| Foam-Water Sprinkler System | California Code of Regulations - Title 19 Inspection, Testing, and Maintenance | Inspection Report |  |
|---|---|---|---|

| Property Information | | Contractor or Licensed Owner Information |
|---|---|---|
| Building Name | | Name |
| Address | | Address |
| | | City St. Zip |
| City | License # | Phone |
| Contact Person | ☐ SFM | Job # |
| Phone | ☐ CSLB | Misc. |

☐ This building has more than 5 risers. See additional AES 2.9 form attached Number of AES 2.9 forms attached

## INSPECTION, TESTING, AND MAINTENANCE

**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 |
|---|---|---|---|---|---|---|
| | | **Inspection** | | | | |
| 1.1 | I | Discharge Device Location (Sprinkler) | 11.2.5 | | | |
| 1.2 | I | Discharge Device Location (Spray Nozzle) | 11.2.5 | | | |
| 1.3 | I | Discharge Device Position (Sprinkler) | 11.2.5 | | | |
| 1.4 | I | Discharge Device Position (Spray Nozzle) | 11.2. | | | |
| 1.5 | I | Foam Concentrate Strainer(s) | 11.2.7.2 | | | |
| 1.6 | I | Drainage in System Area | 11.2.8 | | | |
| 1.7 | I | Proportioning System(s) - All | 11.2.9 | | | |
| | | **Test** | | | | |
| 2.1 | T | Discharge Device Location | 11.3.2.6 | | | |
| 2.2 | T | Discharge Device Position | 11.3.2.6 | | | |
| 2.3 | T | Discharge Device Obstruction | 11.3.2.6 | | | |
| 2.4 | T | Foam Concentrate Strainer(s) | 11.2.7.2 | | | |
| 2.5 | T | Proportioning System(s) - All | 11.2.9 | | | |
| 2.6 | T | Complete Foam-water System(s) | 11.3.3 | | | |
| 2.7 | T | Foam-water Solution | 11.3.5 | | | |
| 2.8 | T | Manual Actuation Devices(s) | 11.3.4 | | | |
| 2.9 | T | Strainer(s) - Mainline | 11.2.7.1 | | | |
| | | **Maintenance** | | | | |
| 3.1 | M | Foam Concentrate Pump Operation | 11.4.6.1<br>11.4.7.1 | | | |
| 3.2 | M | Foam Concentrate Strainer(s) | 11.4 | | | |
| 3.3 | M | Foam Concentrate Samples | 11.2.10 | | | |
| | | **Proportioning System(s)**<br>**Standard Pressure Type:** | | | | |
| 3.4 | M | Ball Drip (automatic type) Drain Valves | 11.4.3.1 | | | |
| 3.5 | M | Foam Concentrate Tank - Drain and Flush | 11.4.3.2 | | | |
| 3.6 | M | Corrosion and Hydrostatic Test | 11.4.3.3 | | | |

| Property Information | | Contractor or Licensed Owner Information |
|---|---|---|
| Building Name | | Name |
| Address | | Job # |
| City | | |

## INSPECTION, TESTING, AND MAINTENANCE

**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 |
|---|---|---|---|---|---|---|
| | | **Bladder Tank Type:** | | | | |
| 3.7 | M | Sight Glass | 11.4.4.1 | | | |
| 3.8 | M | Foam Concentrate Tank - Hydrostatic Test | 11.4.4.2 | | | |
| | | **Line Type:** | | | | |
| 3.9 | M | Foam Concentrate Tank - Corrosion & Pickup Pipes | 11.4.5.1 | | | |
| 3.10 | M | Foam Concentrate Tank - Drain & Flush | 11.4.5.2 | | | |
| | | **Standard Balanced Pressure Type:** | | | | |
| 3.11 | M | Foam Concentrate Pump(s) | 11.4.6.2 | | | |
| 3.12 | M | Balancing Valve | 11.4.6.3 | | | |
| 3.13 | M | Foam Concentrate Tank | 11.4.6.4 | | | |
| | | **In-line Balanced Pressure Type:** | | | | |
| 3.14 | M | Foam Concentrate Pump(s) | 11.4.7.2 | | | |
| 3.15 | M | Balancing Valve Diaphragm | 11.4.7.3 | | | |
| 3.16 | M | Foam Concentrate Tank | 11.4.7.4 | | | |
| 3.17 | M | Pressure Vacuum Vents | 11.4.8 | | | |

**D = Deficiency C = Comment** ***(Indicate type )***

| *Item* | *Date* | *Riser* | *D* | *C* | ***Deficiencies and Comments*** *Indicate all equipment, devices and parts that were repaired or replaced* |
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| Property Information | | Contractor or Licensed Owner Information |
|---|---|---|
| Building Name | | Name |
| Address | | Job # |
| City | | |

D = Deficiency C = Comment (*Indicate type*)

| *Item* | *Date* | *Riser* | *D* | *C* | *Deficiencies and Comments (cont.)* *Indicate all equipment, devices and parts that were repaired or replaced* |
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☐ 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 and 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.***

| Print Name | |
|---|---|
| Signature | Date |