	California Code of Regulations Inspection, Testing, and Mair		Quarterly and Annual Report	1 of 3		
Property Information	OF CALLEO	Contractor or Licensed Owner Information				
Building Name		Name				
Address		Address				
	ATRE MARDE	City	St. Zi	р		
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:								

	NOT	E: For Pre-Action Sprinkler Systems used as Foar	m Water System	ns, add Suppl	emental Fo	orm AES 8	
		Quarterly In:	spections				
	=	Inspection T = Test M = Maintenance				N/A = Not App	
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 Alarm Devices	5.2.5				
1.5	I	Gauges (Pre-Action Valves) Pass = Normal Pressures	13.4.3.1.3				
1.6	1	Air Pressure	13.4.3.1.4	psi	ps	i psi	psi
1.7	1	Water Supply Pressure	13.4.3.1.3.1	psi	ps	i psi	psi
1.8	1	Detection System (Pilot Line) Air Pressure	13.4.3.1.5	psi	ps	i psi	psi
1.9	1	Hydraulic Design Information Sign (for hydraulically designed systems)	5.2.6				
1.10	I	General Information Sign (not required for system prior to 2007 edition of NFPA 13)	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	Pre-action Valves – Exterior Inspection	13.4.3.1.6				
1.15	I	Pressure Reducing Valves	13.5.1				
1.16	I	Master Pressure Reducing Valves	13.5.4.1				
1.17		Backflow Preventers	13.6.1				

Pre-Action Fire Sprinkler System	hia Code of Regulations ction, Testing, and Main		Quarterly and Annual Report	2 of 3
Property Information	THE OF CALLSONN	Contrac	ctor or Licensed Owner Informa	ation
Building Name		Name		
Address		Job #		
City	FIRE MARSE			

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections										
		I = Inspection T = Test M = Maintenance		P = Pa	ss F = Fail N/A = Not Applicable						
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A					
1.18	Ι	Low Temperature Alarms	13.4.3.1.2								
1.19	Ι	Sprinklers	5.2.1								
1.20	Ι	Pipe and Fittings	5.2.2								
1.21	Ι	Hangers	5.2.3								
1.22	Ι	Seismic Braces	5.2.3								
1.23	Ι	Buildings (Freeze protection)	4.1.1.1		Owner's Responsibility						
1.24	Ι	Low Temperature Alarm Test	13.4.3.1.2								
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								
	—	Waterflow Alarm Devices	904.1(c) 5.3.3								
2.3	Т	90 sec. maximum - (Enter Time)	13.2.6		Sec.						
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	13.4.3.2.1								
2.6	т	Pre-Action Valve Trip Test (Partial trip test is acceptable)	13.4.3.2.3 13.4.3.2.4 13.4.3.2.5								
2.7	т	Valve Trip Time	13.4.3.2.12		sec.						
2.8	т	Manual Actuation Device Test	13.4.3.2.9								
2.9	т	Low Air Pressure Alarm Test	13.4.3.2.13								
2.10	Т	Low Temperature Alarm Test	13.4.3.2.14								
2.11	Т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15								
2.12	т	Control Valve – Operation	13.3.3								
2.13	т	Valve Supervisory Devices	13.3.3.5								
2.14	т	Backflow Preventer Assemblies	13.6.2								
2.15	т	PRV – Partial Flow	13.5.1.3								
3.1	м	Control Valves	13.3.4								
3.2	м	Air Leaks Repaired	13.4.3.3.1								
3.3	м	Pre-Action Valve Interior Inspected and Cleaned (for valves that must be internally reset)	13.4.3.1.7 13.4.3.3.2								
3.4	м	Low Points in System Drained	13.4.3.3.3								

Pre-Action Fire Sprinkler System	California Code of Regulation Inspection, Testing, and Ma	
Property Information	E OF CALLSO	Contractor or Licensed Owner Information
Building Name	S CAR A	Name
Address	THE OT SOL	Job #
City	FIRE MANY	

	ANNUAL INSPECTION, TESTING, AND MAINTENANCE include ALL Quarterly Inspections (See Above)										
	I = Inspection 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					
3.5	М	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4								
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 13.4.3.2.10 15.7		☐ Yes ☐ No						

D = Def	D = Deficiency C = Comment (Indicate type)									
ltem	Date	Riser	D	С	Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced					
	Check here if additional Deficiencies and Comments are listed on Form AES 9 Number attached:									
See 🗌	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.								
	Che	ck box if Annual Ins	pection, Te	sting & Maintenance	Items are	Completed in the In	dicated Qu	arter
Quarter	1st	🗌 Annual	2nd	Annual	3rd	Annual	4th	Annual
Date								
Print Name								
Signature								