

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

Property Information:

Name: _____

Address: _____

City: _____

ZIP: _____

Contact: _____

Telephone: _____

Occupancy/Use: _____

Construction Type: _____

No. Stories: _____

Year Constructed: _____



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.**


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		<input type="checkbox"/> SFM		Job #				
Contact Person		<input type="checkbox"/> CSLB		Misc.				

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

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

Number of AES 2.9 forms attached:

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

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.1	T	Field Service Test Required <i>Send Report to Fire Code Official</i>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices 90 secs max. Enter time	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4			
2.5	T	Control Valve - Position	13.3.3.2			
2.6	T	Control Valve – Operation	13.3.3.1			
2.7	T	Supervisory Devices	13.3.3.5			
2.8	T	Backflow Preventer Assemblies	13.6.2			
2.9	T	Small Hose Connections* w/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3			
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			
2.11	T	Pressure Gauges - Calibration	5.3.2			
2.12	T	Small Hose Connections*	13.5.6.2.2			
* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.						

Include ALL Quarterly Inspections (See AES 2.1)

P = Pass F = Fail N/A = Not Applicable

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<i>Item</i>	<i>Date</i>	<i>Riser</i>	<i>D</i>	<i>C</i>	<i>Deficiencies and Comments</i> <i>Indicate all equipment, devices and parts that were repaired or replaced</i>
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<input type="checkbox"/> Check here if additional Deficiencies and Comments are listed on Form AES 9.	Number attached:
<input type="checkbox"/> See Correction Form AES 10 for corrected deficiencies.	Number attached:

Print Name	
Signature	Date