	lifornia Code of Regulations spection, Testing, and Mai		Quarterly and 1 Annual Report			
Property Information	THE OF CALLSO	Contractor or Licensed Owner Information				
Building Name		Name				
Address		Address				
	AIRE MARAZ	City	St. Zip)		
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
This building has more than 5 risers. See additional AES 2.9 form attached Number of AES 2.9 forms attached:							

Quarterly Inspections										
	=	Inspection T = Test M = Maintenance		P = Pass	s F = Fail	N/A = Not Appl	icable			
ltem		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date			
1.1	I	Control Valves – Identification Sign	13.3.1							
1.2	1	Control Valves – Inspection	13.3.2							
1.3	1	Waterflow Alarm Devices	5.2.5							
1.4	1	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	I	Air Pressure	5.2.4.2, 5.2.4.3 5.2.4.4 13.4.4.2.5.1	psi	psi	psi	ps			
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	ps			
1.8	1	Hydraulic Design Information Sign (for hydraulically designed systems)	5.2.6							
1.9	1	General Information Sign (not required for system prior to 2007 edition of NFPA 13)	5.2.8							
1.10	I	Heat Tape	5.2.7							
1.11	1	Spare Sprinklers	5.2.1.4							
1.12	1	Fire Department Connections	13.7							
1.13	1	Dry Pipe Valves – Exterior Inspection	13.4.4.1.4							
1.14	I	Pressure Reducing Valves	13.5.1							
1.15		Backflow Preventers	13.6.1							
1.16		PRV – Fire Sprinkler Systems	13.5.1							

Dry Pipe Fire Sprinkler System		Code of Regulations n, Testing, and Main		Quarterly and Annual Report	2 of 3
Property Information	ł	E OF CALIFOR	Contracto	or or Licensed Owner Inform	ation
Building Name			Name		
Address	Y	The state	Job #		
City		FIRE MARS			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See Previous Page)											
		I = Inspection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicab	le					
ltem		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A					
1.17	Ι	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility						
1.18	Ι	Sprinklers	5.2.1								
1.19	Ι	Pipe and Fittings	5.2.2								
1.20	Ι	Hangers	5.2.3								
1.21	Ι	Seismic Braces	5.2.3								
1.22	Ι	Small Hose Connections*	13.5.6.2.2								
2.1	т	Field Service Test Required (Send Report to Fire Code Official)	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab						
2.2	Т	Recalled Sprinklers If not present = Pass; If present = Fail	Title 19 904.1(c)								
2.3	т	Water Flow Alarm Devices	5.3.3		sec.						
2.0		90 sec. maximum - (Enter Time)	13.2.6		360.	<u> </u>					
2.4	Т	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4								
2.5	Т	Priming Water Level Test	13.4.4.2.1								
	-	Dry Pipe Valve Trip Test	13.4.4.2.2								
2.6	Т	(Partial trip test is acceptable)	13.4.4.2.2.3 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								
2.10	т	Low Air Pressure Alarm Test	13.4.4.2.6								
2.11	Т	Low Temperature Alarm Test	13.4.4.2.7								
2.12	Т	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8								
2.13	Т	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	Т	PRV – Partial Flow	13.5.1.3								
* Small standpi		connections are hose valves and optional hose supp stems.	lied by the fire spri	inkler syster	n. They do not include Class I, II,	or III					

Dry Pipe Fire Sprinkler System	ia Code of Regulations on, Testing, and Ma	Quarterly and Annual Report	3 of 3	
Property Information	THE OF CALLEONN	Contractor	or Licensed Owner Inform	ation
Building Name		Name		
Address	THE CONTRACT	Job #		
City	TRE MARIA			

		I = Inspection T = Test M = Maintenance		P = Pas	ss F = Fail N/A = Not Applicable	
ltem		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	М	Control Valves	13.3.4			
3.2	М	Maintenance	13.4.4.3			
3.3	М	Dry Pipe Valve Interior Cleaned	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.)	14.3		☐ Yes ☐ No	
3.7	М	System Returned to Service	4.5.3 15.7		☐ Yes ☐ No	

D = Defi	ciency C	= Comme	nt (Indica	ate type)				
ltem	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced				
	Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:								
See 0	Correction F	orm AES 1	0 for c	orrecte	ed 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	🗌 Annual	2nd	🗌 Annual	3rd	Annual	4th	🗌 Annual		
Date										
Print Name										
Signature										