

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

Property Information:

Name: _____	Occupancy/Use: _____
Address: _____	Construction Type: _____
City: _____	No. Stories: _____
ZIP: _____	Year Constructed: _____
Contact: _____	
Telephone: _____	



Contractor Information:

Number of System Risers

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License#: _____

Job #: _____

Performed by: _____

Copy sent to:

Owner Date: _____

Fire AHJ Date: _____

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 type="checkbox"/> Automatic Sprinkler System	5				
<input type="checkbox"/> Standpipe and Hose System	6				
<input type="checkbox"/> Private Water Supply System	7				
<input type="checkbox"/> Fire Pump	8				
<input type="checkbox"/> Water Storage Tank	9				
<input type="checkbox"/> Water Spray System	10				
<input type="checkbox"/> Foam Water Sprinkler System	11				
<input type="checkbox"/> Water Mist System	12				
<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		Name
Address		Job #
City		

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

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

* 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>



Replaced missing FDC caps on Building B FDC