

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA 25 as amended by CCR, Title 19**

**Property Information:**

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



**Contractor Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 CA License# \_\_\_\_\_  
 Job # \_\_\_\_\_  
 Performed by: \_\_\_\_\_  
 (Print)

\_\_\_\_\_ Number of System Risers

**Copy sent to:**

- Owner Date \_\_\_\_\_
- Fire AHJ Date \_\_\_\_\_
- Contractor Date \_\_\_\_\_

**NOTES:**


1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2002 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)


**Note: Contractor information may be pre-printed**

| 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 Systems  | 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              |                 |     |       |      |

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

|                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inspection, Testing, and Maintenance Private Fire Main Systems<br/>NFPA 25, Chapter 7 as amended by CCR, Title 19</b>                 |  | <b>Page 1 of 2</b>                                                                                                                                                                                                                                                                                                       |
| Date of Inspection, Testing, Maintenance: _____<br><br>Property Information:<br><br>Name: _____<br><br>Address: _____<br><br>City: _____ |  |  <p>Abbreviation Key:<br/>                 I = Inspection<br/>                 T = Test<br/>                 M = Maintenance<br/>                 A-O = After Operation<br/>                 MI = Per Manufacturer's Instructions</p> |

| Item | Activity | Frequency    | Description                                   | NFPA 25 Reference    | Fail | N/A | Pass |
|------|----------|--------------|-----------------------------------------------|----------------------|------|-----|------|
| 1.1  | I        | Quarterly    | Hose Houses                                   | 7.2.2.7              |      |     |      |
| 1.2  | I        | Quarterly    | Control Valves                                | 12.3.2.1             |      |     |      |
| 1.3  | I        | Quarterly    | Pressure Regulating Devices                   | 12.5.1.1<br>12.5.4.1 |      |     |      |
| 1.4  | I        | Quarterly    | Backflow Preventers                           | 12.6.1               |      |     |      |
| 1.5  | I        | Semiannually | Monitor Nozzles                               | 7.2.2.6              |      |     |      |
| 1.6  | I        | Annually     | Hydrants (Dry Barrel and Wall)                | 7.2.2.4              |      |     |      |
| 1.7  | I        | Annually     | Hydrants (Wet Barrel)                         | 7.2.2.5              |      |     |      |
| 1.8  | I        | Annually     | Mainline Strainers                            | 7.2.2.3              |      |     |      |
| 1.9  | I        | Annually     | Piping (Exposed)                              | 7.2.2.1              |      |     |      |
| 1.10 | I        | See 7.2.2.2  | Piping (Underground)                          | 7.2.2.2              |      |     |      |
| 2.1  | T        | Annually     | Monitor Nozzles                               | 7.3.3                |      |     |      |
| 2.2  | T        | Annually     | Hydrants                                      | 7.3.2                |      |     |      |
| 2.3  | T        | Annually     | Control Valve - Position                      | 12.3.3.1             |      |     |      |
| 2.4  | T        | Annually     | Control Valve – Operation                     | 12.3.3.1             |      |     |      |
| 2.5  | T        | Annually     | Backflow Preventer Assemblies                 | 12.6.2               |      |     |      |
| 2.6  | T        | Annually     | Supervisory                                   | 12.3.3.5             |      |     |      |
| 2.7  | T        | 5 Years      | Piping (Exposed and Underground)<br>Flow Test | 7.3.1                |      |     |      |
| 2.8  | T        | 5 Years      | Pressure Regulating Valve                     | 12.5.1.2<br>12.5.4.2 |      |     |      |
| 2.9  | T        | 5 Years      | Fire Department Connection Backflush          | 12.7.4               |      |     |      |
| 3.1  | M        | Annually     | Mainline Strainers                            | 7.4.2                |      |     |      |
| 3.2  | M        | Annually     | Hose Houses                                   | 7.4.5                |      |     |      |

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                          |                    |
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| <b>Inspection, Testing, and Maintenance Private Fire Main Systems<br/>NFPA 25, Chapter 7 as amended by CCR, Title 19</b>                 |                                                                                                                                                                                                                                                                                                                          | <b>Page 2 of 2</b> |
| Date of Inspection, Testing, Maintenance: _____<br><br>Property Information:<br><br>Name: _____<br><br>Address: _____<br><br>City: _____ |  <p>Abbreviation Key:<br/>                 I = Inspection<br/>                 T = Test<br/>                 M = Maintenance<br/>                 A-O = After Operation<br/>                 MI = Per Manufacturer's Instructions</p> |                    |

| Item | Activity | Frequency | Description        | NFPA 25 Reference | Fail | N/A | Pass |
|------|----------|-----------|--------------------|-------------------|------|-----|------|
| 3.3  | M        | Annually  | Hydrants           | 7.4.3             |      |     |      |
| 3.4  | M        | Annually  | Monitor Nozzles    | 7.4.4             |      |     |      |
| 3.5  | M        | Annually  | Control Valves     | 12.3.4            |      |     |      |
| 3.6  | M        | Annually  | Valves (All Types) | Chapter 12        |      |     |      |

|                                                                                                                                                                       |                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Item</b>                                                                                                                                                           | <b>Deficiencies and Comments:<br/>Deficiencies and Comments item number must correspond to the item number of the activity listed above:</b> |
|                                                                                                                                                                       |                                                                                                                                              |
|                                                                                                                                                                       |                                                                                                                                              |
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|                                                                                                                                                                       |                                                                                                                                              |
|                                                                                                                                                                       |                                                                                                                                              |
| <input type="checkbox"/> See Continuation Page(s) _____ (Indicate the number of continuation pages)<br><input type="checkbox"/> PASS<br><input type="checkbox"/> FAIL |                                                                                                                                              |
| _____                                                                                                                                                                 | _____                                                                                                                                        |
| Signature                                                                                                                                                             | Date                                                                                                                                         |

