


<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone		<input type="checkbox"/> SFM	Job #		
		<input type="checkbox"/> CSLB	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: \_\_\_\_\_

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 Devices	5.2.5				
1.5	I	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	psi	psi	psi
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2	psi	psi	psi	psi
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.9	I	Air/Nitrogen Pressure	6.21 6.22 13.2.7	psi	psi	psi	psi
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2 13.2.7	psi	psi	psi	psi
1.11	I	Pressure Readings Acceptable	6.22 13.2.7				
1.12	I	Standpipe Hose Valves	13.5.6.1				
1.13	I	Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i>	6.2.3				
1.14	I	Heat Tape	5.2.7				
1.15	I	Fire Department Connections	13.7				
1.16	I	Pressure Reducing Valves	13.5.1.1				

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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
1.17		Backflow Preventers	13.6.1			
1.18	I	Buildings (Freeze Protection)	4.1.1.1		<b>Owner's Responsibility</b>	
1.19	I	Pipe and Fittings	5.2.2			
1.20	I	Hangers	5.2.3			
1.21	I	Seismic Braces	5.2.3			
1.22	I	Hose Connections	6.2.1 Table 6.1.2			
1.23	I	Cabinet	6.2.1 Table 6.1.2			
1.24	I	Hose	6.2.1 Table 6.1.2			
1.25	I	Hose Storage Device	6.2.1 Table 6.1.2 NFPA 1962			
1.26	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 <i>90 sec. maximum - (Enter Time)</i>	6.3.3 13.2.6		sec.	
2.5	T	Main Drain Test <i>(Enter Data on Page 1 of this Form)</i>	13.2.5 13.3.3.4			
2.6	T	Hose Rack Hose Valve <i>(Partial Flow Test)</i>	13.5.3.3			
2.7	T	Pressure Reducing Hose Valve <i>(Partial Flow Test)</i>	13.5.2.3			
2.8	T	Backflow Preventer Assemblies	13.6.2			
2.9	T	Class I & III Hose Valve Test	13.5.6.2.1			
2.10	T	Class II Hose Valve Test	13.5.6.2.2			
3.1	M	Control Valves	13.3.4			
3.2	M	Hose Valves	13.5.6.3			
3.3	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	
3.4	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**D = Deficiency C = Comment (Indicate type)**

Item	Date	Riser	D	C	Deficiencies and Comments <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.***

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				