


<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # 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: \_\_\_\_\_

**NOTE:** For Pre-Action Sprinkler Systems used as Foam Water Systems, add Supplemental Form AES 8

**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 Alarm Devices	5.2.5			
1.5	I	Gauges (PreAction Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3			
1.6	I	Water Supply Pressure	13.4.3.1.3.1			psi
1.7	I	Air Pressure	13.4.3.1.4			psi
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5			psi
1.9	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	5.2.6			
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	Preaction Valves – Exterior Inspection	13.4.3.1.6			
1.15	I	Pressure Reducing Valves	13.5.1.1			
1.16	I	Master Pressure Reducing Valves	13.5.4.1			
1.17	I	Backflow Preventers	13.6.1			

<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>	
Building Name			Name	
Address			Job #	
City				

**5-Year Inspection, Testing, and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance*

**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
1.18	I	Low Temperature Alarm	13.4.3.1.2			
1.19	I	Buildings (Freeze Protection)	4.1.1.1		<b>Owner's Responsibility</b>	
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	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	T	Field Service Test Required <b>Send Report to Fire Code Official</b>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers <b>If not present = Pass; If present = Fail</b>	Title 19 904.1(c)			
2.3	T	Waterflow Alarm Devices <b>90 sec max. Enter time</b>	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test <b>(Enter data on Page 1 of this form)</b>	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.3.2.1			
2.6	T	Valve Trip Test - Full Flow	13.4.3.2.2 13.4.3.2.2.4			
2.7	T	Valve Trip Time	13.4.3.2.12		sec	
2.8	T	Manual Actuation Device Test	13.4.3.2.9			
2.9	T	Air Leakage Test	13.4.3.2.6			
2.10	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.11	T	Low Temperature Alarm Test	13.4.3.2.14			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.13	T	Control Valve – Operation	13.3.3			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name		Name
Address		Job #
City		

**5-Year Inspection, Testing, and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items*

Item	I = Inspection	T = Test	M = Maintenance	Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16		T		PRV – Fire Sprinkler Systems	13.5.1.3			
2.17		T		Pressure Gauges <i>Calibrated or Replaced</i>	5.3.2			
3.1			M	Control Valves	13.3.4			
3.2			M	Check Valves - Internal Inspection	13.4.2.2			
3.3			M	Repair Air Leaks	13.4.3.3.1			
3.4			M	Interior Inspected and Cleaned <i>(All Preaction Valves)</i>	13.4.3.1.7 13.4.3.1.7.1 13.4.3.3.2			
3.5			M	Low Points in System Drained	13.4.3.3.3			
3.6			M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.7			M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.8			M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.9			M	Obstruction Investigation required. If "Yes", See Deficiencies and Comments Section for Results	14.3			
3.10			M	System Returned to Service	4.5.3 13.4.3.2.10 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**D = Deficiency C = Comment (Indicate type)**

Item	Date	Riser	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced</i>

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