					ornia Code of Regulations - Title 19 pection, Testing, and Maintenance				5-Year Report		1 of 4
		Property Information	OF CALIFORNIA			c	Contractor	or Licensed (Owner Informa	ation	
Building Name					0		Name				
Addres	s			N N		N N N N N N N N N N N N N N N N N N N	Addres	ss			
				FIRE M	ARS	City		St.	Zip		
City				Licen	ise#		Phone				
Contact	Perso	on			SFM		Job#				
Phone					CSLB		Misc.				
		Type of Star	odnina Sv	vetom	2				Class of St	andpipe Syste	om.
☐ Ma	anual '	• •	_		tic Dry				lass I	anupipe Syste	7111
	anual		+=-		utomatic Di	rv			Class II		
		tic Wet	+=-			er/Standpip	ne		Class III		
					- С						
		Riser Informatio	n					Main Dra	ain Test (AN	NUAL)	
Riser No.		Location		Riser Diameter		Main Di Diame	-	nitial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A
NO.				_	Diameter	Dianie	ter	riessuie	Flessule	Flessule	
	+										
	1					1					
	1			一							
						1					
Tr	nis buil	ding has more than 5 risers. See	additional	AES :	2.9 form att	ached.	Nu	umber of AE	S 2.9 forms atta	ached:	
		5-\ Includes ALL Q	∕ ear Ins∣ ıarterly aı	pecti nd An	on, Testii Inual Inspe	ng, and M ections, Tes	lainten sts. and	nance <i>Maintenan</i> d	ce Items		
	l = Ir	spection T = Test M = Ma	intenanc	е				P = F	Pass F = Fail N	/A = Not Applicable	•
Item		Description			NFPA 25 C ed. Reference		Date	Comme	nts Only	P, F, N/A	
1.1	ī	Control Valves – Identification S		13.3.1							
1.2	ı	Control Valves – Inspection				13.3.2					
1.3	Т	Waterflow Alarm Devices				5.2.5					
1 /	· ·	Supervisory Alarm Davisos				525					

	Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items										
	l = Ir	nspection T = Test M = Maintenance		P = 1	Pass F = Fail N/A = Not Applicable						
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A					
1.1	ı	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	ı	Supervisory Alarm Devices	5.2.5								
1.5	I	Pressure Gauges Pass = Normal Pressures	6.2.1 6.2.2								
1.6	ı	Water Supply Pressure Below Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi						
1.7	I	Water Supply Pressure Above Dry Pipe or Preaction Valve	6.2.1 6.2.2		psi						
1.8	I	Pressure at Top of Standpipe Riser	6.2.1 6.2.2, 13.2.7		psi						
1.9	I	Air/Nitrogen Pressure	6.2.1 6.2.2, 13.2.7		psi						
1.10	I	Pressure at Discharge of Fire Pump or Pressure Tank	6.2.1 6.2.2, 13.2.7		psi						
1.11	I	Pressure Readings Acceptable	6.2.2 13.2.7								
1.12	I	Hydraulic Design Information Sign (For Hydraulically Designed Systems)	6.2.3								
1.13	ı	Heat Tape	5.2.7								

	rnia Code of Regulations ection, Testing, and Mair		5-Year Report	2 of 4
Property Information	OF CALL	Contractor	or Licensed Owner Inform	nation
	THE CONTRACTOR			
uilding Name	SO SE E	Name		
ldress		Job #		
ty	AIRE MARS			

City

	5-Year Inspection, Testing, and Maintenance Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items										
ı	= 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					
1.14	I	Standpipe Hose Valves	13.5.6.1								
1.15	ı	Pressure Reducing Hose Valves	13.5.2.1								
1.16	ı	Pressure Reducing Valves	13.5.1.1								
1.17	ı	Fire Department Connections	13.7								
1.18	ı	Backflow Preventers	13.6.1								
1.19	ı	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility						
1.20	ı	Pipe and Fittings	6.2.1 Table 6.1.2								
1.21	ı	Hangers	6.2.1								
1.22	ı	Seismic Braces	6.2.1								
1.23	I	Hose Connection	6.2.1 Table 6.1.2								
1.24	I	Cabinet	6.2.1 Table 6.1.2								
1.25	I	Hose	6.2.1 Table 6.1.2								
1.26	ı	Hose Storage Device	6.2.1 Table 6.1.2								
1.27	ı	Hose Nozzle	6.2.1 Table 6.1.2								
2.1	Т	Control Valve - Position	6.2.1 13.3.3.1								
2.2	Т	Control Valve - Operation	6.2.1 13.3.3.2								
2.3	Т	Supervisory Devices	13.3.3.5								
2.4	Т	Waterflow Alarm Devices 90 sec max. Enter time	5.3.3 13.2.6		sec.						
2.5	Т	Main Drain Test (Enter Data on Page 1 of this Form)	13.2.5 13.3.3.4								
2.6	Т	Standpipe Flow Test	6.3.1		Provide results in table on 1st page.						
2.7	Т	Standpipe Hydrostatic Test	6.3.2								
2.8	Т	Hose Rack Assembly Flow Test	13.5.3.2								
2.9	Т	Backflow Preventer Assemblies	13.6.2								
2.10	Т	Pressure Reducing Hose Valves	13.5.2.2								
2.11	Т	Pressure Reducing Valves	13.5.3.2								
2.12	Т	Pressure Gauges	6.3.4								

Standpipe and Hose System	on, Testing, and Ma		5-Year Report	3 of 4
Property Information	OF CALLA	Contractor or	Licensed Owner Info	ormation
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 = Inspection										
	– msp		NFPA 25 CA ed.								
Item		Description	Reference	Date	Comments Only	P,F,N/A					
2.13	Т	Hose Test	6.2.1 NFPA 1962								
3.1	М	Control Valves	13.3.4								
3.2	М	FDC - Backflush	14.3.2.3 14.3.2.4								
3.3	М	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2								
3.4	М	Obstruction Investigation Required. If "Yes", See Deficiencies and Comments Section for Results	14.3		Yes No						
3.5	М	System Returned to Service	4.5.3 15.7		Yes No						

Table for Standpipe Flow Test Results (Item 2.6)							
No. Standpipe Risers	Flow Rate at Remote Hose Valve						
Total Flow Rate Required	Pressure at Remote Hose Valve Outlet						
Flow Rate Supplied at FDC	Flow Rate Supplied at Pump						
Pressure Supplied at FDC	Pressure Supplied at Pump						

D = Defi	D = Deficiency C = Comment (Indicate type)									
Item	tem Date Riser D C Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced									

Stand	dpipe and	d Hose S	syste	m	Californ Inspection	ia Code of Regulations on, Testing, and Ma	s - Title 19 aintenance	5-Year Report	4 of 4	
	Pro	perty Inf	orma	tion		OF CALL	Contractor or	Licensed Owner Info	rmation	
Building Name Address City						STATE MARSH	Name Job #			
D = Defi	ciency C	= Comme	nt (Indica	te type)					
Item	Date	Riser	D	С		Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced				
								<u> </u>	<u> </u>	

Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached: Number attached: See Correction Form AES 10 for corrected deficiencies. 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