Stan	dpip	e and Hose System		fornia Code of Regulations - Title 19 spection, Testing, and Maintenance					Year port	1 of 4
		Property Information		OF C	Contractor or Licensed Owner Information				ation	
Building	Nam	e		100	祭剛	Name				
Addres	s			Will with	S STATE	Address				
				FIRE	MAR	City		St.	Zip	
City			L	_icense #		Phone				
Contact	Perso	on		SFM		Job #				
Phone				CSLB		Misc.				
		Type of Stand	dnine Sv	stem				Class of St	andpipe Syste	am
☐ Ma	anual '	• •		comatic Dry				Class I	anapipe Oysic	7111
	anual			ni-Automatic	Drv		Class II			
		tic Wet		Combined Sprinkler/Standpipe			Class III			
				<u> </u>	· · ·					
		Riser Information				М	ain Dr	ain Test (AN	NUAL)	
Riser No.		Location		Riser Diamete				I Static Residual Final Sessure Pressure Pressure		P, F, N/A
140.				Diamete	, Diame	110	33410	Tressure	i icasuic	
☐ Th	is buil	ding has more than 5 risers. See a	dditional /	AES 2.9 form a	ttached.	Numb	er of AE	S 2.9 forms atta	ached:	
				=						
		5-Y Includes ALL Qu	ear Insp a <i>rterly an</i>	ection, Test d Annual Insp	ting, and M e <i>ctions, T</i> es	aintenan ts, and Ma	ce intenan	ce Items		
	l = lr	spection T = Test M = Mai	ntenance				P = 1	Pass F = Fail N	/A = Not Applicable	•
Item		Description		NFPA 25 C ed. Reference	D	ate	Comme	nts Only	P, F, N/A	
1.1	ı	Control Valves – Identification Si	gn		13.3.1					
1.2	ı	Control Valves – Inspection			13.3.2					
1.3	ı	Waterflow Alarm Devices			5.2.5					

	l = Ir	spection 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	Ι	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 Pass = Normal Pressures	6.2.1 6.2.2			
1.6	ı	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	ı	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7		psi	
1.9	ı	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7		psi	
1.10	ı	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 (For Hydraulically Designed Systems)	6.2.3			
1.13	ı	Heat Tape	5.2.7			

	rnia Code of Regulations ection, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contractor	or Licensed Owner Inform	nation
	THE CONTRACTOR			
uilding Name	SO SE E	Name		
ldress		Job #		
ty	AIRE MARS			

City

	5-Year Inspection, Testing, and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items										
ı	= Insp	pection 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					
1.14	I	Standpipe Hose Valves	13.5.6.1								
1.15	ı	Pressure Reducing Hose Valves	13.5.2.1								
1.16	ı	Pressure Reducing Valves	13.5.1.1								
1.17	ı	Fire Department Connections	13.7								
1.18	ı	Backflow Preventers	13.6.1								
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility						
1.20	ı	Pipe and Fittings	6.2.1 Table 6.1.2								
1.21	ı	Hangers	6.2.1								
1.22	ı	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	ı	Hose Storage Device	6.2.1 Table 6.1.2								
1.27	ı	Hose Nozzle	6.2.1 Table 6.1.2								
2.1	Т	Control Valve - Position	6.2.1 13.3.3.1								
2.2	Т	Control Valve - Operation	6.2.1 13.3.3.2								
2.3	Т	Supervisory Devices	13.3.3.5								
2.4	Т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.						
2.5	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4								
2.6	Т	Standpipe Flow Test	6.3.1		Provide results in table on 1st page.						
2.7	Т	Standpipe Hydrostatic Test	6.3.2								
2.8	Т	Hose Rack Assembly Flow Test	13.5.3.2								
2.9	Т	Backflow Preventer Assemblies	13.6.2								
2.10	Т	Pressure Reducing Hose Valves	13.5.2.2								
2.11	Т	Pressure Reducing Valves	13.5.3.2								
2.12	Т	Pressure Gauges	6.3.4								

Standpipe and Hose System	on, Testing, and Ma		5-Year Report	3 of 4
Property Information	OF CALLA	Contractor or	Licensed Owner Info	ormation
Building Name		Name		
Address		Job #		
City	FIRE MARS			

	5-Year Inspection, Testing, and Maintenance										
	= lnor	Includes ALL Quarterly and Annual In section T = Test M = Maintenance	ispections, Tests,		Pass F = Fail N/A = Not Applicable						
	– msp		NFPA 25 CA ed.								
Item		Description	Reference	Date	Comments Only	P,F,N/A					
2.13	Т	Hose Test	6.2.1 NFPA 1962								
3.1	М	Control Valves	13.3.4								
3.2	М	FDC - Backflush	14.3.2.3 14.3.2.4								
3.3	М	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		☐ Yes ☐ No						
3.5	М	System Returned to Service	4.5.3 15.7		Yes 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 = Defi	D = Deficiency C = Comment (Indicate type)									
Item	Item Date Riser D C Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced									

Stand	dpipe and	d Hose S	syste	m	Californ Inspection	ia Code of Regulations on, Testing, and Ma	s - Title 19 aintenance	5-Year Report	4 of 4
	Pro	perty Inf	orma	tion		OF CALL	Contractor or	Licensed Owner Info	rmation
Building Name Address City						STATE MARSH	Name Job #		
D = Defi	ciency C	= Comme	nt (Indica	te type)				
Item	Date	Riser	D	С		Deficienci Indicate all equipment, de	es and Comments vices and parts that were		
								<u> </u>	<u> </u>

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: Number attached: See Correction Form AES 10 for corrected deficiencies. 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