


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.			

Type of Standpipe System		Class of Standpipe System	
<input type="checkbox"/> Manual Wet	<input type="checkbox"/> Automatic Dry	<input type="checkbox"/> Class I	
<input type="checkbox"/> Manual Dry	<input type="checkbox"/> Semi-Automatic Dry	<input type="checkbox"/> Class II	
<input type="checkbox"/> Automatic Wet	<input type="checkbox"/> Combined Sprinkler/Standpipe	<input type="checkbox"/> Class III	

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: _____

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	Pressure Gauges <i>Pass = Normal Pressures</i>	6.2.1 6.2.2			
1.6	I	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2			psi
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2			psi
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7			psi
1.9	I	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7			psi
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2, 13.2.7			psi
1.11	I	Pressure Readings Acceptable	6.2.2 13.2.7			
1.12	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	6.2.3			
1.13	I	Heat Tape	5.2.7			

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A	
1.14	I	Standpipe Hose Valves	13.5.6.1				
1.15	I	Pressure Reducing Hose Valves	13.5.2.1				
1.16	I	Pressure Reducing Valves	13.5.1.1				
1.17	I	Fire Department Connections	13.7				
1.18	I	Backflow Preventers	13.6.1				
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility		
1.20	I	Pipe and Fittings	6.2.1 Table 6.1.2				
1.21	I	Hangers	6.2.1				
1.22	I	Seismic Braces	6.2.1				
1.23	I	Hose Connection	6.2.1 Table 6.1.2				
1.24	I	Cabinet	6.2.1 Table 6.1.2				
1.25	I	Hose	6.2.1 Table 6.1.2				
1.26	I	Hose Storage Device	6.2.1 Table 6.1.2				
1.27	I	Hose Nozzle	6.2.1 Table 6.1.2				
2.1	T	Control Valve - Position	6.2.1 13.3.3.1				
2.2	T	Control Valve - Operation	6.2.1 13.3.3.2				
2.3	T	Supervisory Devices	13.3.3.5				
2.4	T	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.		
2.5	T	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4				
2.6	T	Standpipe Flow Test	6.3.1		Provide results in table on 1st page.		
2.7	T	Standpipe Hydrostatic Test	6.3.2				
2.8	T	Hose Rack Assembly Flow Test	13.5.3.2				
2.9	T	Backflow Preventer Assemblies	13.6.2				
2.10	T	Pressure Reducing Hose Valves	13.5.2.2				
2.11	T	Pressure Reducing Valves	13.5.3.2				
2.12	T	Pressure Gauges	6.3.4				

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.13	T	Hose Test	6.2.1 NFPA 1962			
3.1	M	Control Valves	13.3.4			
3.2	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.3	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2			
3.4	M	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Table for Standpipe Flow Test Results (Item 2.6)			
No. Standpipe Risers		Flow Rate at Remote Hose Valve	
Total Flow Rate Required		Pressure at Remote Hose Valve Outlet	
Flow Rate Supplied at FDC		Flow Rate Supplied at Pump	
Pressure Supplied at FDC		Pressure Supplied at Pump	

D = Deficiency C = Comment (Indicate type)					Deficiencies and Comments
Item	Date	Riser	D	C	Indicate all equipment, devices and parts that were repaired or replaced

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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>

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