

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

Property Information:

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



Contractor Information:

Number of System Risers

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License#: _____

Job #: _____

Performed by: _____

Copy sent to:

Owner Date: _____

Fire AHJ Date: _____

Contractor Date: _____

NOTES:


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

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

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

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

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

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

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

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

Quarterly Inspections							
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1				
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1				
1.9	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6				
1.10	I	General Information Sign <i>(Not Required for System prior to 2007 Edition of NFPA 13)</i>	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	Alarm Valves – Exterior Inspection	13.4.1				
1.15	I	Pressure Reducing Valves	13.5.1.1				
1.16	I	Backflow Preventers	13.6.1				
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1				
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1				

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

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

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

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

D = Deficiency C = Comment (Indicate type)

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

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

D = Deficiency C = Comment (Indicate type)

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

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

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

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

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