Deluge Sprinkler Systems Water Spray		California Code of Regulations - Title 19 Inspection, Testing, and Maintenance			
Property Information	E OF CALIFORNIA	Contractor or Licensed Owner Information			
Building Name		Name			
Address	THE MARCH	Address			
	FIRE MAN	City	St.	Zip	
City	License #	Phone			
Contact Person	☐ SFM	Job #			
Phone	☐ 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	
Thi	☐ 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								
	l = lı	nspection 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	Т	Control Valves – Identification Sign	13.3.1						
1.2	ī	Control Valves – Inspection	13.3.2						
1.3	ī	Waterflow Alarm Devices	5.2.5						
1.4	T	Supervisory Alarm Devices	5.2.5						
1.5	ı	Gauges (Prection/Deluge Valves) Pass = Normal Pressures	13.4.3.1.3						
1.6	ı	Water Supply Pressure	13.4.3.1.3.1		psi				
1.7	1	Detection System (Pilot Line) Air Pressure	13.4.3.1.5		psi				
1.8	ı	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	5.2.6						
1.9	1	General Information Sign (Not Required for System Prior to 2007 Edition NFPA 13)	5.2.8						
1.10	ı	Fire Department Connections	13.7						
1.11	1	Deluge Valves – Exterior Inspection	10.2.2 13.4.3.1.6						
1.12	ı	Pressure Reducing Valves	13.5.1.1						
1.13	ı	Backflow Preventers	13.6.1						
1.14	ı	Pipe and Fittings	10.2.4 10.2.4.1						
1.15	ı	Drainage	13.2.4						
1.16	ı	Detection Systems	10.2.3						
1.17	T	Master Pressure Reducing Valves	13.5.4.1						

Systems Water Spray	nia Code of Regulations ction, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contractor of	or Licensed Owner Info	rmation
	TE CONSTRUCTION			
Building Name		Name		
Address		Job #		
City	FIRE MARS			

5-Year Inspection, Testing, and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items								
I	= Insp	pection T = Test M = Maintenance	mapeenona, reac	P = Pass $F = Fail$ $N/A = Not Applicable$				
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A		
1.18	ı	UHSWSS - Detectors	10.4.2					
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility			
1.20	ı	Low Temperature Alarm	13.4.3.1.2					
1.21	ı	Nozzles	10.2.1.6 10.2.5					
1.22	ı	Pipe and Fittings	10.2.4.1					
1.23	ı	Hangers and Supports	10.2.4.2					
1.24	ı	Deluge Valve - Interior inspection	13.4.3.1.7					
2.1	Т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.			
2.2	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4					
2.3	Т	Priming Water Level Test	13.4.3.2.1					
2.4	т	Valve Trip Test - Full Flow	10.2.2 13.4.3.2					
2.5	т	Valve Trip Time	10.3.4.2 13.4.3.2.12		sec			
2.6	т	Pressure at the Hydraulically Most Remote Nozzle or Sprinkler	10.3.4.4.1 13.4.3.2.7.1		psi			
2.7	т	Pressure at Deluge Valve	10.3.4.4.2 13.4.3.2.7.2		psi			
2.8	т	Pressure Readings Acceptable	10.3.4.4.3 13.4.3.2.7.3		☐ Yes ☐ No			
2.9	Т	Water Discharge Pattern at Nozzle or Sprinkler	10.3.4.3					
2.10	Т	Multiple System Test	10.3.5 13.4.3.2.8					
2.11	т	Manual Actuation Device Test	10.3.6 13.4.3.2.6					
2.12	Т	Deluge Valve - Interior inspection	13.4.3.1.7					
2.13	Т	Low Air Pressure Alarm Test	13.4.3.2.13					
2.14	Т	Low Temperature Alarm Test	13.4.3.2.14					
2.15	Т	Automatic Air Pressure Maintenance Device Test	13.4.3.2.15					
2.16	Т	Control Valve - Position	13.3.3					
2.17	Т	Control Valve – Operation	13.3.3					
2.18	Т	Valve Supervisory Devices	13.3.3.5					

Deluge Sprinkler Systems Water Spray		esting, and Ma		5-Year Report	3 of 4
Property Information		OF CALLO	Contractor or Lic	ensed Owner Info	rmation
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uilding Name			Name		
ddress	Ma		Job #		
ity		FIRE MARS			

		5-Year Inspection, Includes ALL Quarterly and Annual			ance Items	
l	= Insp	pection 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
2.19	т	Backflow Preventer Assemblies	13.6.2			
2.20	Т	Pressure Reducing Valves	13.5.1.2			
2.21	Т	Flushing of Connection to Riser (Part of Annual Test)	10.3 Table 10.1.1.2			
2.22	Т	Nozzles	10.2.16 10.3.4.3			
2.23	т	Water Spray System Test	10.3 13.4.3.2			
2.24	Т	Waterflow Alarm	5.3.3			
2.25	Т	UHSWSS	10.4			
2.26	Т	Detection Systems	10.2.3			
2.27	Т	Check Valves (Includes Detector Check Valves)	13.4.2.1			
3.1	М	Control Valves	10.1.5 13.3.4			
3.2	М	Repair Air Leaks	13.4.3.3.1			
3.3	М	Interior Inspected and Cleaned (All Deluge Valves)	13.4.3.1.7 13.4.3.3.2			
3.4	М	Low Points in System Drained	13.4.3.3.3			
3.5	М	Additional Manufacturer's Maintenance Requirements Satisfied	13.4.3.3.4			
3.6	М	Strainers, Filters, Restricted Orifices, and Diaphragm Chambers (Includes Baskets and Screens)	10.2.1.4 10.2.7 13.4.3.1.8			
3.7	м	Water Spray System/Deluge Valve	10.2.1.4 10.2.2 13.4.3.3			
3.8	М	Detection Systems	10.2.3			
3.9	М	Backflow Preventer	13.6.3			
3.10	М	Check Valves (Includes Detector Check Valves)	13.4.2.2			
3.11	М	FDC - Backflush	14.3.2.3 14.3.2.4			
3.12	М	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		Yes No	
3.13	м	System Returned to Service	4.5.3 13.4.3.2.10 15.7		☐ Yes ☐ No	

S	Deluge S ystems W	Sprinkler /ater Spr	ray		Californi Inspectio	ia Code of Regulation on, Testing, and M	ns - Title 19 aintenance	5-Year Report	4 of 4
	Property Information			OF CALL	Contractor or L	icensed Owner Info	ormation		
						TE CON SERVICE			
Building	Name						Name		
Address							Job#		
City						FIRE MARS			
					•	·			
D = Defi	ciency C	= Comme	nt (Indica	ite type)	Deficie		4-	
Item	Date	Riser	D	C			encies and Commen evices and parts that were re		
1									

Check	here if addit	tional Defici	encies	and Co	omments are listed on Form AES 9.	Number attached:		
See 0	Correction Fo	orm AES 10	for cor	rected	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 Naı	me							
Signatur	e	Date						
		•						