| | Inspection, Testing and Maintenance | | | | | |
|--|-------------------------------------|---|---------------------------|----------------------------------|---------------|---------|
| I = Inspection T = Test M = Maintenance P = Pass F = | | | | Pass F = Fail N/A = Not Applicab | le | |
| Item | | Description | NFPA 17A CA ed. Reference | Date | Comments Only | P,F,N/A |
| 1.1 | ı | 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 | ı | Hoods, Ducts, Filters in Place and Clean | CFC 904.11.6.3 | | | |
| 1.8 | ı | Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated | 7.2.2(8) | | | |
| 2.1 | Т | Automatic Detection/Manual Actuation Functioned Correctly | 7.3.3.4 | | | |

Fixed Temperature Sensing Elements (such as Fusible Links)

Quantity

Temp

Install

Date

Mfr

Date

Install

Date

Mfr

Date

Quantity

Temp

Form AES 20 Sept. 3, 2013

| Wet Chemical Pre-Engineered | |
|------------------------------------|--|
| Fire Extinguishing System | |

City

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

| Semi-Annua | 1 |
|------------|---|
| Report | |

| - | \mathbf{o} | ы, |
|---|--------------|----|
| | OT | Z |

Property Information

| Building Name | |
|---------------|--|
| Address | |



Contractor or Licensed Owner Information

| Name | | |
|------|--|--|
| Job# | | |
| | | |

Inspection, Testing and Maintenance P = Pass M = Maintenance I = Inspection T = Test F = Fail N/A = Not ApplicableNFPA 17A CA Item Description Date **Comments Only** P,F,N/A ed. Reference 2.2 Т Fuel Shut-off Operated Correctly 7.3.3.4 2.3 Т Regulator Tested & is within Acceptable Limits 7.3.3.4 Manual Reset Relay Functioned Correctly 2.4 Т 7.3.3.4 (if applicable) All Agent Containers within Acceptable Hydrostatic 3.1 7.5.1(1) Test Dates All Auxiliary Pressure Containers and/or Hose 3.2 Μ 7.5.1(2)(3) Assemblies within Acceptable Hydrostatic Test Dates 3.3 Cartridge Weights within Acceptable Limits 7.3.3.1(2) Liquid Level within Acceptable Limits 3.4 7.3.3.1(2) (Non-pressurized) No Signs of Corrosion in Agent Cylinder 3.5 Μ 7.3.3.1(2) (Non-pressurized) Distribution Piping Unobstructed and Contiguous 3.6 7.3.3.1(3) 3.7 Μ Nozzles are Correct, Clean & Properly Aimed 7.3.3.1(2) Fixed Temp Fusible Metal Alloy Type Detectors Replaced 3.8 7.3.4 Fixed-Temp (other than fusible metal alloy type) 3.9 Μ 7.3.5 & Heat Detectors Maintained or Replaced Auxiliary Equipment Such as Water valves 3.10 7.3.3.1(2)**Functioned Correctly** 3.11 Internal Maintenance as Required by Manufacturer Title 19 §904.7 M

| D = Deficiency C = Comment (Indicate type) | | | | | |
|--|------|-------|------|---|--|
| Item | 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 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 Na | me | | | | |
| Signatur | | | Date | | |

Sept. 3, 2013 Form AES 20