Foam-Water Sprinkler System		lifornia Code of Regulations - Title 19 Ispection, Testing, and Maintenance		
Property Information	E Q D	Contracto	r or Licensed Owner Info	ormation
Building Name		Name		
Address		Address		
	FIRE MARS	City	St.	Zip
City	License #	Phone		
Contact Person	☐ SFM	Job #		
Phone	☐ CSLB	Misc.		

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	-11	ldian has record than 5 ricers. One additional AFC 2.0 for	atta ala ad	Niverina	£ AFC 0.0 forms				
11	iis bui	Iding has more than 5 risers. See additional AES 2.9 for			of AES 2.9 forms	s 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		ments Only	P,F,N/A		
		Inspection							
1.1	ı	Discharge Device Location (Sprinkler)	11.2.5						
1.2	ı	Discharge Device Location (Spray Nozzle)	11.2.5						
1.3	ı	Discharge Device Position (Sprinkler)	11.2.5						
1.4	ı	Discharge Device Position (Spray Nozzle)	11.2.						
1.5	ı	Foam Concentrate Strainer(s)	11.2.7.2						
1.6	ı	Drainage in System Area	11.2.8						
1.7	ı	Proportioning System(s) - All	11.2.9						
		Test							
2.1	Т	Discharge Device Location	11.3.2.6						
2.2	Т	Discharge Device Position	11.3.2.6						
2.3	Т	Discharge Device Obstruction	11.3.2.6						
2.4	Т	Foam Concentrate Strainer(s)	11.2.7.2						
2.5	Т	Proportioning System(s) - All	11.2.9						
2.6	Т	Complete Foam-water System(s)	11.3.3						
2.7	Т	Foam-water Solution	11.3.5						
2.8	Т	Manual Actuation Devices(s)	11.3.4						
2.9	Т	Strainer(s) - Mainline	11.2.7.1						
		Maintenance							
3.1	М	Foam Concentrate Pump Operation	11.4.6.1 11.4.7.1						
3.2	М	Foam Concentrate Strainer(s)	11.4						
3.3	М	Foam Concentrate Samples	11.2.10						
		Proportioning System(s) Standard Pressure Type:							
3.4	М	Ball Drip (automatic type) Drain Valves	11.4.3.1			<u> </u>			
3.5	М	Foam Concentrate Tank - Drain and Flush	11.4.3.2						
3.6	М	Corrosion and Hydrostatic Test	11.4.3.3						

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Foam-Water	
Sprinkler System	1

California Code of Regulations - Title 19 Inspection, Testing, and Maintenance

Inspection	1
Report	

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Building Name	
Address	
City	



Contractor or Licensed Owner Information

Name			
Job#			

		INSPECTION, TEST	ING, AND MAIN	ITENANCI	E	
		I = Inspection T = Test M = Maintenance		P = I	Pass F = Fail N/A = Not Applica	able
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
		Bladder Tank Type:				
3.7	М	Sight Glass	11.4.4.1			
3.8	М	Foam Concentrate Tank - Hydrostatic Test	11.4.4.2			
		Line Type:				
3.9	М	Foam Concentrate Tank - Corrosion & Pickup Pipes	11.4.5.1			
3.10	М	Foam Concentrate Tank - Drain & Flush	11.4.5.2			
		Standard Balanced Pressure Type:				
3.11	М	Foam Concentrate Pump(s)	11.4.6.2			
3.12	М	Balancing Valve	11.4.6.3			
3.13	М	Foam Concentrate Tank	11.4.6.4			
		In-line Balanced Pressure Type:				
3.14	М	Foam Concentrate Pump(s)	11.4.7.2			
3.15	М	Balancing Valve Diaphragm	11.4.7.3			
3.16	М	Foam Concentrate Tank	11.4.7.4			
3.17	М	Pressure Vacuum Vents	11.4.8			

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

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Foam-Water Sprinkler System		ode of Regulations Testing, and Mair	Inspection Report	3 of 3	
Property Information	Á	E OF CALLED	Contractor	or Licensed Owner Inform	nation
g Name		S	Name		
22		3/2/1/2/2/	lob #	-	

Building Name		No Caro A	Name					
Address						THE SETTING	Job#	
City						FIRE MA		
D = Defi	ciency C	= Comm	ent	(Indic	ate type)			
Item	Date	Riser	D	С		Def Indicate all equi	iciencie inment dev	es and Comments (cont.) vices and parts that were repaired or replaced
						maicate all equi	pinent, acv	nees and parts that were repaired of replaced
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Check	k here if add	litional De	ficiencie	es and	Comments are lis	ted on Form AES9	Number a	attached:
☐ See €	Correction F	orm AES	10 for c	correct	ed deficiencies.		Number	
I he	ereby certi e company	ify that the indicate	d abov	e, in a	accordance with	CCR, Title 19, Se	ections 90	y inspected, tested, and maintained on this date by 01 and 906 and that the equipment is fully operable nts" section of this form.
Print Na	ame							
Signatu	re							Date

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