


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

5-Year INSPECTION, TESTING AND MAINTENANCE <i>Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance</i>						
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
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 (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 5.4.2.3 5.2.4.4 13.4.4.2.5.1		psi	
1.7	I	Water Supply Pressure	5.2.4.2 13.4.4.2.5.1		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 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			
1.15	I	Backflow Preventers	13.6.1			

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**ANNUAL INSPECTION, TESTING, AND MAINTENANCE**  
*Include ALL Quarterly Inspections*

**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
1.16	I	PRV - Fire Sprinkler Systems	13.5.1			
1.17	I	Buildings (Freeze protection)	4.1.1.1		<b>Owner's Responsibility</b>	
1.18	I	Sprinklers	5.2.1			
1.19	I	Sprinklers - Concealed Space	5.2.1.1.6			
1.20	I	Pipe and Fittings	5.2.2			
1.21	I	Pipe and Fittings - Concealed Space	5.2.2.3			
1.22	I	Hangers	5.2.3			
1.23	I	Hangers - Concealed Space	5.2.3.3			
1.24	I	Seismic Braces	5.2.3			
1.25	I	Seismic Braces - Concealed Space	5.2.3.3			
1.26	I	Dry Pipe Valves - Interior Inspection	13.4.4.1.5			
1.27	I	Strainer, Filters, Restricted Orifices Inspection	13.4.4.1.6			
2.1	T	Dry Pipe Valve Trip Test - Full Flow	13.4.4.2.2.2			
2.2	T	Field Service Test Required <b>Send Report to Fire Code Official</b>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.3	T	Recalled Sprinklers <b>If not present = Pass; If present = Fail</b>	Title 19 904.1(c)			
2.4	T	Water Flow Alarm Devices <b>90 secs max. Enter time</b>	5.3.3 13.2.6		sec.	
2.5	T	Main Drain Test <b>(Enter data on Page 1 of this form)</b>	13.2.5 13.3.3.4			
2.6	T	Priming Water Level Test	13.4.4.2.1			
2.7	T	Valve Trip Time	13.4.4.2.5.2		sec	
2.8	T	Trip Air Pressure	13.4.4.2.5.1		psi	
2.9	T	Quick Opening Device Test	13.4.4.2.4			
2.10	T	Low Air Pressure Alarm Test	13.4.4.2.6			
2.11	T	Low Temperature Alarm Test	13.4.4.2.7			
2.12	T	Automatic Air Pressure Maintenance Device Test	13.4.4.2.8			
2.13	T	Control Valve – Operation	13.3.3.1			
2.14	T	Valve Supervisory Devices	13.3.3.5			
2.15	T	Backflow Preventer Assemblies	13.6.2			

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
2.16	T	PRV – Full Flow Test	13.5.1.2			
2.17	T	Pressure Gauges - Calibration	5.3.2			
3.1	M	Air Leakage Test	13.4.4.2.9			
3.2	M	Check Valves - Internal Inspection	13.4.2			
3.3	M	Control Valves	13.3.4			
3.4	M	Maintenance	13.4.4.3			
3.5	M	Dry Pipe Valve Interior Cleaned	13.4.4.3.1			
3.6	M	Auxiliary Drains in System Drained	13.4.4.3.2			
3.7	M	Backflow Preventer	13.6.3			
3.8	M	FDC - Backflush	14.3.2.3 14.3.2.4			
3.9	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.10	M	Obstruction Investigation required. If "Yes", see Deficiencies and Comments Section for Results	14.3			
3.11	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>D = Deficiency    C = Comment    (Indicate type)</b>
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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