Main Drain Test Continuation Form	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	1 of 1

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

Riser Information			Main Drain Test				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A

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