


| Property Information |  | Contractor or Licensed Owner Information | | |
|----------------------|---|--|-------|-----|
| Building Name | | Name | | |
| Address | | Address | | |
| City | | City | St. | Zip |
| Contact Person | | License # | Phone | |
| Phone | | <input type="checkbox"/> SFM | Job # | |
| | <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
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items

| 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 | | | |

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.3)

| 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 | | Owner's Responsibility | |
| 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 Send Report to Fire Code Official | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | |
| 2.3 | T | Recalled Sprinklers If not present = Pass; If present = Fail | Title 19 904.1(c) | | | |
| 2.4 | T | Water Flow Alarm Devices 90 secs max. Enter time | 5.3.3 13.2.6 | | sec. | |
| 2.5 | T | Main Drain Test (Enter data on Page 1 of this form) | 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 | | | |

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

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.3)

| 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 |
| 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 | |

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.
 See Correction Form AES 10 for corrected deficiencies.

Number attached:
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 |