


<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>		
Building Name			Name		
Address			Address		
City			City	St.	Zip
Contact Person			License #	Phone	
Phone			<input type="checkbox"/> SFM <input type="checkbox"/> CSLB	Job # Misc.	

## 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
1.1	I	Water Temperature	9.2.4			
1.2	I	Heating System	9.2.3.1			
1.3	I	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	I	Condition of Water in Tank	9.2.1			
1.5	I	Water Level	9.2.1			
1.6	I	Air Pressure	9.2.2			
1.7	I	Control Valves	Table 13.1			
1.8	I	Tank - Exterior	9.2.5.1			
1.9	I	Support Structure	9.2.5.1			
1.10	I	Catwalks and Ladders	9.2.5.1			
1.11	I	Surrounding Area	9.2.5.2			
1.12	I	Hoops and Grillage	9.2.5.4			
1.13	I	Painted/Coated Surfaces	9.2.5.5			
1.14	I	Expansion Joints	9.2.5.3			
1.15	I	Interior	9.2.6			
1.16	I	Check Valves	Table 13.1			
2.1	T	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	T	High Temperature Limit Switch	9.3.4			
2.3	T	Water Level Alarms	9.3.5			
2.4	T	Control Valve - Position	Table 13.1			
2.5	T	Control Valve - Operation	Table 13.1			
2.6	T	Supervisory	Table 13.1			
2.7	T	Level Indicators	9.3.1			
2.8	T	Pressure Gauges	9.3.6			
2.9	T	Automatic Filling Device	9.3.7			

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Drain Silt	9.4.5			
3.2	M	Control Valves	Table 13.1			
3.3	M	Water Level	9.4.2			
3.4	M	Embankment-Supported Coated Fabric (ESCF)	9.4.6			
3.5	M	Check Valves	13.4.2.2			

**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 AES 9    Number attached: \_\_\_\_\_

See Correction Form AES 10 for corrected 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 Name	
Signature	Date