


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 <input type="checkbox"/> CSLB	Job # Misc.	

This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached:

INSPECTION, TESTING, AND MAINTENANCE

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
Inspection						
1.1	I	Discharge Device Location (Sprinkler)	11.2.5			
1.2	I	Discharge Device Location (Spray Nozzle)	11.2.5			
1.3	I	Discharge Device Position (Sprinkler)	11.2.5			
1.4	I	Discharge Device Position (Spray Nozzle)	11.2.			
1.5	I	Foam Concentrate Strainer(s)	11.2.7.2			
1.6	I	Drainage in System Area	11.2.8			
1.7	I	Proportioning System(s) - All	11.2.9			
Test						
2.1	T	Discharge Device Location	11.3.2.6			
2.2	T	Discharge Device Position	11.3.2.6			
2.3	T	Discharge Device Obstruction	11.3.2.6			
2.4	T	Foam Concentrate Strainer(s)	11.2.7.2			
2.5	T	Proportioning System(s) - All	11.2.9			
2.6	T	Complete Foam-water System(s)	11.3.3			
2.7	T	Foam-water Solution	11.3.5			
2.8	T	Manual Actuation Devices(s)	11.3.4			
2.9	T	Strainer(s) - Mainline	11.2.7.1			
Maintenance						
3.1	M	Foam Concentrate Pump Operation	11.4.6.1 11.4.7.1			
3.2	M	Foam Concentrate Strainer(s)	11.4			
3.3	M	Foam Concentrate Samples	11.2.10			
Proportioning System(s) Standard Pressure Type:						
3.4	M	Ball Drip (automatic type) Drain Valves	11.4.3.1			
3.5	M	Foam Concentrate Tank - Drain and Flush	11.4.3.2			
3.6	M	Corrosion and Hydrostatic Test	11.4.3.3			

