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

Property Information:			<u> </u>		
Name:	Occupancy/Use	: <u> </u>			The Control of the Co
Address:	Construction Ty	pe:		E OF C	ALIFOR
City:	No. Stories:			15	
ZIP:	Year Constructe	d:		No.	NO NO
Contact:				FIRE	MARS
Telephone:					
Contractor Information:		Number of System F	Risers		
Name:	C	Copy sent to:			
Address:		Owner Date:			
City:		Fire AHJ Date:			
State:		Contractor Date:			
Telephone:		NOTES: 1) For specific inspecti	on, testing	, and mainte	nance
CA License#:		requirements and infor edition as amended by			
Job #:		Title 19, §901 to §906.			
Performed by:		2) Inspection items ma accordance with Califo	y be perfor rnia Code	med by the o of Regulation	owner in ns, Title 19,
Check box for each system insp		§904.1(a)	d for incur	ation	
Check boxes (Fail or Pass) to it	ndicate status of i	nspected system at end	d of inspect	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-Sprinkle	ered Areas)			☐ Yes	☐ No
*See "Deficiencies and Comments" section at end	of each respective	form			

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Private Fire Service Main		a Code of Regulation ion, Testing, and Mai		Quarterly and Annual Report	1 of 2
Property Information		FOF CALIFORNIA	Contracto	r or Licensed Owner Inform	nation
Building Name		Name			
Address			Address		
		FIRE MARS	City	St. Zip)
City	L	icense #	Phone		
Contact Person		SFM	Job #		
Phone		CSLB	Misc.		

	Quarterly Inspections										
I	= Ins	spection 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	ı	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	ı	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 = Ma	intenance		Pass F = Fail N/A = Not Applica	ble
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	ı	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.13	I	Piping (Underground)	7.3.1			
1.14	1	Hose	NFPA 1962			
2.1	Т	Control Valve - Position	13.3.3.1			
2.2	Т	Control Valve - Operation	13.3.3			
2.3	Т	Monitor Nozzles	7.3.3			
2.4	Т	Hydrants - Flush	7.3.2			
2.5	Т	Supervisory Devices	13.3.3.5			
2.6	Т	Backflow Preventer Assemblies	13.6.2			
2.7	Т	Pressure Reducing Valve (Partial Flow Test)	13.5.1.3			
3.1	М	Control Valves	13.3.4			
3.2	М	Mainline Strainers	7.2.2.3			

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Private	Fire
Service	Mair

Address City

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Quarte	rly	and
Annual	Re	port

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	Property Information
Building Name	
Address	



Name		
Job#		

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections										
		I = Inspection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicabl	е					
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A					
3.3	М	Hose Houses	7.2.2.7 Table 7.2.2.7								
3.4	М	Hydrants	7.4.2								
3.5	М	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	М	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No						

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				
					Comments are listed on Form AES 9. Number attached: d 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										

Continuation Form for Deficiencies and Comments						ifornia Code o	of Regulati	ions - Title 19 Maintenance			
Defic		operty In				OF CALLED		Contractor or Licensed Owner Information			
Building	Name							Name	Name		
Address						NO THE	Address				
						FIRE	MARS	City	St.	Zip	
City						License #		Phone			
Contact	Person					☐ SFM		Job#			
Phone						☐ CSLB		Misc.			
						Type of	System				
Auto	matic Spri	nkler Svet	tom			Type of		Storage Tank			
	Riser ID	TINGI OYSI	CIII					Spray System			
	andpipe &	Hose Sys	tem				System R				
	Riser ID						Foam-	Water System			
Priv	ate Water	Supply S	ystem				System R	iser ID			
D = Def	iciency C	= Comme	ent	(Indica	ate type)		Deficie				
Item	Date	Riser	D	С		Indicate all e		ncies and Comme vices and parts that were		d	

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Continuation Form for Deficiencies and Comments

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

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Property Information	E OF CALLED	Contractor or Licensed Owner Information
Building Name		Name
Address	A THE STATE OF THE	Job#
City	FIRE MARS	
-		•

City					TRE MAN	
D = Defi	ciency C	= Comm	ent (Indica	ate type)	
Item	Date	Riser	D	С	Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced	
					maisate all equipment, devices and parts that were repaired or replaced	
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			+			
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			+			
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			1			
			+			
			+			
			1			
			+			
☐ See (See Correction Form AES 10 for corrected deficiencies. Number attached:					
_						
l he th	ereby certing e company	fy that th y indicate	ed abo	ve, in	tion equipment listed above has been fully inspected, tested, and maintained on this date by accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable as noted in the "Deficiencies and Comments" section of this form.	
Print Na	ıme					
Signature					Date	

Form AES 9 Sept. 3, 2013

С	orrective	Action
and	Repairs	Performed

- 4	of	С
	LUI I	

and	Repairs Pe	erformed		Ins	pection, Testing, and M	aintenance 1 of 1			
	Prope	rty Informa	ition		OF CALLED	Contractor or Licensed Owner Information			
Building Na	ame				To E	Name			
Address					NEW STATE OF THE S	Address			
					PARE MARS	City	St.	Zip	
City					License #	Phone		·	
Contact Pe	erson				☐ SFM	Job #			
Phone					☐ CSLB	Misc.			
Item	AES Form #	Date Found	Date Corrected		Det Indicate all equipment	ficiencies and Co	omments nat were repaired or repla	aced	
	T OTTIT III	1 Garia	Corrected		maioato an oquipmone	, actions and parts in	iat word repaired or repre	1000	
	 		+						
			 						
			 						
	 		 						
			-						
	-	•	-						
	I h	ereby certif with	fy that the fire CCR, Title 19,	protect Section	tion equipment listed abov ns 901 to 906 and that the	re has been correct equipment is fully	cted in accordance operable.		
Building F	Representativ	/e			Technician				

Signature Date Date Signature

	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance					
Property Information	E OF CALIFORNIA	Contractor or Licensed Owner Information				
Building Name	TO SERVICE AND ADDRESS OF THE PARTY OF THE P	Name				
Address	THE STATE OF THE S	Address				
	FIRE MAR	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					

Form AES 2.9 Sept. 3, 2013