Wet Pipe Fire Sprinkler System	nia Code of Regulations ction, Testing, and Mair		1 of 3	
Property Information	E OF CALIFORNIA	Contract	ation	
Building Name	Name			
Address	The state of the s	Address		
	FIRE MARS	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									

	1 =	Inspection T = Test M = Maintenance				N/A = Not App	
ltem		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1		Control Valves – Identification Sign	13.3.1				
1.2	-	Control Valves – Inspection	13.3.2				
1.3	-	Waterflow Alarm Devices	5.2.5				
1.4	1	Supervisory Devices	5.2.5				
1.5	1	Gauges (Wet Pipe Systems)	5.2.4.1				
1.6	ı	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	ps
1.7	1	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	ps
1.8	ı	Pressure Readings Acceptable	5.2.4.1				
1.9	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6				
1.10	ı	General Information Sign (Not Required for System prior to 2007 Edition of NFPA 13)	5.2.8				
1.11	ı	Heat Tape	5.2.7				
1.12	1	Spare Sprinklers	5.2.1.4				
1.13	1	Fire Department Connections	13.7				
1.14	1	Alarm Valves – Exterior Inspection	13.4.1				
1.15	ı	Pressure Reducing Valves	13.5.1.1				
1.16	1	Backflow Preventers	13.6.1				
1.17	ı	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1				
1.18	ı	PRV – Fire Sprinkler Systems	13.5.1.1				

Form AES 2.1

Wet Pipe Fire Sprinkler System	nia Code of Regulations ction, Testing, and Mair		Quarterly and Annual Report	2 of 3		
Property Information	OF CALLED	Contractor or Licensed Owner Information				
Building Name		Name				
Address	A THE STATE OF THE					
City	FIRE MAR					

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections											
		I = Inspection T = Test M = Maintenance	TLL Quarterry mor		ss F = Fail N/A = Not App	olicable						
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A						
1.19		Sprinklers	5.2.1									
1.20	1	Buildings (Freeze Protection)	4.1.1.1		## W	-						
1.21	1	Pipe and Fittings	5.2.2									
1.22	Т	Hangers	5.2.3									
1.23	1	Seismic Braces	5.2.3									
2.1	Т	Field Service Test Required (Send Report to Fire Code Official)	5.3.1									
2.2	Т	Recalled Sprinklers  If not present = Pass; If present = Fail	Title 19 904.1(c)									
2.3	Т	Water Flow Alarm Devices 90 sec. maximum - (Enter Time)	5.3.3 13.2.6		s	sec.						
2.4	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4									
2.5	Т	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									
2.9	Т	Small Hose Connections* w/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3									
2.10	Т	PRV – Fire Sprinkler Systems	13.5.1.3									
3.1	М	Control Valves	13.3.4									
3.2	М	Small Hose Connections*	13.5.6.3									
3.3	М	Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.)	14.3		Yes No							
3.4	М	System Returned to Service	4.5.3		Yes No							
* Smal standp		e connections are hose valves and optional hose supporters.	plied by the fire spri	nkler systen	n. They do not include Clas	ss I, II, or III						

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

Form AES 2.1

Wet Pipe Fire Sprinkler System	nia Code of Regulations on, Testing, and Ma		Quarterly and Annual Report	3 of 3			
Property Information	E OF CALLED	Contractor or Licensed Owner Information					
Building Name		Name					
Address	THE STATE OF THE S	Job#					
City	FIRE MARS						

City						M.	FIRE MAR						
D = Defi	ciency (	C = Comme	ent	(Indicate	e type )		5 6 1		10				
Item	Date	Riser	D	С		Indica	<b>Deficie</b> l ate all equipmen	<b>ncies</b> t, devic	es and Co	omments rts that were i	( <b>cont.)</b> repaired (	or replaced	
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					omments are lis deficiencies.	sted on Fo	rm AES 9. Num Num		ached: ached:				
I he th	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 be	ox if A	Annual Ir	nspection, Te	sting & M	aintenance Ite	ems ar	re Compl	leted in the	Indicate	ed Quarter	
Qua	rter	1st -		Annual		nd - 🔲				Annual		4th -	Annual
Da													
Print N	Name												
-													

Form AES 2.1