


<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>			
Building Name			Name			
Address			Address			
City			License #	City	St.	Zip
Contact Person			<input type="checkbox"/> SFM	Phone		
Phone			<input type="checkbox"/> CSLB	Job #		
			Misc.			

**5 Year Inspection, Testing and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items*

I = Inspection    T = Test    M = Maintenance		<i>P = Pass    F = Fail    N/A = Not Applicable</i>				
Item		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	Hose Houses	7.2.2.7			
1.4	I	Fire Department Connections	13.7			
1.5	I	Pressure Reducing Valves	13.5.1.1			
1.6	I	Backflow Preventers	13.6.1			
1.7	I	Monitor Nozzles	7.2.2.6			
1.8	I	Hydrants <i>(Dry Barrel and Wall)</i>	7.2.2.4 Table 7.2.2.4			
1.9	I	Hydrants <i>(Wet Barrel)</i>	7.2.2.5 Table 7.2.2.5			
1.10	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.11	I	Piping <i>(Exposed)</i>	7.2.2.1 Table 7.2.2.1.2			
1.12	I	Hose	7.1.4 NFPA 1962			
2.1	T	Control Valve - Positions	13.3.3.1			
2.2	T	Control Valve - Operation	13.3.3			
2.3	T	Monitor Nozzles	7.3.3			
2.4	T	Hydrants - Flush	7.3.2			
2.5	T	Supervisory Devices	13.3.3.5			
2.6	T	Backflow Preventer Assemblies	13.6.2			
2.7	T	Piping <i>(Exposed and Underground Evaluation)</i>	7.3.1.1		Record results in Deficiencies and Comments section	
2.8	T	Water Supply Evaluation <i>(If required by 7.3.1.2)</i>	7.3.1.2		Record results below in Table for Water Supply Test Evaluation	
2.9	T	Pressure Reducing Valve <i>Full Flow Test</i>	13.5.1.2			
2.10	T	Hose	7.1.4 NFPA 1962			

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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	Mainline Strainers	7.2.2.3 Table 7.2.2.3				
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7				
3.4	M	Hydrants	7.4.2				
3.5	M	Monitor Nozzles	7.4.3				
3.6	M	FDC - Backflush	14.3.2.3 14.3.2.4				
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2				
3.8	M	Obstruction Investigation required. If "Yes", see Deficiencies and Comments Section for Results	14.3			<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
3.9	M	System Returned to Service	4.5.3 15.7			<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	

**If required by 7.3.1.2 - Table for Water Supply Test Evaluation (Item 2.8)**

Flow Rate (gpm)		Static Pressure (psi)	
Hose Stream Allowance (gpm)		Residual Pressure (psi)	
Total System Demand (gpm)		Flow Rate (gpm)	
Required Pressure at Source (psi)		Available Pressure at Total System Demand (psi)	

**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>

<input type="checkbox"/> Check here if additional Deficiencies and Comments are listed on Form AES9	Number attached:
<input type="checkbox"/> 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 Name	
Signature	Date