

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

**Property Information:**

Name:	<u>Twin Lakes Elem</u>	Occupancy/Use:	_____
Address:	<u>5515 Main 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>12/17/25</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 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.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name Twin Lakes Elem		Name Western States Fire Protection Co.
Address		Address 188 Cirby Way
5515 Main 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	2.5"	1.25"	60	50	60	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 12/17/25	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	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			

\* 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.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name Twin Lakes Elem		Name Western States Fire Protection Co.
Address 5515 Main Ave.		Job #RJ6615
City Orangevale		

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE</b> <i>Include ALL Quarterly Inspections</i>
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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	12/17/25		P
1.20	I	Buildings (Freeze Protection)	4.1.1.1		<b>Owner's Responsibility</b>	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		45 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.

<b>D = Deficiency    C = Comment    (Indicate type)</b>					
Item	Date	Riser	D	C	<b>Deficiencies and Comments</b> <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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

