

**Inspection, Testing, and Maintenance Cover Sheet
NFPA25 as amended by CCR, Title 19**

Property Information:

| | | | |
|------------|--------------------------|--------------------|-------|
| Name: | <u>Green Oaks</u> | Occupancy/Use: | _____ |
| Address: | <u>7145 Filbert Ave.</u> | Construction Type: | _____ |
| City: | <u>Orangevale</u> | No. Stories: | _____ |
| ZIP: | <u>95662</u> | Year Constructed: | _____ |
| Contact: | _____ | | |
| Telephone: | _____ | | |



Contractor Information:

Number of System Risers

| | |
|---------------|---|
| Name: | <u>Western States Fire Protection Co.</u> |
| Address: | <u>188 Cirby Way</u> |
| City: | <u>Roseville</u> |
| State: | <u>CA</u> |
| Telephone: | <u>(916) 924-1631</u> |
| CA License#: | <u>C16-1092090</u> |
| Job #: | <u>RJ6615</u> |
| Performed by: | <u>Riley Goyet</u> |

Copy sent to:

| | | |
|---|-------|-----------------|
| <input checked="" type="checkbox"/> Owner | Date: | <u>03/18/26</u> |
| <input type="checkbox"/> Fire AHJ | Date: | _____ |
| <input type="checkbox"/> Contractor | Date: | _____ |

NOTES:


1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

| Forms Included with this Report | NFPA 25 Chapter | Number of Forms | N/A | Fail* | Pass |
|--|-----------------|-----------------|-------------------------------------|------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Automatic Sprinkler System | 5 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Standpipe and Hose System | 6 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Private Water Supply System | 7 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Pump | 8 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Water Storage Tank | 9 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Water Spray System | 10 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foam Water Sprinkler System | 11 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Water Mist System | 12 | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas) | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*See "Deficiencies and Comments" section at end of each respective form.

| | | |
|-----------------------------|---|---|
| Property Information |  | Contractor or Licensed Owner Information |
| Building Name Green oaks | | Name Western States Fire Protection Co. |
| Address | | Address 188 Cirby Way |
| 7145 Filbert Ave. | | City Roseville St. CA Zip 95678 |
| City Orangevale | License # C16-1092090 | Phone (916) 924-1631 |
| Contact Person | <input type="checkbox"/> SFM | Job #RJ6615 |
| | <input checked="" type="checkbox"/> CSLB | Misc. |

| Riser Information | | | Main Drain Test (Annual) | | | | |
|-------------------|----------|----------------|--------------------------|-------------------------|-------------------|-----------------------|---------|
| Riser No. | Location | Riser Diameter | Main Drain Diameter | Initial Static Pressure | Residual Pressure | Final Static Pressure | P,F,N/A |
| 1 | MP Rm | 4" | 2" | 60 | 48 | 55 | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| Quarterly Inspections | | | | | | | |
|---|---|---|--|------------------|------|------|------|
| I = Inspection T = Test M = Maintenance | | | P = Pass F = Fail N/A = Not Applicable | | | | |
| Item | | Description | NFPA 25 CA ed. Reference | Date 03/18/26 | Date | Date | Date |
| 1.1 | I | Control Valves – Identification Sign | 13.3.1 | P | | | |
| 1.2 | I | Control Valves – Inspection | 13.3.2 | P | | | |
| 1.3 | I | Waterflow Alarm Devices | 5.2.5 | P | | | |
| 1.4 | I | Supervisory Devices | 5.2.5 | P | | | |
| 1.5 | I | Gauges (Wet Pipe Systems) | 5.2.4.1 | P | | | |
| 1.6 | I | Enter Water Supply Pressure Below Riser Check | 5.2.4.1 | psi | psi | psi | psi |
| 1.7 | I | Enter Water Supply Pressure Above Riser Check | 5.2.4.1 | psi | psi | psi | psi |
| 1.8 | I | Pressure Readings Acceptable | 5.2.4.1 | P | | | |
| 1.9 | I | Hydraulic Design Information Sign <i>(For Hydraulically Designed Systems)</i> | 5.2.6 | P | | | |
| 1.10 | I | General Information Sign <i>(Not Required for System prior to 2007 Edition of NFPA 13)</i> | 5.2.8 | N/A | | | |
| 1.11 | I | Heat Tape | 5.2.7 | N/A | | | |
| 1.12 | I | Spare Sprinklers | 5.2.1.4 | P | | | |
| 1.13 | I | Fire Department Connections | 13.7 | P | | | |
| 1.14 | I | Alarm Valves – Exterior Inspection | 13.4.1 | P | | | |
| 1.15 | I | Pressure Reducing Valves | 13.5.1.1 | N/A | | | |
| 1.16 | I | Backflow Preventers | 13.6.1 | P | | | |
| 1.17 | I | Small Hose Connections - Hose Valve* | 5.1.6, 13.5.2 13.5.5.1 | N/A | | | |
| 1.18 | I | PRV – Fire Sprinkler Systems | 13.5.1.1 | N/A | | | |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

| | | |
|-----------------------------|---|---|
| Property Information |  | Contractor or Licensed Owner Information |
| Building Name Green oaks | | Name Western States Fire Protection Co. |
| Address 7145 Filbert Ave. | | Job #RJ6615 |
| City Orangevale | | |

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|--|
| ANNUAL INSPECTION, TESTING, AND MAINTENANCE <i>Include ALL Quarterly Inspections</i> |
|--|

| 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 |
| 1.19 | I | Sprinklers | 5.2.1 | 03/18/26 | | P |
| 1.20 | I | Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | N/A |
| 1.21 | I | Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I | Hangers | 5.2.3 | | | P |
| 1.23 | I | Seismic Braces | 5.2.3 | | | P |
| 2.1 | T | Field Service Test Required <i>(Send Report to Fire Code Official)</i> | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T | Recalled Sprinklers <i>If not present = Pass; If present = Fail</i> | Title 19 904.1(c) | | | P |
| 2.3 | T | Water Flow Alarm Devices <i>90 sec. maximum - (Enter Time)</i> | 5.3.3 13.2.6 | | sec. | P |
| 2.4 | T | Main Drain Test <i>(Enter Data on Page 1 of this Form)</i> | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T | Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T | Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T | Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T | Backflow Preventer Assemblies | 13.6.2 | | | N/A |
| 2.9 | T | Small Hose Connections* <i>w/PRV Hose Valves – Partial Flow Test</i> | 13.5.2.3 13.5.3.3 | | | N/A |
| 2.10 | T | PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M | Control Valves | 13.3.4 | | | P |
| 3.2 | M | Small Hose Connections* | 13.5.6.3 | | | N/A |
| 3.3 | M | Obstruction Investigation required <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i> | 14.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A |
| 3.4 | M | System Returned to Service | 4.5.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | P |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

| 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> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

