


Property Information			Contractor or Licensed Owner Information		
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(s)	Last Hydrostatic Test Date(s)	Duct Size(s)
System Location	System Mfr.	Model #
Protected Area Type	Dimensions	
Fuel/Air Shut Off:	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical

Fixed Temperature Sensing Elements
(Such as Fusible Links)

Quantity	Temp	Mfg Date	Install Date	Quantity	Temp	Mfg Date	Install Date

Inspection, Testing, and Maintenance

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Manual Actuators are Unobstructed (i.e. Remote Pull Station)	11.2.1.1(2)			
1.2	I	Tamper Indicators & Seals Intact	11.2.1.1(3)			
1.3	I	Maintenance Tag in Place	11.2.1.1(4) CCR T-19 §906			
1.4	I	No Obvious Physical Damage	11.2.1.1(5)			
1.5	I	Gauge Readings within Proper Limits (Stored Pressure)	11.2.1.1(6)			
1.6	I	Blow-Off Caps in Place & Undamaged	11.2.1.1(7)			
1.7	I	Protected Equipment or Hazard Has Not Been Replaced, Modified or Relocated	11.2.1.1(8)			
2.1	T	Automatic Detection, Manual Actuation, Shutdowns and Auxiliary Equipment Functioned Correctly	11.3.1.4			
2.2	T	Alarm Signals Functioned Correctly	11.3.1.4			
2.3	T	Releasing Devices Operable	11.3.1.4			
3.1	M	All Agent Containers within Acceptable Hydrostatic Test Dates	11.5.1(1)			
3.2	M	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	11.5.1(2)(3)			
3.3	M	Cartridge Weights within Acceptable Limits	11.3.1.1(2)			
3.4	M	Nozzles are Correct, Clean & Properly Aimed	11.3.1.1(2)			
3.5	M	Expellant Gas containers are Full and Free of Defects	11.3.1.1(2)			
3.6	M	Hose Assemblies Checked	11.3.1.1(2)			
3.7	M	Distribution Piping Unobstructed and Contiguous	11.3.1.1(3)			

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Item		Description	NFPA 17 CA ed. Reference	Date	Comments Only	P,F,N/A
3.8	M	Dry Chemical is Not Caked (Non-Pressurized)	11.3.1.1(4)			
3.9	M	No Signs of Corrosion or Damage to the Agent Cylinders	11.3.1.3			
3.10	M	Fixed-Temperature Sensing Elements Maintained or Replaced	11.3.2			
3.11	M	Dry Chemical is Not Caked (Stored Pressure Tank Every 6 Years)	11.3.1.2			

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