


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
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance items

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			

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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.

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Check Valves - Internal inspection	13.4.2			
3.2	M	Control Valves	13.3.4			
3.3	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.4	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

D = Deficiency C = Comment (Indicate type)					
Item	Date	Riser	D	C	Deficiencies and Comments <small>Indicate all equipment, devices and parts that were repaired or replaced</small>

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.

Print Name	
Signature	Date