


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: _____

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

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 (Pre-Action Valves) <i>Pass = Normal Pressures</i>	13.4.3.1.3				
1.6	I	Air Pressure	13.4.3.1.4	psi	psi	psi	psi
1.7	I	Water Supply Pressure	13.4.3.1.3.1	psi	psi	psi	psi
1.8	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	psi	psi	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 of 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	Pre-action Valves – Exterior Inspection	13.4.3.1.6				
1.15	I	Pressure Reducing Valves	13.5.1				
1.16	I	Master Pressure Reducing Valves	13.5.4.1				
1.17		Backflow Preventers	13.6.1				

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
1.18	I	Low Temperature Alarms	13.4.3.1.2			
1.19	I	Sprinklers	5.2.1			
1.20	I	Pipe and Fittings	5.2.2			
1.21	I	Hangers	5.2.3			
1.22	I	Seismic Braces	5.2.3			
1.23	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	
1.24	I	Low Temperature Alarm Test	13.4.3.1.2			
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 <i>If not present = Pass; If present = Fail</i>	Title 19 904.1(c)			
2.3	T	Waterflow Alarm Devices <i>90 sec. maximum - (Enter Time)</i>	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.5	T	Priming Water Level Test	13.4.3.2.1			
2.6	T	Pre-Action Valve Trip Test <i>(Partial Trip Test is Acceptable)</i>	13.4.3.2.3 13.4.3.2.4 13.4.3.2.5			
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	Low Air Pressure Alarm Test	13.4.3.2.13			
2.10	T	Low Temperature Alarm Test	13.4.3.2.14			
2.11	T	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15			
2.12	T	Control Valve – Operation	13.3.3			
2.13	T	Valve Supervisory Devices	13.3.3.5			
2.14	T	Backflow Preventer Assemblies	13.6.2			
2.15	T	PRV – Partial Flow	13.5.1.3			
3.1	M	Control Valves	13.3.4			
3.2	M	Air Leaks Repaired	13.4.3.3.1			
3.3	M	Pre-Action 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	Low Points in System Drained	13.4.3.3.3			

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
3.5	M	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	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	
3.7	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.

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								