

**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.

Inspection, Testing, and Maintenance Standpipe System NFPA 25, Chapter 6 as amended by CCR, Title 19		Page 1 of 3
<p>Date of Inspection, Testing, Maintenance: _____</p> <p>Property Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p>	<p>System Riser ID: _____</p> <p>Type of System:</p> <p><input type="checkbox"/> Manual Wet</p> <p><input type="checkbox"/> Manual Dry</p> <p><input type="checkbox"/> Automatic Wet</p> <p><input type="checkbox"/> Automatic Dry</p> <p><input type="checkbox"/> Semiautomatic Dry</p> <p>Class of System:</p> <p><input type="checkbox"/> Class I</p> <p><input type="checkbox"/> Class II</p> <p><input type="checkbox"/> Class III</p> <p>Combination Sprinkler/Standpipe</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>Main Drain Test Results:</p> <p>Initial Static Pressure: _____ (psi)</p> <p>Residual Pressure: _____ (psi)</p> <p>Restored Static Pressure: _____ (psi)</p>	<p>Abbreviation Key:</p> <p>I = Inspection</p> <p>T = Test</p> <p>M = Maintenance</p> <p>A-O = After Operation</p> <p>MI = Per Manufacturer's Instructions</p>
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Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Quarterly	Control Valves	12.3.2.1			
1.2	I	Quarterly	Pressure Regulating Devices	12.5.2.1 12.5.3.1			
1.3	I	Quarterly	Backflow Preventers	12.6.1			
1.4	I	Semiannually	Piping	6.2.1			
1.5	I	Semiannually	Hose Connections	Chapter 12			
1.6	I	Semiannually	Cabinet	NFPA 1962			
1.7	I	Semiannually	Hose	NFPA 1962			
1.8	I	Semiannually	Hose Storage Device	NFPA 1962			
2.1	T	Annually	Alarm Device (90 Sec.)	12.2.7			
2.2	T	Annually	Hose Nozzle	NFPA 1962			
2.3	T	Annually	Main Drain Test (<i>Enter data on Page 1</i>)	12.2.6 12.3.3.4			
2.4	T	Annually	Control Valve - Position	12.3.3.1			
2.5	T	Annually	Control Valve - Operation	12.3.3.1			
2.6	T	Annually	Supervisory	12.3.3.5			
2.7	T	Annually	Backflow Preventer Assemblies	12.6.2			

Inspection, Testing, and Maintenance Standpipe System NFPA 25, Chapter 6 as amended by CCR, Title 19		Page 2 of 3
<p>Date of Inspection, Testing, Maintenance: _____</p> <p>Property Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p>	<p>System Riser ID: _____</p> <p>Type of System:</p> <p><input type="checkbox"/> Manual Wet</p> <p><input type="checkbox"/> Manual Dry</p> <p><input type="checkbox"/> Automatic Wet</p> <p><input type="checkbox"/> Automatic Dry</p> <p><input type="checkbox"/> Semiautomatic Dry</p> <p>Class of System:</p> <p><input type="checkbox"/> Class I</p> <p><input type="checkbox"/> Class II</p> <p><input type="checkbox"/> Class III</p> <p>Combination Sprinkler/Standpipe</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
2.8	T	Annually	Pressure Reducing Valve - Partial Flow Test	12.5.2.3 12.5.3.3			
2.9	T	5/3 Years	Hose-hydrostatic Test	NFPA 1962			
2.10	T	5 Years	Hose Storage Device	NFPA 1962			
2.11	T	5 Years	Pressure Control Valve	12.5.2.2 12.5.3.2			
2.12	T	5 Years	Pneumatic & Hydrostatic Test	6.3.2			
2.13	T	5 Years	Flow Test	6.3.1			
2.14	T	5 Years	Pressure Reducing Valve - Full Flow	12.5.2.2 12.5.3.2			
2.15	T	5 Years	Fire Department Connection Backflush	12.7.4			
3.1	M	Annually	Control Valves	12.3.4			
3.2	M	Annually	Hose Connections	Table 6.2.2			
3.3	M	Annually	Valves (All Types)	Chapter 12			

