


<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.	

**System Information**

Cylinder Size	Last Hydrostatic Test Date	Flow Points Capacity Used				
System Location	System Mfr.	Model #				
Fuel/Heat Shut Off:						
Gas #	Electrical #	Integral Make Up Air Shut Down				
Items	# of Items	Dimensions	Nozzle Model #	Nozzle Flow Points	Nozzle Qty	Total Flow Points
Hoods						
Plenums						
Ducts						

**Cooking Appliances**  
Left to Right with Sizes and Coverage Nozzles

Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points	Appliance Name	Nozzle Model	Nozzle Flow Points	Total Flow Points

**Fixed Temperature Sensing Elements**  
(Such as Fusible Links)

Quantity	Temp	Mfr Date	Install Date	Quantity	Temp	Mfr Date	Install Date

**Inspection, Testing, and Maintenance**

I = Inspection   T = Test   M = Maintenance				P = Pass   F = Fail   N/A = Not Applicable			
Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A	
1.1	I	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	7.2.2(2)				
1.2	I	Tamper Indicators & Seals Intact	7.2.2(3)				
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906				
1.4	I	No Obvious Physical Damage	7.2.2(5)				
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	7.2.2(6)				
1.6	I	Blow-Off Caps in Place & Undamaged	7.2.2(7)				
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3				
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)				
2.1	T	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4				

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Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A
2.2	T	Fuel Shut-Off Operated Correctly	7.3.3.4			
2.3	T	Regulator Tested & is within Acceptable Limits	7.3.3.4			
2.4	T	Manual Reset Relay Functioned Correctly (If Applicable)	7.3.3.4			
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)			
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)			
3.3	M	Cartridge Weights within Acceptable Limits	7.3.3.1(2)			
3.4	M	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)			
3.5	M	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)			
3.6	M	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)			
3.7	M	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)			
3.8	M	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4			
3.9	M	Fixed-Temp (Other Than Fusible Metal Alloy Type) & Heat Detectors Maintained or Replaced	7.3.5			
3.10	M	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)			
3.11	M	Internal Maintenance as Required by Manufacturer	Title 19 §904.7			

**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>

- 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.**

Print Name	
Signature	Date