			
1.13	I	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4			
1.14	I	Pressure Reducing Valves	13.5.1.1			
1.15	I	Backflow Preventers	13.6.1			

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections (See AES 2.3)

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.16	I	PRV - Fire Sprinkler Systems	13.5.1			
1.17	I	Buildings (Freeze protection)	4.1.1.1		***Owner's Responsibility***	
1.18	I	Sprinklers	5.2.1			
1.19	I	Sprinklers - Concealed Space	5.2.1.1.6			
1.20	I	Pipe and Fittings	5.2.2			
1.21	I	Pipe and Fittings - Concealed Space	5.2.2.3			
1.22	I	Hangers	5.2.3			
1.23	I	Hangers - Concealed Space	5.2.3.3			
1.24	I	Seismic Braces	5.2.3			
1.25	I	Seismic Braces - Concealed Space	5.2.3.3			
1.26	I	Dry Pipe Valves - Interior Inspection	13.4.4.1.5			
1.27	I	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	T	Dry Pipe Valve Trip Test - Full Flow	13.4.4.2.2.2			
2.2	T	Field Service Test Required ***Send Report to Fire Code Official***	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.3	T	Recalled Sprinklers ***If not present = Pass; If present = Fail***	Title 19 904.1(c)			
2.4	T	Water Flow Alarm Devices ***90 secs max. Enter time***	5.3.3 13.2.6		sec.	
2.5	T	Main Drain Test ***(Enter data on Page 1 of this form)***	13.2.5 13.3.3.4			
2.6	T	Priming Water Level Test	13.4.4.2.1			
2.7	T	Valve Trip Time	13.4.4.2.5.2		sec	
2.8	T	Trip Air Pressure	13.4.4.2.5.1		psi	
2.9	T	Quick Opening Device Test	13.4.4.2.4			
2.10	T	Low Air Pressure Alarm Test	13.4.4.2.6			
2.11	T	Low Temperature Alarm Test	13.4.4.2.7			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8			
2.13	T	Control Valve – Operation	13.3.3.1			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			

Dry Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	3 of 3

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

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16	T	PRV – Full Flow Test	13.5.1.2			
2.17	T	Pressure Gauges - Calibration	5.3.2			
3.1	M	Air Leakage Test	13.4.4.2.9			
3.2	M	Check Valves - Internal Inspection	13.4.2			
3.3	M	Control Valves	13.3.4			
3.4	M	Maintenance	13.4.4.3			
3.5	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.6	M	Auxiliary Drains in System Drained	13.4.4.3.2			
3.7	M	Backflow Preventer	13.6.3			
3.8	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.9	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		☐ Yes ☐ No	
3.10	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3			
3.11	M	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name		
Signature		Date

Pre-Action Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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:

NOTE: For Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Alarm Devices	5.2.5				
1.5	I	Gauges (Pre-Action Valves) *Pass = Normal Pressures*	13.4.3.1.3				
1.6	I	Air Pressure	13.4.3.1.4	psi	psi	psi	psi
1.7	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi
1.9	I	Hydraulic Design Information Sign *(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				

Pre-Action Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

Pre-Action Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.5	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	M	Obstruction Investigation Required (*If "Yes", See Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☐ No	
3.7	M	System Returned to Service	4.5.3 13.4.3.2.10 15.7		☐ Yes ☐ No	

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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:

NOTE: For Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Alarm Devices	5.2.5			
1.5	I	Gauges (PreAction Valves) *Pass = Normal Pressures*	13.4.3.1.3			
1.6	**I**	Water Supply Pressure	13.4.3.1.3.1		psi	
1.7	**I**	Air Pressure	13.4.3.1.4		psi	
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5		psi	
1.9	**I**	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6			
1.10	**I**	General Information Sign *(Not Required for System Prior to 2007 Edition NFPA 13)*	5.2.8			
1.11	**I**	Heat Tape	5.2.7			
1.12	**I**	Spare Sprinklers	5.2.1.4			
1.13	**I**	Fire Department Connections	13.7			
1.14	**I**	Preaction Valves – Exterior Inspection	13.4.3.1.6			
1.15	**I**	Pressure Reducing Valves	13.5.1.1			
1.16	I	Master Pressure Reducing Valves	13.5.4.1			
1.17	**I**	Backflow Preventers	13.6.1			

Pre-Action Fire Sprinkler System Water	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	2 of 3

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.18	I	Low Temperature Alarm	13.4.3.1.2			
1.19	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	
1.20	I	Sprinklers	5.2.1			
1.21	I	Sprinklers - Accessible Concealed Space	5.2.1.1.6			
1.22	I	Pipe and Fittings	5.2.2			
1.23	I	Pipe and Fittings - Accessible Concealed Space	5.2.2.3			
1.24	I	Hangers	5.2.3			
1.25	I	Hangers - Accessible Concealed Space	5.2.3.3			
1.26	I	Seismic Braces	5.2.3			
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3			
1.28	I	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	T	Field Service Test Required ***Send Report to Fire Code Official***	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers ***If not present = Pass; If present = Fail***	Title 19 904.1(c)			
2.3	T	Waterflow Alarm Devices ***90 sec max. Enter time***	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test ***(Enter data on Page 1 of this form)***	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.3.2.1			
2.6	T	Valve Trip Test - Full Flow	13.4.3.2.2 13.4.3.2.2.4			
2.7	T	Valve Trip Time	13.4.3.2.12		sec	
2.8	T	Manual Actuation Device Test	13.4.3.2.9			
2.9	T	Air Leakage Test	13.4.3.2.6			
2.10	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.11	T	Low Temperature Alarm Test	13.4.3.2.14			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.13	T	Control Valve – Operation	13.3.3			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			

Pre-Action Fire Sprinkler System Water	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	3 of 3

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16	T	PRV – Fire Sprinkler Systems	13.5.1.3			
2.17	T	Pressure Gauges *Calibrated or Replaced*	5.3.2			
3.1	M	Control Valves	13.3.4			
3.2	M	Check Valves - Internal Inspection	13.4.2.2			
3.3	M	Repair Air Leaks	13.4.3.3.1			
3.4	M	Interior Inspected and Cleaned *(All Preaction Valves)*	13.4.3.1.7 13.4.3.1.7.1 13.4.3.3.2			
3.5	M	Low Points in System Drained	13.4.3.3.3			
3.6	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.7	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.8	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		☐ Yes ☐ No	
3.9	M	Obstruction Investigation required. If "Yes", See Deficiencies and Comments Section for Results	14.3			
3.10	M	System Returned to Service	4.5.3 13.4.3.2.10 15.7		☐ Yes ☐ No	

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name		
Signature		Date

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 4

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Alarm Devices	5.2.5				
1.5	I	Gauges (Deluge Valves) *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	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable					
1.9	I	Hydraulic Design Information Sign *(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	Fire Department Connections	13.7				
1.12	I	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6				
1.13	I	Pressure Reducing Valves	13.5.1.1				
1.14	I	Backflow Preventers	13.6.1				
1.15	I	Drainage	10.2.8				
1.16	I	Detection Systems	10.2.3				
1.17	I	Master Pressure Reducing Valves	13.5.4.1				
1.18	I	UHSWSS - Detectors ***(Monthly)***	10.4.2	Jan / Feb / Mar	Apr / May / Jun	Jul / Aug / Sep	Oct / Nov / Dec

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 4

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 **Inspection, Testing, and Maintenance**	Quarterly and Annual Report	3 of 4

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

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

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

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	4 of 4

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

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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				

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 4

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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:

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

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

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

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	2 of 4

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

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

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	3 of 4

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

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

Deluge Sprinkler Systems Water Spray	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	4 of 4

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

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Main Drain Test Continuation Form	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	1 of 1

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

Wet Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

System Information

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

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

Cooking Appliances
Left to Right with Sizes and Coverage Nozzles

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

Fixed Temperature Sensing Elements
(Such as Fusible Links)

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

Inspection, Testing, and Maintenance

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

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	7.2.2(2)			
1.2	I	Tamper Indicators & Seals Intact	7.2.2(3)			
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906			
1.4	I	No Obvious Physical Damage	7.2.2(5)			
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	7.2.2(6)			
1.6	I	Blow-Off Caps in Place & Undamaged	7.2.2(7)			
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3			
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)			
2.1	T	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4			

Wet Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	2 of 2

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

Inspection, Testing, and Maintenance

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

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

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name		
Signature		Date

Dry Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

System Information					
Cylinder Size(s)		Last Hydrostatic Test Date(s)		Duct Size(s)	
System Location		System Mfr.		Model #	
Protected Area Type		Dimensions			
Fuel/Air Shut Off:	☐ Mechanical	☐ Electrical			

Fixed Temperature Sensing Elements
(Such as Fusible Links)

Quantity	Temp	Mfg Date	Install Date	Quantity	Temp	Mfg Date	Install Date

Inspection, Testing, and Maintenance

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

Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	11.2.1.1(2)			
1.2	I	Tamper Indicators & Seals Intact	11.2.1.1(3)			
1.3	I	Maintenance Tag in Place	11.2.1.1(4) CCR T-19 §906			
1.4	I	No Obvious Physical Damage	11.2.1.1(5)			
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	11.2.1.1(6)			
1.6	I	Blow-Off Caps in Place & Undamaged	11.2.1.1(7)			
1.7	I	Protected Equipment or Hazard Has Not Been Replaced, Modified or Relocated	11.2.1.1(8)			
2.1	T	Automatic Detection, Manual Actuation, Shutdowns and Auxiliary Equipment Functioned Correctly	11.3.1.4			
2.2	T	Alarm Signals Functioned Correctly	11.3.1.4			
2.3	T	Releasing Devices Operable	11.3.1.4			
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	11.5.1(1)			
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	11.5.1(2)(3)			
3.3	M	Cartridge Weights within Acceptable Limits	11.3.1.1(2)			
3.4	M	Nozzles are Correct, Clean & Properly Aimed	11.3.1.1(2)			
3.5	M	Expellant Gas containers are Full and Free of Defects	11.3.1.1(2)			
3.6	M	Hose Assemblies Checked	11.3.1.1(2)			
3.7	M	Distribution Piping Unobstructed and Contiguous	11.3.1.1(3)			

Dry Chemical Pre-Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	2 of 2

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

Inspection, Testing, and Maintenance

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

Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
3.8	M	Dry Chemical is Not Caked (Non-Pressurized)	11.3.1.1(4)			
3.9	M	No Signs of Corrosion or Damage to the Agent Cylinders	11.3.1.3			
3.10	M	Fixed-Temperature Sensing Elements Maintained or Replaced	11.3.2			
3.11	M	Dry Chemical is Not Caked (Stored Pressure Tank Every 6 Years)	11.3.1.2			

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments*** *Indicate all equipment, devices and parts that were repaired or replaced*
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Specialty Pre-Engineered & Engineered Fire Extinguishing System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Semi-Annual Report	1 of 1

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

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

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		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	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 *Pass = Normal Pressures*	6.2.1 6.2.2				
1.6	I	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2	psi	psi	psi	psi
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2	psi	psi	psi	psi
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.9	I	Air/Nitrogen Pressure	6.21 6.22 13.2.7	psi	psi	psi	psi
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.11	I	Pressure Readings Acceptable	6.22 13.2.7				
1.12	I	Standpipe Hose Valves	13.5.6.1				
1.13	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	6.2.3				
1.14	I	Heat Tape	5.2.7				
1.15	I	Fire Department Connections	13.7				
1.16	I	Pressure Reducing Valves	13.5.1.1				

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 3

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

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

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments*** *Indicate all equipment, devices and parts that were repaired or replaced*
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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

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

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 4

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

Type of Standpipe System		Class of Standpipe System
☐ **Manual Wet**	☐ **Automatic Dry**	☐ **Class I**
☐ **Manual Dry**	☐ **Semi-Automatic Dry**	☐ **Class II**
☐ **Automatic Wet**	☐ **Combined Sprinkler/Standpipe**	☐ **Class III**

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

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

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			
1.2	I	Control Valves – Inspection	13.3.2			
1.3	I	Waterflow Alarm Devices	5.2.5			
1.4	I	Supervisory Alarm Devices	5.2.5			
1.5	I	Pressure Gauges *Pass = Normal Pressures*	6.2.1 6.2.2			
1.6	**I**	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi	
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi	
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7		psi	
1.9	I	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7		psi	
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2, 13.2.7		psi	
1.11	I	Pressure Readings Acceptable	6.2.2 13.2.7			
1.12	**I**	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	6.2.3			
1.13	**I**	Heat Tape	5.2.7			

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	2 of 4

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.14	I	Standpipe Hose Valves	13.5.6.1			
1.15	I	Pressure Reducing Hose Valves	13.5.2.1			
1.16	I	Pressure Reducing Valves	13.5.1.1			
1.17	I	Fire Department Connections	13.7			
1.18	I	Backflow Preventers	13.6.1			
1.19	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	
1.20	I	Pipe and Fittings	6.2.1 Table 6.1.2			
1.21	I	Hangers	6.2.1			
1.22	I	Seismic Braces	6.2.1			
1.23	I	Hose Connection	6.2.1 Table 6.1.2			
1.24	I	Cabinet	6.2.1 Table 6.1.2			
1.25	I	Hose	6.2.1 Table 6.1.2			
1.26	I	Hose Storage Device	6.2.1 Table 6.1.2			
1.27	I	Hose Nozzle	6.2.1 Table 6.1.2			
2.1	T	Control Valve - Position	6.2.1 13.3.3.1			
2.2	T	Control Valve - Operation	6.2.1 13.3.3.2			
2.3	T	Supervisory Devices	13.3.3.5			
2.4	T	Waterflow Alarm Devices ***90 sec max. Enter time***	5.3.3 13.2.6		sec.	
2.5	T	Main Drain Test ***(Enter Data on Page 1 of this Form)***	13.2.5 13.3.3.4			
2.6	T	Standpipe Flow Test	6.3.1		***Provide results in table on 1st page.***	
2.7	T	Standpipe Hydrostatic Test	6.3.2			
2.8	T	Hose Rack Assembly Flow Test	13.5.3.2			
2.9	T	Backflow Preventer Assemblies	13.6.2			
2.10	T	Pressure Reducing Hose Valves	13.5.2.2			
2.11	T	Pressure Reducing Valves	13.5.3.2			
2.12	T	Pressure Gauges	6.3.4			

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	3 of 4

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.13	T	Hose Test	6.2.1 NFPA 1962			
3.1	M	Control Valves	13.3.4			
3.2	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.3	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2			
3.4	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		☐ Yes ☐ No	
3.5	M	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 = Deficiency C = Comment (*Indicate type*)

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

Standpipe and Hose System	California Code of Regulations - Title 19 **Inspection, Testing, and Maintenance**	5-Year Report	4 of 4

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

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments** (cont.)* *Indicate all equipment, devices and parts that were repaired or replaced*
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Private Fire Service Main	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Hose Houses	7.2.2.7				
1.4	I	Fire Department Connections	13.7				
1.5	I	Pressure Reducing Valves	13.5.1.1				
1.6	I	Backflow Preventers	13.6.1				
1.7	I	Supervisory Devices	13.3.3.5.1				
1.8	I	Monitor Nozzles	7.2.2.6				

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

Private Fire Service Main	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	2 of 2

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7			
3.4	M	Hydrants	7.4.2			
3.5	M	Monitor Nozzles	7.4.3			
3.6	M	Obstruction Investigation Required (*If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☐ No	
3.7	M	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

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				

Private Fire Service Main	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

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

Standpipe and Hose System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5-Year Report	2 of 2

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

5-Year Inspection, Testing, and Maintenance

Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Control Valves	13.3.4			
3.2	M	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7			
3.4	M	Hydrants	7.4.2			
3.5	M	Monitor Nozzles	7.4.3			
3.6	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2			
3.8	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		☐ Yes ☐ No	
3.9	M	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

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

Flow Rate (gpm)		Static Pressure (psi)	
Hose Stream Allowance (gpm)		Residual Pressure (psi)	
Total System Demand (gpm)		Flow Rate (gpm)	
Required Pressure at Source (psi)		Available Pressure at Total System Demand (psi)	

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name		
Signature		Date

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Weekly Report	1 of 4

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

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

Year		Month		Week	1	2	3	4	5
Item		Description		NFPA 25 CA ed Reference	Date	Date	Date	Date	Date
Fire Pump Start/Stop Pressures									
1.1	T	Fire Pump Start Pressure		8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.2	T	Fire Pump Stop Pressure		8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.3	T	Pressure Maintenance Pump Start Pressure		8.3.2.8(1)(g)	psi	psi	psi	psi	psi
1.4	T	Pressure Maintenance Pump Stop Pressure		8.3.2.8(1)(g	psi	psi	psi	psi	psi
Pump House									
1.5	I	Pump House Heating and Ventilating Louvers		8.2.2(1)(a) 8.2.2(1)(b)					
Fire Pump System									
1.6	I	Control Valves - Identification Sign		13.3.1					
1.7	I	Control Valves - Inspection		13.3.2					
1.8	I	Pump Suction, Discharge & Bypass Valves Open		8.2.2(2)(a)					
1.9	I	Normally Closed Valves are Closed *(Test Header/Venturi Meter)*		8.2.2(2)(g) 13.3.2.2					
1.10	I	Valve Supervisory Devices		5.2.5					
1.11	M	Control Valve Maintenance		13.3.4					
1.12	I	Piping is Free of Leaks		8.2.2(2)(b)					
1.13	I	Suction Reservoir is Full		8.2.2(2)(e)					
1.14		Suction Line Pressure Gauge Reading within Acceptable Range		8.2.2(2)(c)					
	I	Suction Pressure Reading		8.2.2(2)(c)	psi	psi	psi	psi	psi

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Weekly Report	2 of 4

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

Item		Description	Week NFPA 25 CA ed. Reference	1 Date	2 Date	3 Date	4 Date	5 Date
1.15	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)					
	I	System Pressure Reading	8.2.2(2)(d)	psi	psi	psi	psi	psi
1.16	I	Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)					
1.17	I	Verify Pump Packing Glands for Slight Discharge (Pump Not Running)	8.2.2(2)(h)					
1.18	I	Suction Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi
1.19	I	Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi
1.20	I	Check Pump Packing Glands for Slight Discharge (Pump Running)	8.3.2.8(1)(b)					
1.21	I	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)					
1.22	I	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)					
1.23	I	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)					
1.24	I	Circulation Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(a)					
1.25	I	Pressure Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(b)					
1.26	I	Pressure Relief Valve Operating Properly (Flowing)	8.3.3.3.1 8.3.3.3.2 13.5.7.2					
1.27	I	Observe Time for Engine to Crank	8.3.2.8(d)(a)	sec	sec	sec	sec	sec
1.28	I	Observe Time for Engine to Reach Running Speed	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.29	I	Record Time Controller is on First Step (Reduced Voltage or Reduced Current Starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.30	I	Record Time Pump Runs After Starting (Automatic Stop Controllers)	8.3.2.8(2)(c)	min	min	min	min	min
1.31	I	Observe & Record the Following While Engine Running:						
		Engine Oil Pressure Gauge	8.3.2.8(3)(c)	psi	psi	psi	psi	psi
		Speed Indicator Reading	8.3.2.8(3)(c)	rpm	rpm	rpm	rpm	rpm
		Water Temperature	8.3.2.8(3)(c)	ºF	ºF	ºF	ºF	ºF
		Oil Temperature	8.3.2.8(3)(c)	ºF	ºF	ºF	ºF	ºF
1.32	T	Pump Operation (No Flow Condition - 30 min.)	8.3.2.4					
1.33`	I	Record Any Abnormalities (Use Comments and Deficiencies)	8.3.2.8(3)(d)					
		Electrical System Conditions						
1.34	I	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)					
1.35	I	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)					

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Weekly Report	3 of 4

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

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

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Weekly Report	4 of 4

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

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

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

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

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

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Week	*1*	*2*	*3*	*4*	*5*
Date					
Print Name					
Signature					

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	1 of 9

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

Annual Flow Test

Churn (0%) 8.3.5.1	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)

100% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)
	1							
	2							
	3							
	4							
	5							
	6							

150% Rated Flow	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)
	1							
	2							
	3							
	4							
	5							
	6							

Suction pressure at 150% of rated flow at least 0 psi? (8.1.6.1) ☐ Yes ☐ No

For pump systems installed per NFPA 20, using suction tanks where NFPA 20 permitted the suction pressure to be not less than 3 psi, is the suction pressure at least 3 psi? (8.1.6.2) ☐ Yes ☐ 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 Report	2 of 9

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

Test Results and Evaluation (8.3.5.7)

Fire Protection System Demand Information			Fire Pump			
Type of System	Required Pressure at the Pump Discharge Flange (psi)	Required Flow (gpm)	Is the fire pump capable of supplying the system demand using the unadjusted pump curve?			
			☐ 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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
		Fire pump Start/Stop Pressures				
1.01	I	Fire Pump Start Pressure	8.3.2.8(1)(f)		psi	
1.02	I	Fire Pump Stop Pressure	8.3.2.8(1)(f)		psi	
1.03	I	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)		psi	
1.04	I	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)		psi	
		Pump House				
1.05	I	Pump House Heating and Ventilating Louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3			
		Fire Pump System				
1.06	I	Control Valves - Identification Sign	13.3.1			
1.07	I	Control Valves - Inspection	13.3.2			
1.08	I	Pump suction, Discharge & Bypass Valves Open	8.2.2(2)(a)			
1.09	I	Normally Closed Valves Are Closed *(Test Header/Venturi Meter)*	8.2.2(2)(g) 13.3.2.2			
1.10	I	Piping is Free of Leaks	8.2.2(2)(b)			
1.11	I	Suction Line Pressure Gauge Reading within Acceptable Range *(Same as Water Level in Tank or Static Pressure in Water Main)*	8.2.2(2)(c)			
	I	Suction Pressure Reading	8.2.2(2))c)		psi	
1.12	I	Discharge Line Pressure Gauge Reading within Acceptable Range *(Same as Suction Gauge Reading)*	8.2.2(2)(d)			
	I	Discharge Pressure Reading	8.2.2(2)(d)		psi	
1.13	I	Suction Reservoir Full	8.2.2(2)(e)			

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	3 of 9

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

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

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	4 of 9

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.42	I	Cooling System: Jacket Water Heater	Table 8.1.2			
1.43	I	Cooling System: Antifreeze Protection Level	Table 8.1.2			
1.44	I	Cooling System: Inspect Ductwork	Table 8.1.2			
1.45	I	Battery System: Electrolyte Level	Table 8.1.2			
1.46	I	Battery System: Charger and Charge Rate	Table 8.1.2			
1.47	I	Battery System: Equalize Charge	Table 8.1.2			
1.48	I	Battery System: Terminals Clean and Tight	Table 8.1.2			
1.49	I	Exhaust System: Leakage	Table 8.1.2			
1.50	I	Exhaust System: Flexible Exhaust	Table 8.1.2			
1.51	I	Exhaust System: Hangers and Supports	Table 8.1.2			
1.52	I	Electrical System: General Inspection	Table 8.1.2			
1.53	I	Electrical System: Circuit Breakers or Fuses	Table 8.1.2			
1.54	I	Electrical System: Wire Chafing Where Subject to Moving	Table 8.1.2			
		Fire Pump Tests				
2.01	T	Pump Operation - No Flow Condition	8.3.2			
2.02	T	Engine Generator Sets	NFPA 110			
2.03	T	Control Valve - Position	13.3			
2.04	T	Control Valve - Operation	13.3.3.1			
2.05	T	Supervisory Devices	13.3.3.5.1			
2.06	T	Pump Operation - Flow Condition	8.3.3.1			
2.07	T	Pressure Reducing Valve	13.5.1.2			
2.08	T	Time Pump Runs After Starting (For Automatic Stop Controllers)	8.3.2.8(2)(c)		min/sec	
2.09	T	Control Valve Test	13.3.3			
		Pump System				
2.10	T	Pump System: Check Pump Shaft End Play	Table 8.6.1			
2.11	T	Pump System: Check Accuracy of Pressure Gauges/Sensors	Table 8.6.1			
2.12	T	Pump System: Check Pump Coupling Alignment	Table 8.6.1			
2.13	T	Pressure Relief Valve	13.5.7.2			
2.14	T	Circulation Relief Valve	13.5.7.1.2			
2.15	T	Exercise Isolating Switch and Circuit Breaker	Table 8.1.2			

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	5 of 9

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16	T	Annual Test - Indicate Method of Discharge If the current test does NOT use the method described in 8.3.3.1.2.1 - then indicate the DATE the last time this method was used: _____	8.3.3.1.2.1 8.3.3.1.2.2 8.3.3.1.2.3 8.3.3.1.3		☐ 8.3.3.1.2.1 ☐ 8.3.3.1.2.2 ☐ 8.3.3.1.2.3	
2.17	T	Automatic Transfer Switch Test	8.3.3.4			
2.18	T	Alarm Tests	8.3.3.5			
2.19	T	Electronic Fuel Management Control System Test	8.3.3.8			
2.20	T	Trip Circuit Breaker	Table 8.1.2			
2.21	T	Operate Manual Starting Means	Table 8.1.2			
2.22	T	Parallel and Angular Alignment Test	8.3.4.4			
		Diesel Engine System				
2.23	T	Battery System: Specific Gravity or State of Charge	Table 8.1.2			
2.24	T	Electrical System: Operation of Safeties and Alarms	Table 8.1.2			
2.25	T	Exhaust System: Excessive Back Pressure	Table 8.1.2			
		Maintenance				
3.01	M	Lubricate Pump Bearings	Table 8.1.2			
3.02	M	Check Pump Shaft End Play	Table 8.1.2			
3.03	M	Check Accuracy of Pressure Gauges	Table 8.1.2			
3.04	M	Check Pit Suction Screens	Table 8.1.2			
3.05	M	Lubricate Coupling	Table 8.1.2			
3.06	M	Lubricate Right-angle Gear Drive	Table 8.1.2			
3.07	M	Tighten Electrical Connections	Table 8.1.2			
3.08	M	Lubricate Mechanical Moving Parts (Excluding Starters and Relays)	Table 8.1.2			
3.09	M	Calibrate Pressure Switch Settings	Table 8.1.2			
3.10	M	Grease Motor Bearings	Table 8.1.2			
3.11	M	Check Voltmeter and Ammeter for Accuracy	Table 8.1.2			
3.12	M	Printed Circuit Boards without Corrosion	Table 8.1.2			
3.13	M	Any Cracked Cable/Wire Insulation	Table 8.1.2			
3.14	M	Any Leaks in Plumbing Parts	Table 8.1.2			
3.15	M	Any Signs of Water on Electrical Parts	Table 8.1.2			
3.16	M	Suction Screens	8.3.3.7			

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	6 of 9

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.17	M	Control Valve Maintenance	13.3.4			
		Diesel Engine System				
3.18	M	Fuel: Water in System	Table 8.1.2			
3.19	M	Fuel: Strainer, Filter, Dirt Leg, or Combination Thereof	Table 8.1.2			
3.20	M	Cooling System: Antifreeze	Table 8.1.2			
		Lubrication System				
3.21	M	Lubricate Oil Heater	Table 8.1.2			
3.22	M	Crankcase Breather	Table 8.1.2			
3.23	M	Oil Change	Table 8.1.2			
3.24	M	Oil Filter	Table 8.1.2			
		Cooling System				
3.25	M	Water Strainer	Table 8.1.2			
3.26	M	Antifreeze Protection Level	Table 8.1.2			
3.27	M	Rod Out Heat Exchanger	Table 8.1.2			
3.28	M	Clean Louvers	Table 8.1.2			
		Exhaust System				
3.29	M	Drain Condensation Trap	Table 8.1.2			
		Battery System				
3.30	M	Remove Corrosion, Exterior Clean and Dry	Table 8.1.2			
		Electrical System				
3.31.	M	Boxes, Panels and Cabinets	Table 8.1.2			
3.32	M	Tighten Control and Power Wiring Connections	Table 8.1.2			
3.33	M	Circuit Breakers and Fuses	Table 8.1.2			
3.34	M	Inspect and Operate Emergency Manual Starting Means (Without Power)	Table 8.1.2			
3.35	M	Adjust Gland Nuts if Necessary				
3.36	M	Obstruction Investigation Required *(If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☐ No	
3.37	M	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 Report	7 of 9

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

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

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

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

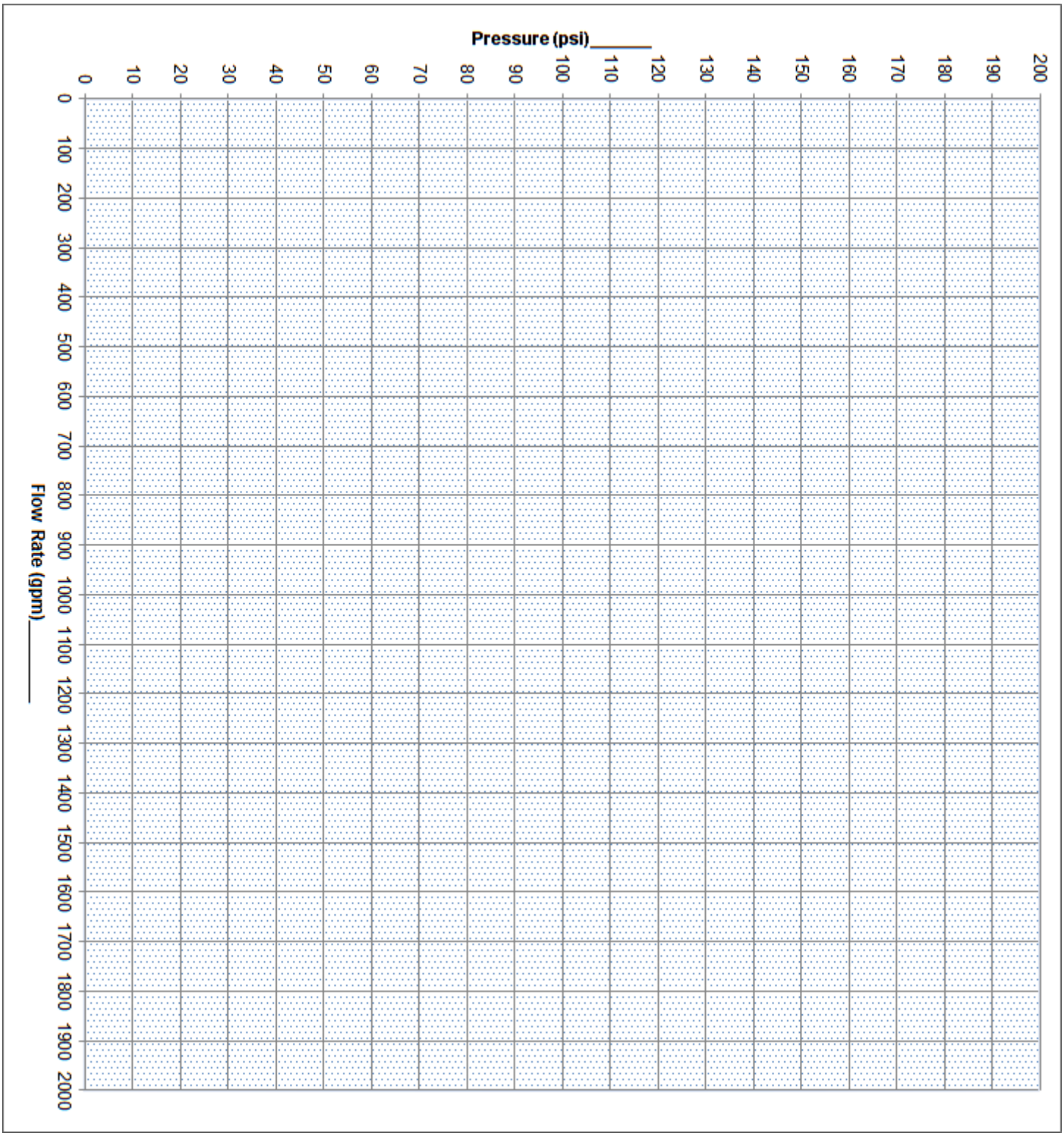
☐ See Correction Form AES 10 for corrected deficiencies. Number attached:

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name		
Signature		Date

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	8 of 9

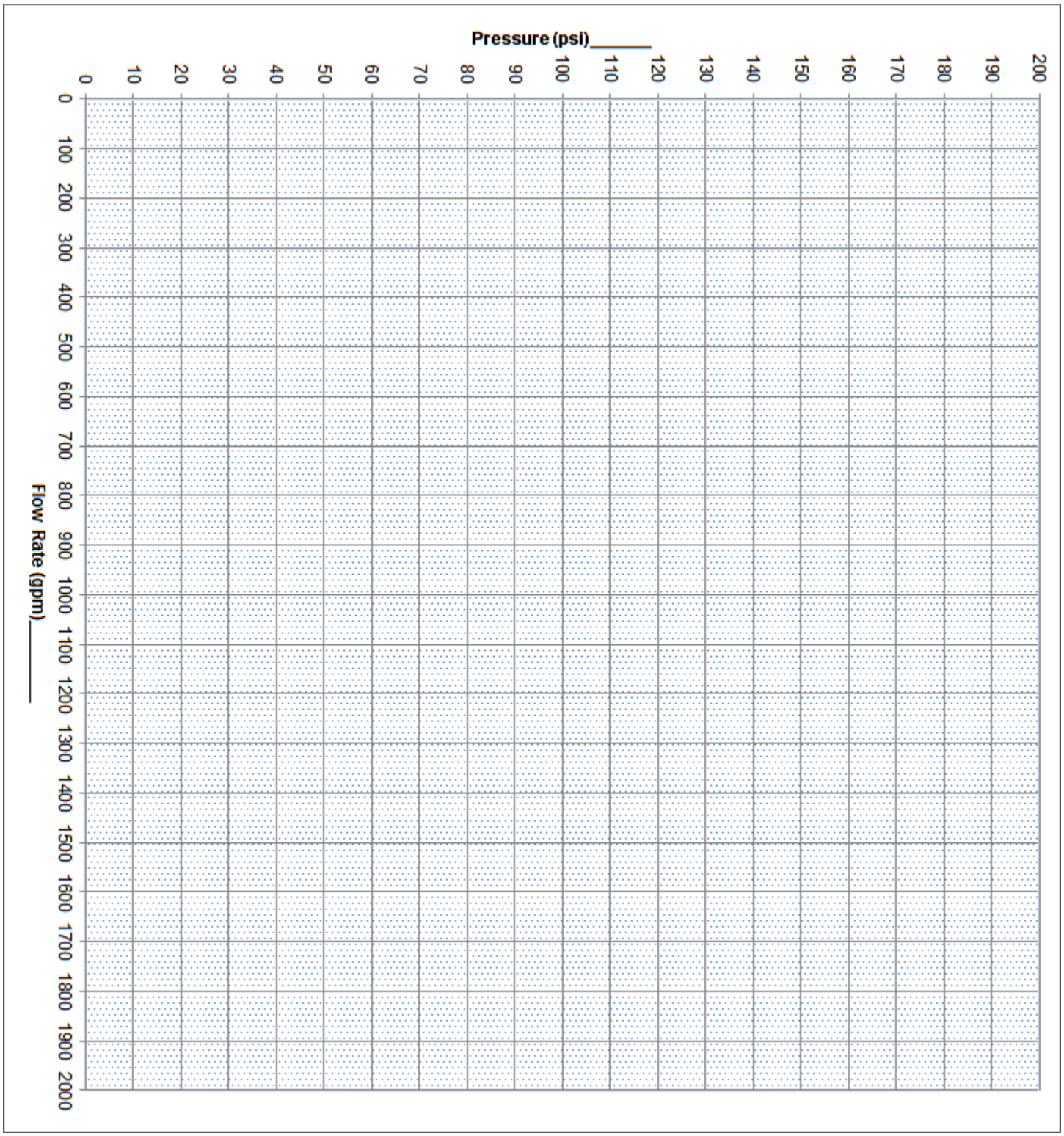
Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		



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

Diesel Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	9 of 9

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



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	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Monthly Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

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

		Year	Month	1	2	3	4	5	6
Item		Description	NFPA 25 CA ed Reference	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
Fire Pump Start/Stop Pressures									
1.1	T	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.2	T	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.3	T	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi	psi
1.4	T	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g	psi	psi	psi	psi	psi	psi
Pump House									
1.5	I	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)						
Fire Pump System									
1.6	I	Control Valves - Identification Sign	13.3.1						
1.7	I	Control Valves - Inspection	13.3.2						
1.8	I	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)						
1.9	I	Normally Closed Valves are Closed *(Test Header/Venturi Meter)*	8.2.2(2)(g) 13.3.2.2						
1.10	I	Valve Supervisory Devices	5.2.5						
1.11	I	Piping is Free of Leaks	8.2.2(2)(b)						
1.12	I	Suction Reservoir is Full	8.2.2(2)(e)						
1.13	I	Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)						
	I	Suction Pressure Reading		psi	psi	psi	psi	psi	psi

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Monthly Report	2 of 3

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

		Year	Month	1	2	3	4	5	6
Item		Description	NFPA 25 CA ed. Reference	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
1.14	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)						
	I	System Pressure Reading		psi	psi	psi	psi	psi	psi
1.15	I	Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)						
1.16	I	Verify Pump Packing Glands for Slight Discharge (Pump Not Running)	8.2.2(2)(h)						
1.17	I	Pump Operation (No Flow - 10 min.)	8.3.2.3						
1.18	I	Observe Time for Motor to Accelerate to Full Speed	8.3.2.8(2)(a)						
1.19	I	Check Pump Packing Glands for Slight Discharge (Pump Running)	8.3.2.8(1)(b)						
1.20	I	Suction Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)						
1.21	I	Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)						
1.22	I	Pressure Readings Acceptable							
1.23	I	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)						
1.24	I	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)						
1.25	I	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)						
1.26	I	Circulation Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(a) 13.5.7.1.1						
1.27	I	Record Time Controller is on First Step (Reduced Voltage or Reduced Current Starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec	sec
1.28	I	Record Time Pump Runs After Starting (Automatic Stop Controllers)	8.3.2.8(2)(c)	min	min	min	min	min	min
		Electrical System Conditions							
1.29	I	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)						
1.30	I	Engine Generator Sets (Monthly)	NFPA 110						
1.31	I	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)						
1.32	I	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)						
1.33	I	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)						
1.34	I	Oil Level in Vertical Motor Sight Glass is Within Acceptable Range	8.2.2(3)(e)						
1.35	I	Exercise Isolating Switch Circuit Breaker	Table 8.1.2						
1.36	T	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)						
		General Maintenance							
1.37	M	System Returned to Service	4.5.3 15.7						

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Monthly Report	3 of 3

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

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

Item	*Date*	*Riser*	*D*	*C*	*Deficiencies and Comments* *Indicate all equipment, devices and parts that were repaired or replaced*
			☐	☐	
			☐	☐	
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

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

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Month	*1*	*2*	*3*	*4*	*5*	*6*
Date						
Print Name						
Signature						

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	1 of 7

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

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

Annual Flow Test

	Flow (gpm)	Suction (psi)	Discharge (psi)	Net Pressure (psi)	Speed (rpm)
Churn (0%) 8.3.5.1					
	Phase	**Volts**	**Amps**	**V x A**	**Rated V x FLA x SF**
	A-B				
	B-C				
	C-A				

8.3.5.5 V x A acceptable? ☐ Yes ☐ No 8.3.5.6 Voltage acceptable? ☐ Yes ☐ No

	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Phase	Volts	Amps	V x A	Rated V x FLA x SF
100% Rated Flow	1								
	2								
	3								
	4				8.3.5.5 V x A acceptable? ☐ Yes ☐ No				
	5				8.3.5.6 Voltage acceptable? ☐ Yes ☐ No				
	6								

	Nozzle #	Size	Pitot Pressure	Flow (gpm)	Phase	Volts	Amps	V x A	Rated V x FLA x SF
150% Rated Flow	1								
	2								
	3								
	4				8.3.5.5 V x A acceptable? ☐ Yes ☐ No				
	5				8.3.5.6 Voltage acceptable? ☐ Yes ☐ No				
	6				Suction pressure at 150% of rated flow at least 0 psi? ☐ Yes ☐ No				

For pump systems installed per NFPA 20, using suction tanks where NFPA 20 permitted the suction pressure to be not less than 3 psi, is the suction pressure at least 3 psi? (8.1.6.2) ☐ Yes ☐ No

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	2 of 7

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

Fire Pump Test Curves	
Manufacturer's shop test curve	1. 8.3.5.3(1)
Original adjusted fire pump curve using net pump pressures	2. 8.3.5.3(1)
Current adjusted fire pump curve using net pump pressures	3. 8.3.5.3(1)
Original unadjusted fire pump curve using net pump pressures	4. 8.3.5.3(1)
Current unadjusted fire pump curve using net pump pressures	5. 8.3.5.3(1)
Current unadjusted fire pump curve using total pump pressure + supply pressure	6. 8.3.5.7
*Note: The fire pump nameplate data is permitted to be used if the manufacturer's shop test curve is unavailable. (8.3.5.3(2))	

Test Results and Evaluation (8.3.5.7)

Fire Protection System Demand Information			Fire Pump			
Type of System	Required Pressure at the Pump Discharge Flange (psi)	Required Flow (gpm)	Is the fire pump capable of supply the system demand using the unadjusted pump curve?			
			☐ 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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
Fire pump Start/Stop Pressures						
1.01	I	Fire Pump Start Pressure	8.3.2.8(1)(f)		psi	
1.02	I	Fire Pump Stop Pressure	8.3.2.8(1)(f)		psi	
1.03	I	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)		psi	
1.04	I	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g)		psi	
Pump House						
1.05	I	Pump House Heating and Ventilating Louvers. Illumination	8.2.2(1)(a) 8.2.2(1)(b) 8.3.4.3			
Fire Pump System						
1.06	I	Control Valves - Identification Sign	13.3.1			
1.07	I	Control Valves - Inspection	13.3.2			
1.08	I	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)			
1.09	I	Normally Closed Valves are Closed *(Test Header/Venturi Meter)*	8.2.2(2)(g) 13.3.2.2			

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	3 of 7

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.10	I	Piping is Free of Leaks	8.2.2(2)(b)			
1.11	I	Suction Line Pressure Gauge Reading within Acceptable Range *(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	I	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	I	Suction Reservoir Full	8.2.2(2)(e)			
1.14	I	Wet Pit Suction Screens are Unobstructed and in Place	8.2.2(2)(f)			
1.15	I	Check Pump Packing Glands for Slight Discharge *(Pump Not Running)*	8.2.2(2)(h)			
1.16	I	Check Pump Packing Glands for Slight Discharge *(Pump Running)*	8.3.2.8(1)(b)			
1.17	I	Suction Line Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)		psi	
1.18	I	Discharge Pressure Gauge Reading (Pump Running)	8.3.2.8(1)(a)		psi	
1.19	I	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)			
1.20	I	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)			
1.21	I	Circulation Relief Valve Operating Properly	13.5.7.1.2			
1.22	I	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	T	Record Time Pump Runs after Starting (For Automatic Stop Controllers)	8.3.2.8(2)(c)			min
1.25	T	Control Valve Test	13.3.3			
1.26	M	Control Valve Maintenance	13.3.4			
1.27	M	Adjust Gland Nuts, if Necessary	8.3.2.8(1)(c)			
		Electrical System Conditions				
1.28	I	Controller "Power On" Pilot Light is Illuminated	8.2.2(3)(a)			
1.29	I	Transfer Switch Normal Pilot Light is Illuminated	8.2.2(3)(b)			
1.30	I	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)			
1.31	I	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)			

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	4 of 7

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

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

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	5 of 7

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

Annual Fire Pump Inspection, Testing, and Maintenance

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

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.14	M	Any Leaks in Plumbing Parts	Table 8.1.2			
3.15	M	Any Signs of Water on Electrical Parts	Table 8.1.2			
3.16	M	Suction Screens	8.3.3.7			
3.17	M	Is Obstruction Investigation Required? If "Yes", See Deficiencies and Comments Section for Results.	14.3		☐ Yes ☐ No	
3.18	M	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

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

Item	*Date*	*Riser*	*D*	*C*	*Deficiencies and Comments* *Indicate all equipment, devices and parts that were repaired or replaced*
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☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

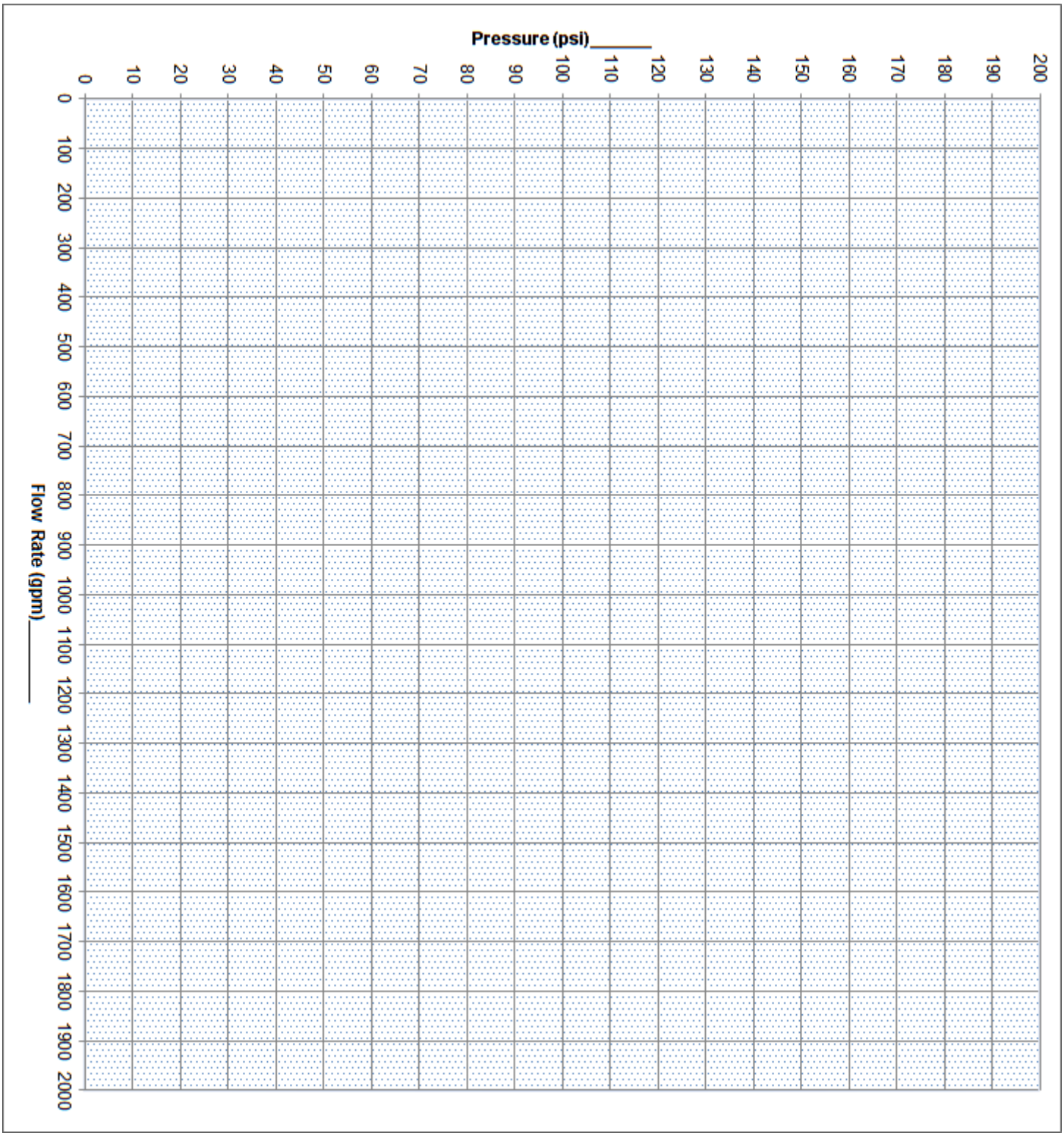
☐ See Correction Form AES 10 for corrected deficiencies. Number attached:

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Print Name	
Signature	Date

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	6 of 7

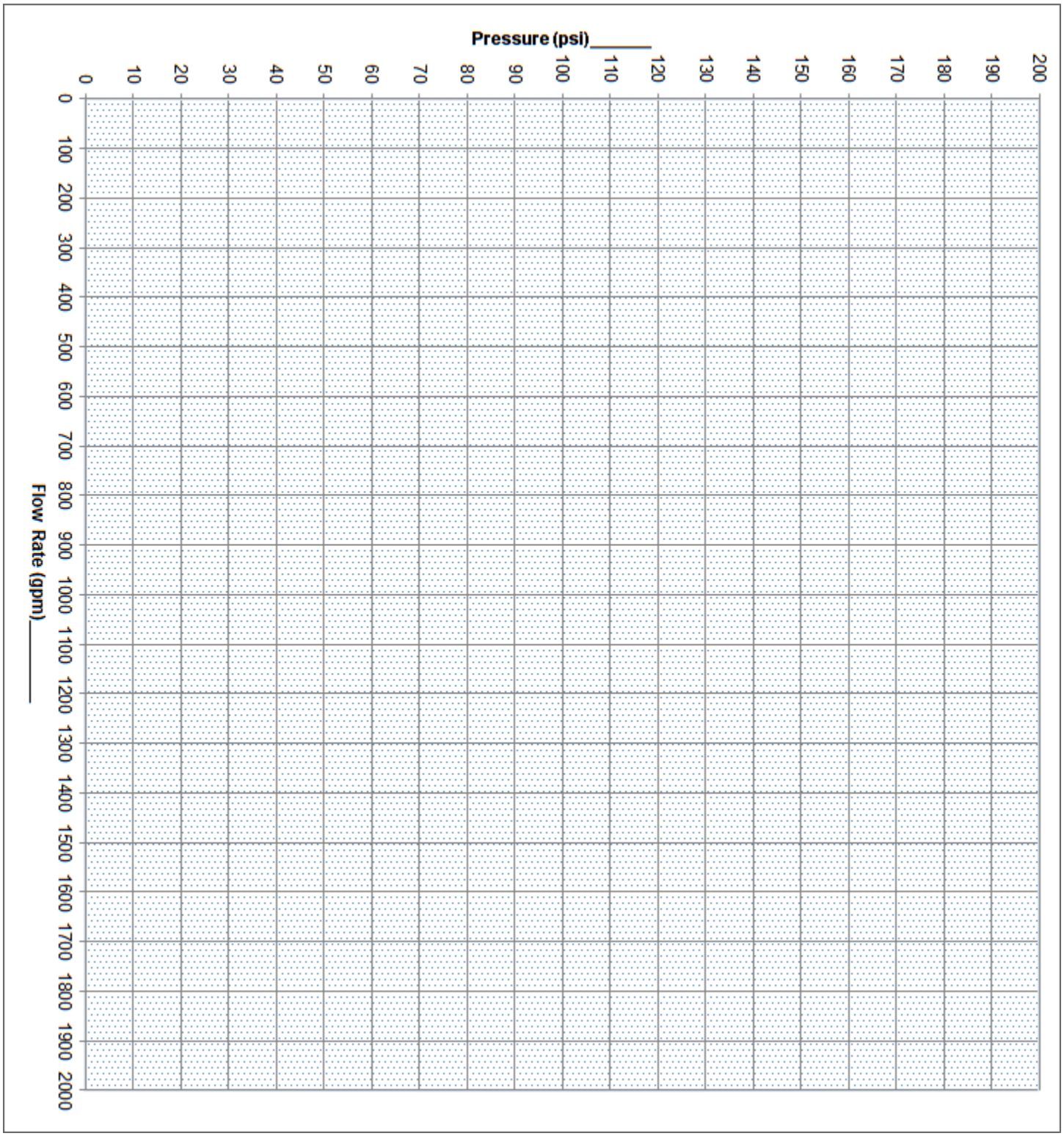
Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		



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

Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Report	7 of 7

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



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

Water Storage Tanks	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Inspection Report	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

Water Storage Tanks	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Annual Inspection Report	2 of 2

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

INSPECTION, TESTING, AND MAINTENANCE

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

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

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

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

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Print Name	
Signature	Date

Water Spray Fixed System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	1 of 4

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

INSPECTION, TESTING, AND MAINTENANCE

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

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

Water Spray Fixed System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	2 of 4

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

INSPECTION, TESTING, AND MAINTENANCE

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

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

Water Spray Fixed System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	3 of 4

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

INSPECTION, TESTING, AND MAINTENANCE

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.13	T	Nozzles	10.2.1.3, 10.2.1.6, Section 10.3			
2.14	T	Pressure Tank	Section 10.2, Chapter 9			
2.15	T	Steam Driver	10.2.9, Chapter 8			
2.16	T	Strainers	10.2.1.3, 10.2.1.7, 10.2.7			
2.17	T	Suction Tanks	10.2.10, Chapter 9			
2.18	T	Water Flow Alarm	Chapter 5			
2.19	T	Valve Supervisory Signal Devices	Chapter 13			
2.20	T	Supervisory Signal Devices (Except Valve Supervisory Switches)	13.2.6.2			
2.21	T	Water Spray System Test	10.3, Chapter 13			
2.22	T	Water Supply Flow Test	7.3.1			
2.23	T	UHSWSS	10.4			
		Maintenance				
3.0	M	Backflow Preventer	Chapter 13			
3.1	M	Check Valves	Chapter 13			
3.2	M	Control Valves	10.2.1.4, Chapter 13			
3.3	M	Deluge Valve	10.2.2, Chapter 13			
3.4	M	Detection Systems	NFPA 72			
3.5	M	Detector Check Valve	Chapter 13			
3.6	M	Electric Motor	10.2.9, Chapter 8			
3.7	M	Engine Drive	10.2.9, Chapter 8			
3.8	M	Fire Pump	10.2.9, Chapter 8			
3.9	M	Gravity Tanks	10.2.10, Chapter 9			
3.10	M	Pressure Tanks	10.2.6, Chapter9			
3.11	M	Steam Driver	10.2.9, Chapter 8			

Water Spray Fixed System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	4 of 4

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

INSPECTION, TESTING, AND MAINTENANCE

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

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

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

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

Foam-Water Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

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

INSPECTION, TESTING, AND MAINTENANCE

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

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
		Inspection				
1.1	I	Discharge Device Location (Sprinkler)	11.2.5			
1.2	I	Discharge Device Location (Spray Nozzle)	11.2.5			
1.3	I	Discharge Device Position (Sprinkler)	11.2.5			
1.4	I	Discharge Device Position (Spray Nozzle)	11.2.			
1.5	I	Foam Concentrate Strainer(s)	11.2.7.2			
1.6	I	Drainage in System Area	11.2.8			
1.7	I	Proportioning System(s) - All	11.2.9			
		Test				
2.1	T	Discharge Device Location	11.3.2.6			
2.2	T	Discharge Device Position	11.3.2.6			
2.3	T	Discharge Device Obstruction	11.3.2.6			
2.4	T	Foam Concentrate Strainer(s)	11.2.7.2			
2.5	T	Proportioning System(s) - All	11.2.9			
2.6	T	Complete Foam-water System(s)	11.3.3			
2.7	T	Foam-water Solution	11.3.5			
2.8	T	Manual Actuation Devices(s)	11.3.4			
2.9	T	Strainer(s) - Mainline	11.2.7.1			
		Maintenance				
3.1	M	Foam Concentrate Pump Operation	11.4.6.1 11.4.7.1			
3.2	M	Foam Concentrate Strainer(s)	11.4			
3.3	M	Foam Concentrate Samples	11.2.10			
		Proportioning System(s) **Standard Pressure Type:**				
3.4	M	Ball Drip (automatic type) Drain Valves	11.4.3.1			
3.5	M	Foam Concentrate Tank - Drain and Flush	11.4.3.2			
3.6	M	Corrosion and Hydrostatic Test	11.4.3.3			

Foam-Water Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	2 of 3

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

INSPECTION, TESTING, AND MAINTENANCE

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

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

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

Item	*Date*	*Riser*	*D*	*C*	*Deficiencies and Comments* *Indicate all equipment, devices and parts that were repaired or replaced*
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Foam-Water Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Inspection Report	3 of 3

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

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

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

Continuation Form for Deficiencies and Comments	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	1 of 2

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

Type of System	
☐ Automatic Sprinkler System	☐ Water Storage Tank
System Riser ID	☐ Water Spray System
☐ Standpipe & Hose System	System Riser ID
System Riser ID	☐ Foam-Water System
☐ Private Water Supply System	System Riser ID

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments*** *Indicate all equipment, devices and parts that were repaired or replaced*
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Continuation Form for Deficiencies and Comments | **California Code of Regulations - Title 19 Inspection, Testing, and Maintenance** | **2 of 2**

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

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

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