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

Property Information:								
Name:	_ Occupancy/Use	:			772			
Address:	_ Construction Ty	Construction Type:						
City:	No. Stories:			Sign Sign				
ZIP:	Year Constructe	ed:		No.	No.			
Contact:	_			FIRE	MARS			
Telephone:								
Contractor Information:		Number of System	Risers					
Name:		Copy sent to:						
Address:	<u>.</u>	Owner Date:			_			
City:	_	Fire AHJ Date:			_			
State:	_	Contractor Date:						
Telephone:	_	NOTES: 1) For specific inspec						
CA License#:	_	requirements and info edition as amended by						
Job #:		Title 19, §901 to §906.						
Performed by:		2) Inspection items maccordance with Calif §904.1(a)	ay be perfor ornia Code	rmed by the o of Regulation	owner in ns, Title 19,			
Check box for each system ins Check boxes (Fail or Pass) to	pected and enter the indicate status of i	e number of forms usenspected system at en	ed for inspe	ction. tion.				
Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass			
☐ Automatic Sprinkler System	5							
☐ Standpipe and Hose System	6							
☐ Private Water Supply System	7							
☐ Fire Pump	8							
☐ Water Storage Tank	9							
☐ Water Spray System	10							
☐ Foam Water Sprinkler System	11							
☐ Water Mist System	12							
Concerns that are Not Deficiencies (i.e. Non-Sprink	klered Areas)			☐ Yes	☐ No			
*See "Deficiencies and Comments" section at end	of each respective	form						

AES 1 September 3, 2013

Wet Pipe Fire Sprinkler System		alifornia Code of Regulations - Title 19 nspection, Testing, and Maintenance			
Property Information	OF CALIFORNIA	Contractor or Licensed Owner Information			
Building Name		Name			
		Address			
Address	FARE MARS	City	St.	Zip	
	License #	Phone			
City	☐ SFM	Job #			
Contact Person	☐ CSLB	Misc.			

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

	5-Year INSPECTION, TESTING, AND MAINTENANCE Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items						
	l = Ir	spection T = Test M = Maintenance	P = Pass F = Fail N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A	
1.1	ı	Control Valves – Identification Sign	13.3.1				
1.2	ı	Control Valves – Inspection	13.3.2				
1.3	ı	Waterflow Alarm Devices	5.2.5				
1.4	ı	Supervisory Devices	5.2.5				
1.5	ı	Gauges (Wet Pipe Systems)	5.2.4.1				
1.6	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6				
1.7	ı	Enter Water Supply Pressure Below Riser Check	5.2.4.1		psi		
1.8	ı	Enter Water Supply Pressure Above Riser Check	5.2.4.1		psi		
1.9	ı	Pressure Readings Acceptable	5.2.4.1				
1.10	I	General Information Sign (Not Required for System Prior to 2007 Edition NFPA 13)	5.2.8				
1.11	ı	Heat Tape	5.2.7				
1.12	ı	Spare Sprinklers	5.2.1.4				
1.13	ı	Fire Department Connections	13.7				
1.14	ī	Alarm Valves – Exterior Inspection	13.4.1				
1.15	ı	Pressure Reducing Valves	13.5.1.1				
1.16	ī	Backflow Preventers	13.6.1				

Form AES 2.2 Sept. 3, 2013

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

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

Form AES 2.2 Sept. 3, 2013

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

Wet Pipe
Fire Sprinkler System

5	Year
R	eport

Wet Pipe Fire Sprinkler System Ir	na Code of Regulations on, Testing, and Ma		5 Year Report	3 of 3
Property Information	OF CALLA	Contractor or	Licensed Owner Info	rmation
	TE OF SE			
Building Name	SO S	Name		
Address	No. The state of t	Job#		
City	FIRE MARS			

Sity						N	Miller			
	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				Desci	iption		NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Check Valves	- Inter	nal ins	spection		13.4.2			
3.2	M	Control Valves					13.3.4			
3.3	М	FDC - Backflus	sh				14.3.2.3 14.3.2.4			
3.4		Internal Pipe Ir Comments Sec			See Deficiencies sults.	and	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 = Def	iciend	y C = Comme	nt (Indica	ite type)					
ltom	7	Deta Bioer D C Deficiencies and Comments								

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