

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

Property Information:

Name: _____	Occupancy/Use: _____
Address: _____	Construction Type: _____
City: _____	No. Stories: _____
ZIP: _____	Year Constructed: _____
Contact: _____	
Telephone: _____	



Contractor Information:

Number of System Risers

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License#: _____

Job #: _____

Performed by: _____

Copy sent to:

Owner Date: _____

Fire AHJ Date: _____

Contractor Date: _____

NOTES:


1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input type="checkbox"/> Automatic Sprinkler System	5				
<input type="checkbox"/> Standpipe and Hose System	6				
<input type="checkbox"/> Private Water Supply System	7				
<input type="checkbox"/> Fire Pump	8				
<input type="checkbox"/> Water Storage Tank	9				
<input type="checkbox"/> Water Spray System	10				
<input type="checkbox"/> Foam Water Sprinkler System	11				
<input type="checkbox"/> Water Mist System	12				
<input type="checkbox"/> Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

*See "Deficiencies and Comments" section at end of each respective form.

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

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

I = Inspection T = Test M = Maintenance		<i>P = Pass F = Fail N/A = Not Applicable</i>				
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	Hose Houses	7.2.2.7			
1.4	I	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	Monitor Nozzles	7.2.2.6			
1.8	I	Hydrants <i>(Dry Barrel and Wall)</i>	7.2.2.4 Table 7.2.2.4			
1.9	I	Hydrants <i>(Wet Barrel)</i>	7.2.2.5 Table 7.2.2.5			
1.10	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.11	I	Piping <i>(Exposed)</i>	7.2.2.1 Table 7.2.2.1.2			
1.12	I	Hose	7.1.4 NFPA 1962			
2.1	T	Control Valve - Positions	13.3.3.1			
2.2	T	Control Valve - Operation	13.3.3			
2.3	T	Monitor Nozzles	7.3.3			
2.4	T	Hydrants - Flush	7.3.2			
2.5	T	Supervisory Devices	13.3.3.5			
2.6	T	Backflow Preventer Assemblies	13.6.2			
2.7	T	Piping <i>(Exposed and Underground Evaluation)</i>	7.3.1.1		Record results in Deficiencies and Comments Section	
2.8	T	Water Supply Evaluation <i>(If Required by 7.3.1.2)</i>	7.3.1.2		Record results below in Table for Water Supply Test Evaluation	
2.9	T	Pressure Reducing Valve <i>Full Flow Test</i>	13.5.1.2			
2.10	T	Hose	7.1.4 NFPA 1962			

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

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	
3.1	M	Control Valves	13.3.4				
3.2	M	Mainline Strainers	7.2.2.3 Table 7.2.2.3				
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7				
3.4	M	Hydrants	7.4.2				
3.5	M	Monitor Nozzles	7.4.3				
3.6	M	FDC - Backflush	14.3.2.3 14.3.2.4				
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2				
3.8	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.9	M	System Returned to Service	4.5.3 15.7			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If required by 7.3.1.2 - Table for Water Supply Test Evaluation (Item 2.8)

Flow Rate (gpm)		Static Pressure (psi)	
Hose Stream Allowance (gpm)		Residual Pressure (psi)	
Total System Demand (gpm)		Flow Rate (gpm)	
Required Pressure at Source (psi)		Available Pressure at Total System Demand (psi)	

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

**Continuation Form
for
Deficiencies and Comments**

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	Job #	
			<input type="checkbox"/> CSLB	Misc.	

Type of System			
<input type="checkbox"/> Automatic Sprinkler System	System Riser ID	<input type="checkbox"/> Water Storage Tank	
<input type="checkbox"/> Standpipe & Hose System	System Riser ID	<input type="checkbox"/> Water Spray System	System Riser ID
<input type="checkbox"/> Private Water Supply System	System Riser ID	<input type="checkbox"/> Foam-Water System	System Riser ID

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)

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

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

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

Item	AES Form #	Date Found	Date Corrected	Deficiencies and Comments <small>Indicate all equipment, devices and parts that were repaired or replaced</small>

I hereby certify that the fire protection equipment listed above has been corrected in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable.

Building Representative		Technician	
Signature	Date	Signature	Date

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