


Property Information			Contractor or Licensed Owner Information		
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: _____

Quarterly Inspections							
I = Inspection 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	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 (Deluge Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3				
1.6	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi
1.7	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable					
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 of NFPA 13)</i>	5.2.8				
1.11	I	Fire Department Connections	13.7				
1.12	I	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6				
1.13	I	Pressure Reducing Valves	13.5.1.1				
1.14	I	Backflow Preventers	13.6.1				
1.15	I	Drainage	10.2.8				
1.16	I	Detection Systems	10.2.3				
1.17	I	Master Pressure Reducing Valves	13.5.4.1				
1.18	I	UHSWSS - Detectors <i>(Monthly)</i>	10.4.2	Jan	Apr	Jul	Oct
				Feb	May	Aug	Nov
				Mar	Jun	Sep	Dec

Property Information		Contractor or Licensed Owner Information	
Building Name		Name	
Address		Job #	
City			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections

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
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.20	I	Low Temperature Alarms	13.4.3.1.2			
1.21	I	Nozzles	10.2.1.6 10.2.5			
1.22	I	Pipe and Fittings	10.2.4.1			
1.23	I	Hangers and Supports	10.2.4.2			
2.1	T	Waterflow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	5.3.3 13.2.6		sec.	
2.2	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.3	T	Priming Water Level Test	13.4.3.2.1			
2.4	T	Deluge Valve Trip Test - Full Flow <i>(Partial Trip Test is Acceptable)</i>	10.2.2 13.4.3.2.2			
2.5	T	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec.	
2.6	T	Pressure at Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi	
2.7	T	Pressure at Deluge Valve	10.3.4.4.2 13.4.3.2.7.2		psi	
2.8	T	Pressure Readings Acceptable	10.3.4.4.3 13.4.3.2.7.2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.9	T	Water Discharge Pattern at Nozzle or Sprinkler	10.3.4.3			
2.10	T	Multiple System Test	10.3.5 13.4.3.2.8			
2.11	T	Manual Actuation Device Test	10.3.6 13.4.3.2.6			
2.12	T	Low Air Pressure Alarm Test	13.4.3.2.13			
2.13	T	Low Temperature Alarm Test	13.4.3.2.14			
2.14	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.15	T	Control Valve - Position	13.3.3			
2.16	T	Control Valve - Operation	13.3.3			
2.17	T	Valve Supervisory Devices	13.3.3.5			
2.18	T	Backflow Preventer Assemblies	13.6.2			
2.19	T	Pressure Reducing Valves	13.5.1.3			
2.20	T	Flushing of Connection to Riser <i>(Annual test)</i>	10.3 Table 10.1.1.2			
2.21	T	Nozzles	10.2.1.6 10.3.4.3			

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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
2.22	T	Water Spray System Test	10.3 13.4.3.2			
2.23	T	Waterflow Alarm	5.3.3			
2.24	T	UHSWSS	10.4			
2.25	T	Detection Systems	10.2.3			
2.26	T	Check Valves <i>(Includes Detector Check Valves)</i>	13.4.2.1			
3.1	M	Control Valves	13.3.4			
3.2	M	Air Leaks Repaired	13.4.3.3.1			
3.3	M	Deluge Valve Interior Inspected and Cleaned <i>(For Valves that Must Be Internally Reset)</i>	13.4.3.1.7 13.4.3.3.2			
3.4	M	Auxiliary Drains in System Drained	13.4.3.3.3			
3.5	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	M	Strainers <i>(Baskets/Screen)</i>	10.2.1.4 10.2.4.6 10.2.7			
3.7	M	Water Spray System	10.2.1.4 13.4.3.3			
3.8	M	Deluge Valve	10.2.2 13.4.3.3			
3.9	M	Detection Systems	10.2.3			
3.10	M	Backflow Preventer	13.6.3			
3.11	M	Check Valves <i>(Includes Detector Check Valves)</i>	13.4.2			
3.12	M	Obstruction Investigation Required <i>(If "Yes", See Deficiencies and Comments Section for Results.)</i>	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.13	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>					

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (Indicate type)

<i>Item</i>	<i>Date</i>	<i>Riser</i>	<i>D</i>	<i>C</i>	<i>Deficiencies and Comments (continued)</i> <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.

Check Box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	<input type="checkbox"/> Annual	2nd	<input type="checkbox"/> Annual	3rd	<input type="checkbox"/> Annual	4th	<input type="checkbox"/> Annual
Date								
Print Name								
Signature								