	fornia Code of Regulation spection, Testing, and Ma		5-Year Report	1 of 4
Property Information	TE OF CALLAOPE	Contractor or	Licensed Owner In	formation
Building Name		Name		
Address		Address		
	FIRE MARIE	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
🗌 Thi	This building has more than 5 risers. See additional AES 2.9 form attached Number of AES 2.9 forms attached						

		5-Year Inspection Includes ALL Quarterly and Annu	n, Testing and al Inspections, 1	Maintenand Tests, and Mai	Ce intenance Items	
	1 = 1	nspection T = Test M = Maintenance	P =	Pass F = Fail N/A = Not Applicable		
ltem		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
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 Alarm Devices	5.2.5			
1.5	I	Gauges (Prection/Deluge Valves) Pass = Normal Pressures	13.4.3.1.3			
1.6	T	Water Supply Pressure	13.4.3.1.3.1		psi	
1.7	I	Detection System (Pilot Line) Air Pressure	13.4.3.1.5		psi	
1.8	ı	Hydraulic Design Information Sign (For hydraulically designed systems)	5.2.6			
1.9	I	General Information Sign (not required for system prior to 2007 Edition NFPA 13)	5.2.8			
1.10	I	Fire Department Connections	13.7			
1.11	I	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6			
1.12	1	Pressure Reducing Valves	13.5.1.1			
1.13	I	Backflow Preventers	13.6.1			
1.14	I	Pipe and Fittings	10.2.4 10.2.4.1			
1.15	I	Drainage	13.2.4			
1.16	I	Detection Systems	10.2.3			
1.17	I	Master Pressure Reducing Valves	13.5.4.1			

Deluge Sprinkler Systems Water Spray	nia Code of Regulations ction, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contractor o	or Licensed Owner Info	rmation
	THE DESCRIPTION			
Building Name		Name		
Address	SH SHE	Job #		
City	FIRE MARS			

5-Year Inspection, Testing and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items							
I	= Insp	pection T = Test M = Maintenance		P =	Pass F = Fail N/A = Not Applicable		
ltem		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A	
1.18	I	UHSWSS - Detectors	10.4.2				
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility		
1.20	I	Low Temperature Alarm	13.4.3.1.2				
1.21	ı	Nozzles	10.2.1.6 10.2.5				
1.22	ı	Pipe and Fittings	10.2.4.1				
1.23	I	Hangers and Supports	10.2.4.2				
1.24	Т	Deluge Valve - Interior inspection	13.4.3.1.7				
2.1	т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.		
2.2	т	Main Drain Test (Enter data on Page 1 of this form)	13.2.5 13.3.3.4				
2.3	т	Priming Water Level Test	13.4.3.2.1				
2.4	т	Valve Trip Test - Full Flow	10.2.2 13.4.3.2				
2.5	т	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec		
2.6	т	Pressure at the Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi		
2.7	т	Pressure at Deluge Valve	10.3.4.4.2 13.4.3.2.7.2		psi		
2.8	т	Pressure Readings Acceptable	10.3.4.4.3 13.4.3.2.7.3		Yes No		
2.9	т	Water Discharge Pattern at Nozzle or Sprinkler	10.3.4.3				
2.10	т	Multiple System Test	10.3.5 13.4.3.2.8				
2.11	т	Manual Actuation Device Test	10.3.6 13.4.3.2.6				
2.12	т	Deluge Valve - Interior inspection	13.4.3.1.7				
2.13	т	Low Air Pressure Alarm Test	13.4.3.2.13				
2.14	т	Low Temperature Alarm Test	13.4.3.2.14				
2.15	т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15				
2.16	т	Control Valve - Position	13.3.3				
2.17	т	Control Valve – Operation	13.3.3				
2.18	т	Valve Supervisory Devices	13.3.3.5				

Deluge Sprinkler Systems Water Spray	ia Code of Regulations on, Testing, and Ma		5-Year Report	3 of 4
Property Information	S OF CALLS	Contractor or	Licensed Owner Info	rmation
	IT OF PR			
Building Name		Name		
Address		Job #		
City	ATRE MARS			

	5-Year Inspection, Testing and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance items						
I	= Insp	pection T = Test M = Maintenance	P = 1	Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A	
2.19	т	Backflow Preventer Assemblies	13.6.2				
2.20	т	Pressure Reducing Valves	13.5.1.2				
2.21	т	Flushing of Connection to Riser (part of annual test)	10.3 Table 10.1.1.2				
2.22	т	Nozzles	10.2.16 10.3.4.3				
2.23	т	Water Spray System Test	10.3 13.4.3.2				
2.24	т	Waterflow Alarm	5.3.3				
2.25	т	UHSWSS	10.4				
2.26	т	Detection Systems	10.2.3				
2.27	т	Check Valves (includes Detector check valves)	13.4.2.1				
3.1	м	Control Valves	10.1.5 13.3.4				
3.2	м	Repair Air Leaks	13.4.3.3.1				
3.3	м	Interior Inspected and Cleaned (all Deluge Valves)	13.4.3.1.7 13.4.3.3.2				
3.4	м	Low Points in System Drained	13.4.3.3.3				
3.5	м	Additional manufacturer's maintenance requirements satisfied	13.4.3.3.4				
3.6	м	Strainers, Filters, Restricted Orifices, and Diaphragm Chambers <i>(includes baskets and screens)</i>	10.2.1.4 10.2.7 13.4.3.1.8				
3.7	м	Water Spray System/Deluge Valve	10.2.1.4 10.2.2 13.4.3.3				
3.8	м	Detection Systems	10.2.3				
3.9	м	Backflow Preventer	13.6.3				
3.10	м	Check Valves (includes Detector check valves)	13.4.2.2				
3.11	м	FDC - Backflush	14.3.2.3 14.3.2.4				
3.12	м	Obstruction Investigation required. If "Yes", see Deficiencies and Comments Section for Results	14.3		Yes No		
3.13	м	System Returned to Service	4.5.3 13.4.3.2.10 15.7		Yes No		

Deluge Sprinkler Systems Water Spray	ia Code of Regulations on, Testing, and Ma		5-Year Report	4 of 4
Property Information	E OF CALLS	Contractor or	Licensed Owner Info	rmation
	STE OF OF			
Building Name		Name		
Address		Job #		
City	FIRE MARS			

D = Defi	ciency C	= Comme	nt (Indica	ite type)
ltem	Date	Riser	D	с	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
Check	k here if addi	tional Defici	encies	and Co	omments are listed on Form AES9 Number attached:
See 0	Correction Fo	orm AES 10	for co	rrected	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