Private Fire Service Main		a Code of Regulation ion, Testing, and Mai		Quarterly and Annual Report	1 of 2		
Property Information		FOF CALIFORNIA	Contractor or Licensed Owner Information				
Building Name		AC	Name				
Address			Address				
		FIRE MARS	City	St. Ziņ)		
City	L	icense #	Phone				
Contact Person		SFM	Job #				
Phone		CSLB	Misc.				

		Quarterl	y Inspections				
I	= Ins	spection T = Test M = Maintenance	P = Pc	ass F = Fail	N/A = Not Appl	icable	
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	ı	Control Valves – Identification Sign					
1.2	ı	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	Supervisory Devices	13.3.3.5.1				
1.8	I	Monitor Nozzles	7.2.2.6				

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		
1.9	ı	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4					
1.10	ı	Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5					
1.11	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3					
1.12	ı	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2					
1.13	I	Piping (Underground)	7.3.1					
1.14	I	Hose	NFPA 1962					
2.1	Т	Control Valve - Position	13.3.3.1					
2.2	Т	Control Valve - Operation	13.3.3					
2.3	Т	Monitor Nozzles	7.3.3					
2.4	Т	Hydrants - Flush	7.3.2					
2.5	Т	Supervisory Devices	13.3.3.5					
2.6	Т	Backflow Preventer Assemblies	13.6.2					
2.7	Т	Pressure Reducing Valve (Partial Flow Test)	13.5.1.3					
3.1	М	Control Valves	13.3.4					
3.2	М	Mainline Strainers	7.2.2.3					

Form AES 4 Sept. 3, 2013

Private	Fire
Service	Mair

California Code of Regulations - Title 19

Quarte	rly	and
Annual	Re	port

Service Main	Inspection, Testing, and Main	itenance Annual Report - 51 -
Property Information	E OF CALLS	Contractor or Licensed Owner Information
Building Name		Name
Address	Will STATE OF THE	Job#
City	FIRE MAN	

City							d	WE WAY						
					AN	NUAL INS	PECTION, oclude ALL	TESTING, A	AND spect	MAINTEN ions	ANCE			
			= Inspecti	on	T = Te	est M = N	//aintenance			P =	Pass F = Fai	I N/A = N	ot Applicab	le
Item				ı	Descrip	tion		NFPA 25 CA Reference	ce	Date	Con	nments On	lly	P,F,N/A
3.3	М	Hose	Houses					7.2.2.7 Table 7.2.						
3.4	М	Hydra	ants					7.4.2						
3.5	М		or Nozzle					7.4.3						
3.6	М					quired nd Comment	s Section	14.3			☐ Yes ☐ No			
3.7	М	Syste	m Return	ed to	Service			4.5.3 15.7			☐ Yes ☐ No			
								•			•			
D = De	ficien	cy C	= Comme	nt (Indicate	e type)			_					
Item	D	ate	Riser	D	С		Indica				comments that were repaire	d or replaced	d	
	╙													
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	╫													
Che	ck her	e if add	itional Defi	ciencie	es and C	omments are	listed on Forr	n AES 9. Num	ber atta	ached:				
						deficiencies.			ber atta					
I F	hereb he co	y certii mpany	fy that the indicated	d abo	ve, in ac	ccordance и	ith CCR, Tit	ove has been tle 19, Section ties and Com	ns 901	to 906 and	ested, and ma I that the equi If this form.	nintained o pment is f	n this date ully operak	e by ole
			Check be	ox if A	nnual li	nspection, T	esting & Ma	intenance Ite	ms ar	e Complete	d in the Indica	ated Quarte	er	
Qu	arter	. 1	1st	□ <i>A</i>	nnual	2nd		Annual	3rd		Annual	4th	☐ Annı	ıal
D	ate													

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 not	ed in the "	Deficiencies and Co	nments" s	section of this form.			
	Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter								
Quarter	1st	☐ Annual	2nd	Annual	3rd	Annual	4th 🗌 Annual		
Date									
Print Name		<u> </u>							
Signature									