

**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			City	St.	Zip
Contact Person			License #		
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB		
			Phone		
		Job #			
		Misc.			

System Information

Cylinder Size	Last Hydrostatic Test Date	Flow Points Capacity Used				
System Location	System Mfr.	Model #				
Fuel/Heat Shut Off:						
Gas #	Electrical #	Integral Make Up Air Shut Down				
Items	# of Items	Dimensions	Nozzle Model #	Nozzle Flow Points	Nozzle Qty	Total Flow Points
Hoods						
Plenums						
Ducts						

Cooking Appliances
Left to Right with Sizes and Coverage Nozzles

Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points	Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points

Fixed Temperature Sensing Elements
(Such as Fusible Links)

Quantity	Temp	Mfr Date	Install Date	Quantity	Temp	Mfr Date	Install Date

Inspection, Testing, and Maintenance

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	7.2.2(2)			
1.2	I	Tamper Indicators & Seals Intact	7.2.2(3)			
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906			
1.4	I	No Obvious Physical Damage	7.2.2(5)			
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	7.2.2(6)			
1.6	I	Blow-Off Caps in Place & Undamaged	7.2.2(7)			
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3			
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)			
2.1	T	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4			

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

Inspection, Testing, and Maintenance

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Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
2.2	T	Fuel Shut-Off Operated Correctly	7.3.3.4			
2.3	T	Regulator Tested & is within Acceptable Limits	7.3.3.4			
2.4	T	Manual Reset Relay Functioned Correctly (If Applicable)	7.3.3.4			
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)			
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)			
3.3	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)			
3.4	M	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)			
3.5	M	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)			
3.6	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)			
3.7	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)			
3.8	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4			
3.9	M	Fixed-Temp (Other Than Fusible Metal Alloy Type) & Heat Detectors Maintained or Replaced	7.3.5			
3.10	M	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)			
3.11	M	Internal Maintenance as Required by Manufacturer	Title 19 §904.7			


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

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.		

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

**Continuation Form
for
Deficiencies and Comments**

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

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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 (cont.)</i> <small>Indicate all equipment, devices and parts that were repaired or replaced</small>

See Correction Form AES 10 for corrected deficiencies. Number attached:

<i>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.</i>	
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.		

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

<i>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.</i>			
Building Representative		Technician	
Signature		Date	Signature