


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.	

 This building has more than 5 risers. See additional AES 2.9 form attached.

Number of AES 2.9 forms attached:

INSPECTION, TESTING, AND MAINTENANCE

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
Inspection						
1.1	I	Discharge Device Location (Sprinkler)	11.2.5			
1.2	I	Discharge Device Location (Spray Nozzle)	11.2.5			
1.3	I	Discharge Device Position (Sprinkler)	11.2.5			
1.4	I	Discharge Device Position (Spray Nozzle)	11.2.			
1.5	I	Foam Concentrate Strainer(s)	11.2.7.2			
1.6	I	Drainage in System Area	11.2.8			
1.7	I	Proportioning System(s) - All	11.2.9			
Test						
2.1	T	Discharge Device Location	11.3.2.6			
2.2	T	Discharge Device Position	11.3.2.6			
2.3	T	Discharge Device Obstruction	11.3.2.6			
2.4	T	Foam Concentrate Strainer(s)	11.2.7.2			
2.5	T	Proportioning System(s) - All	11.2.9			
2.6	T	Complete Foam-water System(s)	11.3.3			
2.7	T	Foam-water Solution	11.3.5			
2.8	T	Manual Actuation Devices(s)	11.3.4			
2.9	T	Strainer(s) - Mainline	11.2.7.1			
Maintenance						
3.1	M	Foam Concentrate Pump Operation	11.4.6.1 11.4.7.1			
3.2	M	Foam Concentrate Strainer(s)	11.4			
3.3	M	Foam Concentrate Samples	11.2.10			
Proportioning System(s) Standard Pressure Type:						
3.4	M	Ball Drip (automatic type) Drain Valves	11.4.3.1			
3.5	M	Foam Concentrate Tank - Drain and Flush	11.4.3.2			
3.6	M	Corrosion and Hydrostatic Test	11.4.3.3			

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
		Bladder Tank Type:				
3.7	M	Sight Glass	11.4.4.1			
3.8	M	Foam Concentrate Tank - Hydrostatic Test	11.4.4.2			
		Line Type:				
3.9	M	Foam Concentrate Tank - Corrosion & Pickup Pipes	11.4.5.1			
3.10	M	Foam Concentrate Tank - Drain & Flush	11.4.5.2			
		Standard Balanced Pressure Type:				
3.11	M	Foam Concentrate Pump(s)	11.4.6.2			
3.12	M	Balancing Valve	11.4.6.3			
3.13	M	Foam Concentrate Tank	11.4.6.4			
		In-line Balanced Pressure Type:				
3.14	M	Foam Concentrate Pump(s)	11.4.7.2			
3.15	M	Balancing Valve Diaphragm	11.4.7.3			
3.16	M	Foam Concentrate Tank	11.4.7.4			
3.17	M	Pressure Vacuum Vents	11.4.8			

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>

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D = Deficiency C = Comment (Indicate type)

Item	Date	Riser	D	C	Deficiencies and Comments (cont.) <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>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 and 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