


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

Riser Information			Main Drain Test				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A

*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