

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.		

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							
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (Dry Pipe Systems) <i>Pass = Normal Pressures</i>	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	psi
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1	psi	psi	psi	psi
1.8	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6				
1.9	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8				
1.10	I	Heat Tape	5.2.7				
1.11	I	Spare Sprinklers	5.2.1.4				
1.12	I	Fire Department Connections	13.7				
1.13	I	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				

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City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See Quarterly Inspections Page)

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
3.1	M	Control Valves	13.3.4			
3.2	M	Maintenance	13.4.4.3			
3.3	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.4	M	Low Points in System Drained	13.4.4.3.2			
3.5	M	Backflow Preventer	13.6.3			
3.6	M	Obstruction Investigation Required <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	<input type="checkbox"/> Annual	2nd	<input type="checkbox"/> Annual	3rd	<input type="checkbox"/> Annual	4th	<input type="checkbox"/> Annual
Date								
Print Name								
Signature								