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

Property Information:

Name:	SACC Building 103	Occupancy/Use:	I2
Address:	16111 Plummer Street- Bldg 103	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

Contractor Information:

Name: [redacted]

Address: [redacted]

City: [redacted]

State: [redacted]

Telephone: [redacted]

CA License#: [redacted]

Job #: [redacted]

Performed by: [redacted]

Number of System Risers

Copy sent to:

☐ Owner Date:

☐ Fire AHJ Date:

☑ Contractor Date: 02/09/26

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
☑ Automatic Sprinkler System	5	0	☐	[redacted]	
☐ Standpipe and Hose System	6	0	☐	☐	☐
☐ Private Water Supply System	7	0	☐	☐	☐
☐ Fire Pump	8	0	☐	☐	☐
☐ Water Storage Tank	9	0	☐	☐	☐
☐ Water Spray System	10	0	☐	☐	☐
☐ Foam Water Sprinkler System	11	0	☐	☐	☐
☐ Water Mist System	12	0	☐	☐	☐
☐ Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas)				☐ Yes	☐ No

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

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	

Property Information		Contractor or Licensed Owner Information
Building Name SACC Building 103		Name
Address 16111 Plummer Street- Bldg 103		Address
		City St. Zip
City North Hills	License #	Phone
Contact Person	☐ SFM	Job #
Keith Hayhurst	☑ CSLB C-10/C-16	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	Exterior west side	2 1/2"	1 1/4"	100	-	-	
2	Exterior east side	4"	2"	80	-	-	

☐ 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 2/09/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1				
1.2	I	Control Valves – Inspection	13.3.2				
1.3	I	Waterflow Alarm Devices	5.2.5				
1.4	I	Supervisory Devices	5.2.5				
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1				
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				
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6				
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8				
1.11	I	Heat Tape	5.2.7				
1.12	I	Spare Sprinklers	5.2.1.4				
1.13	I	Fire Department Connections	13.7				
1.14	I	Alarm Valves – Exterior Inspection	13.4.1				
1.15	I	Pressure Reducing Valves	13.5.1.1				
1.16	I	Backflow Preventers	13.6.1				
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1				
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1				

* 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.

Property Information		Contractor or Licensed Owner Information
Building Name SACC Building 103		Name
Address 16111 Plummer Street- Bldg 103		Job #
City North Hills		

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	2/09/26		
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 *(Send Report to Fire Code Official)*	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	
2.2	T	Recalled Sprinklers *If not present = Pass; If present = Fail*	Title 19 904.1(c)			
2.3	T	Water Flow Alarm Devices *90 sec. maximum - (Enter Time)*	5.3.3 13.2.6		sec.	
2.4	T	Main Drain Test *(Enter Data on Page 1 of this Form)*	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* *w/PRV Hose Valves – Partial Flow Test*	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 *(If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☑ No	
3.4	M	System Returned to Service	4.5.3		☑ Yes ☐ 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 *Indicate all equipment, devices and parts that were repaired or replaced*
			☐	☑	Quarterly inspection completed. No deficiencies found
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

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City North Hills		

D = Deficiency C = Comment (*Indicate type*)

Item	Date	Riser	D	C	Deficiencies and Comments (cont.) Indicate all equipment, devices and parts that were repaired or replaced

☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. Number attached:

☐ See Correction Form AES 10 for corrected 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.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

Quarter	*1st - ☑ Annual*	*2nd - ☐ Annual*	*3rd - ☐ Annual*	*4th - ☑ Annual*
Date	2/09/26			12/19/25
Print Name				
Signature	[redacted]			