


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

Quarterly Inspections

I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
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	Supervisory Devices	13.3.3.5.1				
1.8	I	Monitor Nozzles	7.2.2.6				

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.9	I	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			
1.10	I	Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5			
1.11	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			
1.12	I	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2			
1.13	I	Piping (Underground)	7.3.1			
1.14	I	Hose	NFPA 1962			
2.1	T	Control Valve - Position	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	Pressure Reducing Valve (Partial Flow Test)	13.5.1.3			
3.1	M	Control Valves	13.3.4			
3.2	M	Mainline Strainers	7.2.2.3			

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
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	Obstruction Investigation required <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7	M	System Returned to Service	4.5.3 15.7		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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>

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 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	1st	<input type="checkbox"/> Annual	2nd	<input type="checkbox"/> Annual	3rd	<input type="checkbox"/> Annual	4th	<input type="checkbox"/> Annual
Date								
Print Name								
Signature								