	rnia Code of Regulations ection, Testing, and Mair		Annual Inspection Report	1 of 2
Property Information	E OF CALLEO	Contractor or Licensed Owner Information		
Building Name		Name		
Address		Address		
	FIRE MARIE	City	St. Z	ip
City	License #	Phone		
Contact Person	SFM	Job #		
Phone	CSLB	Misc.		

	INSPECTION, TESTING, AND MAINTENANCE					
	I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable					le
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	Т	Water Temperature	9.2.4			
1.2	Ι	Heating System	9.2.3.1			
1.3	Т	Temperature Alarms	9.2.4.2 9.2.4.3			
1.4	I	Condition of Water in Tank	9.2.1			
1.5	I	Water Level	9.2.1			
1.6	I	Air Pressure	9.2.2			
1.7	I	Control Valves	Table 13.1			
1.8	I	Tank - Exterior	9.2.5.1			
1.9	I	Support Structure	9.2.5.1			
1.10	I	Catwalks and Ladders	9.2.5.1			
1.11	I	Surrounding Area	9.2.5.2			
1.12	I	Hoops and Grillage	9.2.5.4			
1.13	I	Painted/Coated Surfaces	9.2.5.5			
1.14	I	Expansion Joints	9.2.5.3			
1.15	I	Interior	9.2.6			
1.16	I	Check Valves	Table 13.1			
2.1	т	Temperature Alarms	9.2.4.2 9.2.4.3			
2.2	т	High Temperature Limit Switch	9.3.4			
2.3	Т	Water Level Alarms	9.3.5			
2.4	т	Control Valve - Position	Table 13.1			
2.5	т	Control Valve - Operation	Table 13.1			
2.6	т	Supervisory	Table 13.1			
2.7	т	Level Indicators	9.3.1			
2.8	т	Pressure Gauges	9.3.6			
2.9	т	Automatic Filling Device	9.3.7			

	ornia Code of Regulations - Title 19 pection, Testing, and Maintenance		Annual Inspection Report	2 of 2
Property Information	TE OF CALLSO	Contractor or Licensed Owner Information		
Building Name		Name		
Address		Job #		
City	AIRE MARIE			

	INSPECTION, TESTING, AND MAINTENANCE					
		I = Inspection T = Test M = Maintenance		P = I	Pass F = Fail N/A = Not Applicable	;
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	М	Drain Silt	9.4.5			
3.2	М	Control Valves	Table 13.1			
3.3	М	Water Level	9.4.2			
3.4	М	Embankment-supported Coated Fabric (ESCF)	9.4.6			
3.5	М	Check Valves	13.4.2.2			

D = Defi	D = Deficiency C = Comment (Indicate type)				
ltem	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
					Comments are listed on Form AES9 Number attached: ed 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				
Signature	Date			