Dry Pipe Fire Sprinkler System	California Code of Regulation Inspection, Testing, and M		Quarterly and Annual Report	1 of 3
Property Information	THE OF CALLED	Contracto	or or Licensed Owner Inform	ation
Building Name		Name		
Address		Address		
	FIRE MARS	City	St. Zip	1
City	License #	Phone		
Contact Person	☐ SFM	Job#		
Phone	☐ 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	
Thi	☐ 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				N/A = Not App			
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date		
1.1	ı	Control Valves – Identification Sign	13.3.1						
1.2	ı	Control Valves – Inspection	13.3.2						
1.3	ı	Waterflow Alarm Devices	5.2.5						
1.4	ı	Supervisory Devices	5.2.5						
1.5	ı	Gauges (Dry Pipe Systems) Pass = Normal Pressures	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.1.2						
1.6	ı	Air Pressure	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.2.5.1	psi	psi	psi	psi		
1.7	ı	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	psi		
1.8	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6						
1.9	I	General Information Sign (Not Required for System Prior to 2007 Edition of NFPA 13)	5.2.8						
1.10	ı	Heat Tape	5.2.7						
1.11	ı	Spare Sprinklers	5.2.1.4						
1.12	ı	Fire Department Connections	13.7						
1.13	ı	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4						
1.14	ı	Pressure Reducing Valves	13.5.1						
1.15		Backflow Preventers	13.6.1						
1.16		PRV – Fire Sprinkler Systems	13.5.1						

Form AES 2.3 Sept. 3, 2013

	Dry Pipe	
Fire	Sprinkler System	

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

Quarte	rly ar	ıd
Annual	Repo	ort

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Property Inform	ati	or
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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name			
Job#			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections P = Pass I = Inspection T = Test M = Maintenance F = Fail N/A = Not ApplicableNFPA 25 CA ed. Date P,F,N/A Item Description **Comments Only** Reference 1.17 Buildings (Freeze Protection) 4.1.1.1 Owner's Responsibility 1.18 5.2.1 Sprinklers 1.19 Pipe and Fittings 5.2.2 1.20 5.2.3 Hangers Seismic Braces 1.21 5.2.3 1.22 Small Hose Connections* 13.5.6.2.2 If REQUIRED, Enter 'F' until Field Service Test Required 2.1 5.3.1 (Send Report to Fire Code Official) results are returned from Lab Title 19 Recalled Sprinklers 2.2 904.1(c) If not present = Pass; If present = Fail Water Flow Alarm Devices 2.3 sec. 90 sec. maximum - (Enter Time) 13.2.6 Main Drain Test 13.2.5 2.4 Т (Enter Data on Page 1 of this Form) 13.3.3.4 2.5 Priming Water Level Test 13.4.4.2.1 13.4.4.2.2 Dry Pipe Valve Trip Test Т 2.6 13.4.4.2.2.3 (Partial Trip Test is Acceptable) 13.4.4.1.5 2.7 Т Valve Trip Time 13.4.4.2.5.2 sec. 2.8 Т Trip Air Pressure 13.4.4.2.5.1 psi 2.9 Т Quick-Opening Device Test 13.4.4.2.4 Т Low Air Pressure Alarm Test 13.4.4.2.6 2.10 2.11 Т Low Temperature Alarm Test 13.4.4.2.7 13.4.4.2.8 2.12 Т Automatic Air Pressure Maintenance Device Test Т 2.13 Control Valve - Operation 13.3.3 2.14 Т Valve Supervisory Devices 13.3.3.5 2.15 Т Backflow Preventer Assemblies 13.6.2 2.16 PRV - Partial Flow 13.5.1.3

Form AES 2.3 Sept. 3, 2013

^{*} Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Dry Pipe
Fire Sprinkler Systen

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

Quarte	rly and
Annual	Report

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Property Information	E OF CALLED	Contractor or Licensed Owner Information
Building Name		Name
Address	A THE STATE OF THE	Job#
City	FIRE MAR	

City							D	THE WITH				
					Α	NNUAL INSPE	ECTION, ude ALL	TESTING, AND Quarterly Inspect	MAINTEN tions	IANCE		
		I = In	spection	Т	= Tes	st M = Mainte	enance		P = Pa	ss F = Fail N	/A = Not Applicable	е
Item				ı	Descri	ption		NFPA 25 CA ed. Reference	Date	Comm	nents Only	P,F,N/A
3.1	M	Control	Valves					13.3.4				
3.2	M	Mainter	nance					13.4.4.3				
3.3	М	Dry Pip	e Valve	Interi	or Cle	aned		13.4.4.3.1				
3.4	М	Low Points in System Drained						13.4.4.3.2				
3.5	М	Backflow Preventer					13.6.3					
3.6	М	Obstruction Investigation Required (If "Yes", see Deficiencies and Comments Section for Results.)				Section	14.3		☐ Yes ☐ No			
3.7	М	System	Returne	ed to	Servic	e		4.5.3 15.7		☐ Yes ☐ No		
D = Def	icien	cy C=	Comme	nt (Indica	te type)						
Item	D	ate	Riser	D	С		Indicat	Deficienc e all equipment, device		comments hat were repaired o	or replaced	

D = Deficiency C = Comment				Indica	ate type)
Item	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
					Comments are listed on Form AES9. Number attached: Number attached: 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	Annual	2nd	Annual	3rd	Annual	4th	Annual				
Date												
Print Name												
Signature												