

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

Property Information:

Name:	<u>Del Campo High</u>	Occupancy/Use:	_____
Address:	<u>4925 Dewey Dr.</u>	Construction Type:	_____
City:	<u>Fair Oaks</u>	No. Stories:	_____
ZIP:	<u>95628</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>12/16/25</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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input 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 Del Campo High		Name Western States Fire Protection Co.
Address 4925 Dewey Dr.		Address 188 Cirby Way
	License # C16-1092090	City Roseville St. CA Zip 95678
City	<input type="checkbox"/> SFM	Phone (916) 924-1631
Contact Person	<input checked="" type="checkbox"/> CSLB	Job # RJ6615
		Misc.

Riser Information	Main Drain Test (ANNUAL)
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Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P, F, N/A
1	Fire Academy Bldg Exterior	3"	1.25"	90	75	90	P
2	Gym/Music Rm Closet	4"	1.25"	75	65	75	P
3	Science Bldg	4"	1.25"	100	75	100	P

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

5-Year INSPECTION, TESTING AND MAINTENANCE <i>Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance items</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
1.1	I	Control Valves – Identification Sign	13.3.1	12/16/25		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	Hydraulic Design Information Sign <i>(For hydraulically designed systems)</i>	5.2.6			P
1.7	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1		psi	NA
1.8	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1		psi	NA
1.9	I	Pressure Readings Acceptable	5.2.4.1			P
1.10	I	General Information Sign <i>(not required for system prior to 2007 Edition NFPA 13)</i>	5.2.8			NA
1.11	I	Heat Tape	5.2.7			NA
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			NA
1.15	I	Pressure Reducing Valves	13.5.1.1			NA
1.16	I	Backflow Preventers	13.6.1			P

Wet Pipe Fire Sprinkler System		California Code of Regulations - Title 19 Inspection, Testing, and Maintenance		5 Year Report		2 of 3	
Property Information							
Building Name Del Campo High							
Address 4925 Dewey Dr.							
City Fair Oaks							
Contractor or Licensed Owner Information							
Name Western States Fire Protection Co.							
Job # RJ6615							

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections (See AES 2.1)

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
1.17	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
1.19	I	Buildings (Freeze Protection)	4.1.1.1		Owner's Responsibility	N/A
1.20	I	Sprinklers	5.2.1			P
1.21	I	Sprinklers - Accessible Concealed Space	5.2.1.1.6			P
1.22	I	Pipe and Fittings	5.2.2			P
1.23	I	Pipe and Fittings - Accessible Concealed Space	5.2.2.3			P
1.24	I	Hangers	5.2.3			P
1.25	I	Hangers - Accessible Concealed Space	5.2.3.3			P
1.26	I	Seismic Braces	5.2.3			P
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3			P
1.28	I	Unsprinklered Areas	CFC 901.4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 If not present = Pass; If present = Fail	Title 19 904.1(c)			P
2.3	T	Water Flow Alarm Devices 90 secs max. Enter time	5.3.3 13.2.6		62 sec.	P
2.4	T	Main Drain Test (Enter data on Page 1 of this form)	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* w/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3			N/A
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			N/A
2.11	T	Pressure Gauges - Calibration	5.3.2			P
2.12	T	Small Hose Connections*	13.5.6.2.2			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.

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Address 4925 Dewey Dr.		Job # RJ6615
City Fair Oaks		

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include ALL Quarterly Inspections (See AES 2.1)

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Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Check Valves - Internal inspection	13.4.2	12/16/25		P
3.2	M	Control Valves	13.3.4			P
3.3	M	FDC - Backflush	14.3.2.3 14.3.2.4			P
3.4	M	Internal Pipe Inspection - See Deficiencies and Comments Section for Results.	14.2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P
3.5	M	Obstruction Investigation Required. If "Yes", see Deficiencies and Comments Section for Results	14.3			N/A
3.6	M	System Returned to Service	4.5.3		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P

D = Deficiency C = Comment (Indicate type)

Item	Date	Riser	D	C	Deficiencies and Comments <small>Indicate all equipment, devices and parts that were repaired or replaced</small>

<input type="checkbox"/> Check here if additional Deficiencies and Comments are listed on Form AES 9	Number attached:
<input type="checkbox"/> 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	Riley Goyet		
Signature		Date	12/16/25