LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
Emergency Power Generator - Initial Test

Report Number 7900890

TEST SITE ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)	TEST SITE PHONE:
351 E TEMPLE ST	LOS ANGELES	CA	90012-3328	(213) 253-2677

OCCUPANCY TYPE:	NUMBER OF STORIES:	YEAR BUILT:	CONSTRUCTION TYPE:	SQUARE FOOTAGE:
B - Business	5	1973	Type II	105,000

NAME: (LAST, FIRST, MI)	TITLE:	FIRM OR D.B.A.:
HUNT, EDWARD	RESPONSIBLE PERSON	VA LAACC

MAILING ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)	PHONE:
351 E TEMPLE	LOS ANGELES	CA	90012	(818) 891-7711

INITIAL TEST DATE:	TESTING AGENCY:	PHONE:
08/27/2025	[redacted]	[redacted]

MAILING ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)
[redacted]	[redacted]	CA	92586-0228

TEST RESULTS

☐ PASS ☒ FAIL

All sections below shall be found in the following pages of this report.

SECTIONS:

I. BUILDING DESCRIPTION

II. SYSTEM DESCRIPTION

III. FINDINGS

IV. TESTING PROCEDURES/WORKSHEETS

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF'S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED.

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	SIGNATURE
[redacted]			

REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION OF SUCH DEFECTS SHALL COMMENCE FORTHWITH AND SHALL BE COMPLETED AS SOON AS POSSIBLE, BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. THE F-340RT SHALL BE USED TO DOCUMENT THE RETEST OF DEFECTS FOUND IN SECTION III. A COPY OF SECTION III OF THIS REPORT SHALL BE ATTACHED TO THE F-340RT PRIOR TO SUBMITTING TO THE FIRE DEPARTMENT.

REPORT SUBMITTAL INFORMATION: ALL REPORTS ARE REQUIRED TO BE SUBMITTED TO THE LOS ANGELES CITY FIRE DEPARTMENT VIA THE COMPLIANCE ENGINE WITHIN 7 DAYS OF TEST COMPLETION.

ENTERED BY:	ENTERED DATE:	ENTERED TIME:
[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Report Number 7900890

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

Section I - Building Description:

CHARACTERISTICS

PRIMARY OCCUPANCY TYPE: B - Business

SECONDARY OCCUPANCY TYPE: I-2

TYPE OF BUSINESS CONDUCTED:

☐	Apartment/Condo	☐	Museum
☐	Bar/Restaurant	☐	Parking Structure
☐	Church	☒	Office Space
☐	Schools	☐	Repair Garage
☐	Day Care	☐	Retail
☐	Detention Facility	☐	Skilled Nursing
☐	Group Home	☐	Telecommunications
☐	Hospital	☐	Theatre
☐	Hotel/Motel	☐	Warehouse
☒	Medical Office/Clinic	☒	Other: VETERANS OUTPATIENT CLINIC

UNIQUE PROPERTY FEATURES:

FULLY SPRINKLERED OUTPATIENT VETERNAS CLINIC WITH RISER AT SOUTH STAIR #5.

FIRE CONTROL ROOM: ☐ YES ☒ NO

ELEVATOR INFORMATION:	**CARS**	**BANKS**
PASSENGER:	4	1
FREIGHT:		
PARKING:	2	1

NUMBER OF STAIRWAYS: 5

FIRE PUMP(S): ☒ YES ☐ NO

LOCATION: P-2

EMERGENCY GENERATOR(S): ☒ YES ☐ NO

LOCATION: P-1

PARKING STRUCTURE:

☒UNDERGROUND ☐DETACHED ☒ATTACHED

NUMBER OF LEVELS BELOW GROUND: 2

TYPES OF OCCUPANCIES BELOW GROUND:

S-2, PARKING

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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Report Number 7900890

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

The owner/owner(s) representative shall ensure that the appropriate permits have been secured prior to any repairs being performed.
A copy of this section shall accompany the F-340RT in all cases.

Section III - Findings: ☒ SYSTEM DEFECTS FOUND ☐ NO SYSTEM DEFECTS FOUND

GRAY AREAS SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

DEFECT #	ITEM # (SECTION IV)	DESCRIPTION	LOCATION	RETEST ONLY
1	3.5	Transfer time to secondary power is within 10 seconds of primary power loss. Fail	ATS 2 failed to transfer	☐ PASS
2	3.8	All exit path lighting was sufficient enough to readily find, distinguish, and safely use the exit path in accordance with LAFD acceptance standards. Fail	ATS 2 failed to transfer	☐ PASS
3	3.9	All exit signs and directional exit signs were illuminated and clearly visible within 100ft of each sign in accordance with LAFD acceptance standards. Fail	ATS 2 failed to transfer	☐ PASS
4	3.10	Exit signs illuminated from an external source measured 5 foot candles at the sign. Fail	ATS 2 failed to transfer	☐ PASS

INITIAL TEST PERFORMED BY

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	SIGNATURE:
[redacted]			

PHONE NUMBER OF TESTING AGENCY:	TESTING AGENCY	STATE	ZIP
[redacted]		[redacted]	[redacted]

RETEST DATE: / /

RETEST PERFORMED BY

RE-TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	RE-TESTER'S SIGNATURE:	PHONE NUMBER:

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

Section II - EMERGENCY AND STANDBY POWER SYSTEMS - GENERATOR DESCRIPTION:

Manufacturer of Generator:

Marathon

Rating (KW):

600

Serial No.:

XM3854767

Manufacturer of Engine Driver:

Power pack

Serial No.:

912373306

Type of Fuel for Driver:

Diesel

Capacity of Main Fuel Tank:

5000

Capacity of Day Tank:

100

Main Disconnect Location(s):

Electrical Room P2

Remote Annunciator Location:

FCR

Number of Transfer Switches:

3

Required Life Safety Equipment Served By the Generator:

- ☒ Emergency Exit & Directional Signs
- ☒ Exit Path Lighting
- ☒ Electric Fire Pump(s) Jockey Pump(s)
- ☐ Stairwell Pressurization
- ☐ Smoke Management
- ☒ Fire Alarm
- ☐ Window Washing Equipment
- ☐ Circuits for Life Support (Red Plugs)
- ☒ Elevator Cars

Exit Path Lighting Locations:

- ☒ Stairwells
- ☒ Garage Area
- ☒ Corridors/Hallways

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]			[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Report Number 7900890

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

Electric Fire Pump(s) Jockey Pump(s) Quantity:

1

Stairwell Pressurization - Number of:

N/A

Fire department connection (FDC) locations:

Emergency Power Generator Serves:

☒ Entire building
☐ Multiple buildings
☐ Partial areas

If the Emergency Power Generator serves multiple buildings, give addresses:

If the Emergency Power Generator serves partial areas, give areas:

1.0 NOTIFICATION		PASS	FAIL	N/A
1.1	Fire Department dispatch, supervising station, & building occupants notified prior to the start of the test. Yes			

2.0 INSPECTION / PRE-START CHECK		PASS	FAIL	N/A
2.1	Single line diagram provided by the owner/building representative.	☒	☐	☐
2.2	Operating instruction manual provided in a secure location near the equipment.	☒	☐	☐
2.3	Gauges on the control panel not damaged and appear to be in working order.	☒	☐	☐
2.4	Lamps/Lights are in place and appear to be undamaged.	☒	☐	☐
2.5	Lamps/Lights are lit or verified to be operational.	☒	☐	☐
2.6	Timer reading/meter checked and logged.	☒	☐	☐
2.7	Fluid levels checked, oil, water, fuel.	☒	☐	☐
2.8	Batteries are free of physical damage, leaks, loose connections, and corrosion.	☒	☐	☐
2.9	Battery hydrometer check, water level & voltage readings.	☒	☐	☐
2.10	Generator is in the automatic mode.	☒	☐	☐
2.11	Generator is in a "Cold Start" condition (has not been started within 12 hours).	☒	☐	☐

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]			[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Report Number 7900890

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

3.0 OPERATIONAL TESTS		PASS	FAIL	N/A
3.1	All "Life Safety" systems and equipment are running when test initiated.	☒	☐	☐
3.2	Main power was disconnected at the main disconnect/breaker.	☒	☐	☐
3.3	Delay of engine start one second minimum.	☒	☐	☐
	Delay time: 3			
3.4	Battery cranking time is 45 seconds or less or 3 cycles of 15 seconds.	☒	☐	☐
3.5	Transfer time to secondary power is within 10 seconds of primary power loss.	☐	☒	☐
	Transfer time:			
3.6	Standby power up and operating within 60 seconds.	☒	☐	☐
3.7	All Life Safety systems continued to operate properly for the duration of the test.	☒	☐	☐
3.8	All exit path lighting was sufficient enough to readily find, distinguish, and safely use the exit path in accordance with LAFD acceptance standards.	☐	☒	☐
3.9	All exit signs and directional exit signs were illuminated and clearly visible within 100ft of each sign in accordance with LAFD acceptance standards.	☐	☒	☐
3.10	Exit signs illuminated from an external source measured 5 foot candles at the sign.	☐	☒	☐
3.11	Generator ran a minimum of 30 minutes.	☐	☐	☒
3.12	Delay on re-transfer from the secondary power to primary power is (minutes). 15	☒	☐	☐
3.13	Time delay on engine shut-down 5-minute minimum.	☒	☐	☐
3.14	Oil pressure	☒	☐	☐
3.15	Water temperature	☒	☐	☐
3.16	Fuel leaks	☒	☐	☐
3.17	Exhaust leaks	☒	☐	☐
3.18	Unusual noises	☒	☐	☐
4.0 AREAS TESTED		**PASS**	**FAIL**	**N/A**
4.1	Storage areas	☐	☐	☒
4.2	Mechanical rooms	☐	☐	☒

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]			[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

4.3	Electrical rooms	☒	☐	☐
4.4	Conference rooms	☐	☐	☒
4.5	Restrooms	☐	☐	☒
4.6	Parking garage areas	☒	☐	☐
4.7	Exit corridors	☒	☐	☐
4.8	Stairwells	☒	☐	☐
4.9	Elevator lobbies	☐	☐	☒
4.10	Elevator cars	☐	☐	☒
4.11	Fire pump room	☐	☐	☒
4.12	Generator room	☒	☐	☐
4.13	Elevator machine rooms	☐	☐	☒
4.14	Fire control room	☐	☐	☒
	Other N/A	☐	☐	☒
5.0 CHECKS AFTER SHUTDOWN		**PASS**	**FAIL**	**N/A**
5.1	New timer reading checked and logged.	☒	☐	☐
5.2	Fuel tank(s) checked.	☒	☐	☐
5.3	Generator returned to auto mode.	☒	☐	☐
5.4	All controls returned to normal position.	☒	☐	☐
5.5	Entries have been made into the generator log.	☒	☐	☐

AREAS/DEVICES/APPLIANCES NOT ACCESSIBLE FOR TESTING

A minimum of 90% of testing is required. If less than 90% testing is conducted do not submit this report.

Description:

N/A

END OF REPORT

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]			[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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08/27/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Emergency Power Generator - Initial Test

ALL FINDINGS INDICATING "FAIL" ARE LISTED IN SECTION III (YELLOW SECTION) AND HAVE BEEN POPULATED WITH THE ITEM DESCRIPTION, NUMBER AND LOCATION.

THE RESULTS ARE ACCURATELY LISTED AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED. YOU ARE A CERTIFIED REGULATION NO. 4 TESTER WITH A VALID CERTIFICATION OR HAVE BEEN AUTHORIZED TO SUBMIT THE INFORMATION ON BEHALF OF A CERTIFIED CHIEFS REGULATION NO. 4 TESTER.

I ACCEPT

☒ Yes

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]			[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
Fire Alarm - Initial Test

Test Report Number
7901276

TEST SITE INFORMATION

TEST SITE ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)	TEST SITE PHONE:
351 E TEMPLE ST	LOS ANGELES	CA	90012-3328	

OCCUPANCY TYPE:	NUMBER OF STORIES:	YEAR BUILT:	CONSTRUCTION TYPE:	SQUARE FOOTAGE:
B - Business	5	1973	Type II	105000

RESPONSIBLE PARTY

NAME: (LAST, FIRST, MI)	TITLE:	FIRM OR D.B.A.:
BOLDEN, JOEY	RESPONSIBLE PERSON	VA OUTPATIENT CLINIC

MAILING ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)	PHONE:
351 E TEMPLE STREET	LOS ANGELES	CA	90012	(310) 261-6445

TEST INFORMATION

INITIAL TEST DATE:	TESTING AGENCY:	PHONE:
08/28/2025	[redacted]	[redacted]

MAILING ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)
[redacted]	[redacted]	[redacted]	[redacted]

TEST RESULTS

☐ **PASS** ☒ **FAIL**

All sections below shall be found in the following pages of this report.

SECTIONS:

I. **BUILDING DESCRIPTION**

II. **SYSTEM DESCRIPTION**

III. **FINDINGS**

IV. **TESTING PROCEDURES/WORKSHEETS**

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF'S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE **EXCEPT** AS NOTED.

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	SIGNATURE:
[redacted]	[redacted]	[redacted]	

REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION OF SUCH DEFECTS SHALL COMMENCE **FORTHWITH** AND SHALL BE COMPLETED AS SOON AS POSSIBLE, BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. THE **F-340RT** SHALL BE USED TO DOCUMENT THE RETEST OF DEFECTS FOUND IN SCTION III. A COPY OF SECTION III OF THIS REPORT SHALL BE ATTACHED TO THE F-340RT PRIOR TO SUBMITTING TO THE FIRE DEPARTMENT.

REPORT SUBMITTAL INFORMATION:

ALL REPORTS ARE REQUIRED TO BE SUBMITTED TO THE LOS ANGELES CITY FIRE DEPARTMENT VIA THE COMPLIANCE ENGINE WITHIN 7 DAYS OF TEST COMPLETION.

ENTERED BY:	ENTERED DATE:	ENTERED TIME:
[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

Section I - Building Description:

CHARACTERISTICS

PRIMARY OCCUPANCY TYPE B - Business

SECONDARY OCCUPANCY TYPE I-2

TYPE OF BUSINESS CONDUCTED

☐ Apartment/Condo	☐ Museum
☐ Bar/Restaurant	☐ Parking Structure
☐ Church	☒ Office Space
☐ Schools	☐ Repair Garage
☐ Day Care	☐ Retail
☐ Detention Facility	☐ Skilled Nursing
☐ Group Home	☐ Telecommunications
☐ Hospital	☐ Theatre
☐ Hotel/Motel	☐ Warehouse
☒ Medical Office/Clinic	☒ Other: VETERANS OUTPATIENT CLINIC

UNIQUE PROPERTY FEATURES:

FULLY SPRINKLERED OUTPATIENT VETERNAS CLINIC WITH RISER AT SOUTH STAIR #5.

FIRE CONTROL ROOM: ☐YES ☒NO

ELEVATOR INFORMATION:	**CARS**	**BANKS**
PASSENGER	4	1
FREIGHT		
PARKING	2	1

NUMBER OF STAIRWAYS: 5

FIRE PUMP(S): ☒YES ☐NO

LOCATION: P-2

EMERGENCY GENERATOR(S): ☒YES ☐NO

LOCATION: P-1

PARKING STRUCTURE:

☒ UNDERGROUND ☐ DETACHED ☒ ATTACHED

NUMBER OF LEVELS BELOW GROUND: 2

TYPES OF OCCUPANCIES BELOW GROUND:

S-2, PARKING

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

The **owner/owner(s) representative** shall ensure that the appropriate permits have been secured prior to any repairs being performed.
A copy of this section shall accompany the F-340RT in all cases.

Section III - Findings: ☒**SYSTEM DEFECTS FOUND** ☐**NO SYSTEM DEFECTS FOUND**

GRAY AREAS SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

DEFECT #	ITEM # (SECTION IV)	DESCRIPTION	LOCATION	RETEST ONLY
1	2.1	An Accurate Sequence of Operation Matrix is provided at the Fire Control Panel. Fail	NO SEQUENCE OF OPS POSTED	☐PASS
2	3.5	System was tested on secondary battery power in general alarm for 5 minutes at full load or 15 minutes at full load for systems with voice evacuation. An approved battery load tester may be used instead of testing the system on secondary battery. Fail	NO BREAKER IDENTIFIED FOR FIRE ALARM PANEL	☐PASS
3	3.7	Dedicated fire alarm circuit verified and identified. Fail	NONE VERIFIED	☐PASS
4	3.8	Dedicated fire alarm circuit locked or in a secured room. Fail	NONE VERIFIED	☐PASS
5	4.1	The correct identification and location indicated for alarms, supervisory, & trouble signals. Fail	RPS CONTINUED TO GO INTO SUPERVISORY AND 'OTHER' STAYED ON PANEL EVEN THOGH PANEL IS NORMAL . RPS NEED TROUBLESHOOTING	☐PASS
6	5.9	Valve Supervisory Switches Fail	BUTTERFLY VALVE IN A 211 NEEDS IS BROKEN	☐PASS
7	6.5	Horn/Strobes Fail	HORNSTROBE IN 2ND FL ELEV LOBBY FAILED	☐PASS

INITIAL TEST PERFORMED BY

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	SIGNATURE:
[redacted]	[redacted]	[redacted]	

PHONE NUMBER OF TESTING AGENCY:	TESTING AGENCY:	STATE:	ZIP:
[redacted]	[redacted]	[redacted]	[redacted]

RETEST DATE: / /

RETEST PERFORMED BY

RE-TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	RE-TESTER'S SIGNATURE:	PHONE NUMBER:

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

All testing procedures below were performed in accordance with the Los Angeles Fire Department Chief's Regulation No. 4 requirements, applicable sections of NFPA 72 and other approved publications.

ITEM #	DESCRIPTION

SECTION II - SYSTEM DESCRIPTION: FIRE ALARM

Fire Alarm Control Unit (F.A.C.U.) Information.

Manufacturer:

NOTIFIER

Model #:

30-30

Location:

FACP ROOM

Fire Alarm Annunciator Panel Location(s) (FAAP):

LOBBY

Fire department connection (FDC) locations:

TEMPLE STREET

Fire Alarm Serves:

☒ Entire Building
☐ Multiple Buildings
☐ Partial Areas

If the Fire Alarm serves multiple buildings, give addresses:

Emergency Voice/Alarm Communication:

No

Built-in Supervising Station Communicator? (If yes, see Item #12)

No

Comment: SEPERATE CELL DIALER

Type of Supervising Station:

☒ Central Station
☐ Proprietary

Supervising Station Account Information

Account #:

VALLEY ALARM -LZ6303

Phone #:

818-787-0999

Address:

NA

City:

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION

NA

State:

NA

Zip code:

NA

Type of Communication Pathway(s): (Check all that apply)

- ☐ Digital Alarm Communicator Transmitter (D.A.C.T.)
- ☒ Digital Cellular (Global Ssytem for Mobile /GSM)
- ☐ Internet Protocol (I.P. D.A.C.T.)
- ☐ Other

Two-Way Telephone Communication (Firefighter Phones):

- ☐ Sound Powered
- ☐ Amplified

Types of Initiating Devices:

- ☒ Smoke Detector
- ☒ Heat Detector
- ☐ Beam Detector
- ☒ Duct Detector
- ☒ Manual Pull
- ☒ Water Flow
- ☒ Tamper Switch

Types of Notification Appliances:

- ☒ Strobes
- ☐ Horns
- ☒ Bells
- ☒ Horn/Strobe
- ☐ Speaker/Strobe
- ☐ Speaker
- ☐ Chimes
- ☐ Mini Horn
- ☐ Chime/Strobe

Fire Alarm Control Auxiliary Function(s):

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION

- ☒ Elevator Recall
- ☐ Fan Shutdown
- ☒ Heating/Ventilation/Air Conditioning (HVAC) Shutdown
- ☒ Magnetic Door Hold Open Device Release
- ☐ Stairwell Pressurization
- ☐ Smoke Management
- ☐ Activation of Stairwell Door(s)
- ☐ Activation of Other Automatic Closing Fire Assemblies tied to Fire Alarm
- ☐ Special Extinguishing Systems
- ☐ Foam Systems
- ☐ Other Systems

Automatic Closing Fire Assemblies Type(s) & Locations:

NA

Special Extinguishing Systems Types & Locations:

NA

Foam Systems Type & Locations:

NA

Other Systems Type & Locations:

NA

	1.0 NOTIFICATION	PASS	FAIL	N/A
1.1	Fire Department dispatch, supervising station, & building occupants notified prior to the start of the test. Yes			

	2.0 INSPECTION - If item 2.3 indicates "fail", the test shall not be performed	PASS	FAIL	N/A
2.1	An Accurate Sequence of Operation Matrix is provided at the Fire Control Panel.	☐	☒	
2.2	Fire alarm operating instructions within 3 feet of FACP/FACU.	☒	☐	
2.3	Fire alarm control panel free of troubles OR the trouble condition is known.	☒	☐	

	3.0 POWER SUPLLIES	PASS	FAIL	N/A
	Total Amount: 17			
	Amount Tested: 17			
3.1	Batteries are free of physical damage, leaks, loose connection, and corrosion.	☒	☐	☐
3.2	Battery replacement date is less than 5 years from the date of manufacturer.	☒	☐	☐
3.3	All batteries labeled with manufacture date.	☒	☐	☐
3.4	Approved artificial LOAD TESTER may be used. Make: SDI			

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION			
	Model: CELL CHECKER			
3.5	System was tested on secondary battery power in general alarm for 5 minutes at full load or 15 minutes at full load for systems with voice evacuation. An approved battery load tester may be used instead of testing the system on secondary battery.	☐	☒	☐
3.6	Primary power disconnected and trouble signal verified for loss of power.	☐	☐	☒
3.7	Dedicated fire alarm circuit verified and identified.	☐	☒	
3.8	Dedicated fire alarm circuit locked or in a secured room.	☐	☒	
4.0 CONTROL PANEL(S)		**PASS**	**FAIL**	**N/A**
4.1	The correct identification and location indicated for alarms, supervisory, & trouble signals.	☐	☒	
4.2	Correct receipt of power supply supervision (AC power loss and secondary power loss).	☐	☐	☒
4.3	Correct receipt of subsequent alarms.	☒	☐	☐
4.4	Signals at remote annunciator panel consistent with the fire alarm panel.	☒	☐	☐
4.5	Other Panel Functions: Panel Silence, Lamp test, Signal Silence, Etc.	☒	☐	☐
5.0 INITIATING DEVICES TESTED - Initiating devices shall be tested as intended to operate.		**PASS**	**FAIL**	**N/A**
	Any devices not tested requires an explanation at the end of Section IV. (Minimum of 90% required)			
5.1	Manual Pull Stations	☒	☐	☐
5.2	System Smoke Detectors	☒	☐	☐
5.3	Duct Detector(s)	☒	☐	☐
5.4	Air Sampling Detectors	☐	☐	☒
5.5	Projected Beam Detectors	☐	☐	☒
5.6	Heat Detector: Restorable	☒	☐	☐
5.7	Heat Detector: Non Restorable	☐	☐	☒
5.8	Water Flow Devices	☒	☐	☐
5.9	Valve Supervisory Switches	☐	☒	☐
5.10	Water Flow (interior audible) within 20-60 seconds.	☒	☐	☐
5.11	Outside Electric Sprinkler Bell Within 90 Seconds.	☒	☐	☐
6.0 AUDIBLE AND VISUAL NOTIFICATION APPLIANCES TESTED		**PASS**	**FAIL**	**N/A**
	Any devices not tested requires an explanation at the end of Section IV. (Minimum of 90% required).			
	Prior to 1993 - 10 dba above ambient sound level in the area.			
	1993 to 2000 - 15 dba above ambient (minimum 75 dba, maximum 120 dba).			
	2001 and later - 15 dba above ambient (minimum 75 dba, maximum 110dba).			

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
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Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION			
	Non-ADA strobes installed prior to 1998 may not have the capability to b synchronized.			
6.1	Bells	☒	☐	☐
6.2	Chimes	☐	☐	☒
6.3	Speakers	☐	☐	☒
6.4	Horns	☐	☐	☒
6.5	Horn/Strobes	☐	☒	☐
6.6	Speaker/Strobes	☐	☐	☒
6.7	Mini Horns	☐	☐	☒
6.8	ADA Strobes flashed in synchronization when more than 2 are visible in the field of view.	☒	☐	☐
6.9	Non-ADA Strobes	☒	☐	☐
6.10	Other	☐	☐	☒
6.11	Flash rate between 60 and 120 times per minute.	☒	☐	☐
7.0 EMERGENCY VOICE/ALARM COMMUNICATIONS FUNCTION/EQUIPMENT		**PASS**	**FAIL**	**N/A**
7.1	Required Voice communication is clear in all occupiable areas within the structure.	☐	☐	☒
7.2	Elevator Lobbies	☐	☐	☒
7.3	Elevators	☐	☐	☒
7.4	Storage Areas	☐	☐	☒
7.5	Mechanical Rooms	☐	☐	☒
7.6	Electrical Rooms	☐	☐	☒
7.7	Conference Rooms	☐	☐	☒
7.8	Restrooms	☐	☐	☒
7.9	Balconies & Patios above 1st floor	☐	☐	☒
7.10	When microphone is activated voice communications overrides fire alarm audible signals.	☐	☐	☒
7.11	A.D.A. Strobes (continue or discontinue) to flash when audible signals are silenced in accordance with approved sequence of operation. ☒Continue ☐Discontinue	☒	☐	☐
7.12	Selective Paging Function	☐	☐	☒
7.13	All Call Function	☐	☐	☒
8.0 TWO-WAY TELEPHONE COMMUNICATION SERVICE (FIREFIGHTER PHONES)		**PASS**	**FAIL**	**N/A**
8.1	Minimum six (6) handheld phones.	☐	☐	☒

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION			
8.2	Five (5) amplified telephone stations were operated simultaneously in common talk mode, voice quality and clarity verified.	☐	☐	☒
8.3	"Off-Hook" condition initiated a notification signal at the command center.	☐	☐	☒
8.4	Selective Talk Telephone initiated a distinctive visible indicator for each selectable circuit.	☐	☐	☒
8.5	Three (3) sound powered telephone stations were operated simultaneously in common talk mode, voice quality and clarity verified.	☐	☐	☒
9.0 TWO-WAY TELEPHONE COMMUNICATION SERVICE (TELEPHONE JACKS)		**PASS**	**FAIL**	**N/A**
9.1	In each enclosed stairway at entry-level.	☐	☐	☒
9.2	Is the exterior of enclosed exit stairway exiting to a public way.	☐	☐	☒
	Total # of Elevator Cars.			☒
9.3	Total # of the elevator car jacks tested.	☐	☐	☒
9.4	In elevator machine room.	☐	☐	☒
	Total # of elevator lobbies.			☒
9.5	Total # of elevator lobby jacks tested.	☐	☐	☒
9.6	In each lobby exiting to a public way.	☐	☐	☒
9.7	In the Fire Control Room.	☐	☐	☒
9.8	At the Fire Pump Room.	☐	☐	☒
9.9	At the Generator Room.	☐	☐	☒
10.0 LIFE SAFETY CONTROL FUNCTIONS		**PASS**	**FAIL**	**N/A**
10.1	Elevator lobby smoke detector recalled elevator.	☒	☐	☐
10.2	Elevator recalled to the predetermined primary & alternate recall floors.	☒	☐	☐
10.3	Elevator machine room smoke detector recalled elevator.	☒	☐	☐
10.4	Elevator machine room shunt trip reported back to fire alarm panel.	☒	☐	☐
10.5	Elevator hoist-way smoke detector recalled elevator.	☒	☐	☐
10.6	Stairwell pressurization activated.	☐	☐	☒
10.7	Smoke control system activated.	☐	☐	☒
10.8	Heating, ventilation, and air conditioning system and damper control activated.	☒	☐	☐
10.9	Fan control activated.	☐	☐	☒
10.10	Stairwell doors unlocked.	☐	☐	☒
10.11	Magnetic door holders released.	☒	☐	☐
10.12	Other activating devices & control functions.	☐	☐	☒

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

LOS ANGELES FIRE DEPARTMENT
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number
7901276

INITIAL TEST DATE:	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME)
08/28/2025	351 E TEMPLE ST

EQUIPMENT TESTED:

Fire Alarm - Initial Test

ITEM #	DESCRIPTION			
11.0 SUPERVISORY SIGNAL INDICATION		**PASS**	**FAIL**	**N/A**
11.1	Fire pump not in automatic mode.	☐	☐	☒
11.2	Water tank level indicator switch.	☐	☐	☒
11.3	Water tank temperature indicator switch.	☐	☐	☒
11.4	Air pressure switch(s).	☐	☐	☒
11.5	Valve supervisory switch(s) within 2 turns or 1/5 travel.	☒	☐	☐
11.6	Special extinguishing system(s).	☐	☐	☒
11.7	Emergency generator not in automatic mode.	☐	☐	☒
12.0 INTEGRATED COMMUNICATOR TRANSMITTER		**PASS**	**FAIL**	**N/A**
	Do Not Use This Section For Separate Supervising Station Alarm Control Panels.			
12.1	Is Tester certified in supervising station fire alarm. Yes			
12.2	Two (2) means of transmission verified at test site.	☐	☐	☒
12.3	Signals sent separately via primary and secondary means of transmission.	☐	☐	☒
12.4	Activation and restoration of each type of initiating and supervisory devices verified on-site and at the supervising station within 90 seconds.	☐	☐	☒
12.5	Primary communication signal was disconnected and trouble signal indicated on-site and at the supervising station within 200 seconds (4 minutes for DACTS).	☐	☐	☒
12.6	Secondary means of communication disconnected and a trouble signal indicated on-site and at the supervising station within 200 seconds (4 minutes for DACTS).	☐	☐	☒
12.7	Primary and secondary power loss and restoration indicated a trouble signal within 200 seconds at the test-site.	☐	☐	☒
12.8	An open circuit connection to one initiating device and one notification appliance (when applicable) was opened and indication and restoration was verified on-site and at the supervising station within 200 seconds.	☐	☐	☒

AREAS/DEVICES/APPLIANCES NOT ACCESSIBLE FOR TESTING:

A minimum of 90% of testing is required. If less than 90% testing is conducted, DO NOT SUBMIT THIS REPORT.

Description:

END OF REPORT

ALL FINDINGS INDICATING “FAIL” ARE LISTED IN SECTION III (YELLOW SECTION) AND HAVE BEEN POPULATED WITH THE ITEM DESCRIPTION, NUMBER AND LOCATION.

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF’S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND APPLICABLE SECTIONS OF THE NFPA 72 AND OTHER APPROVED PUBLICATIONS. THE RESULTS ARE ACCURATELY LISTED AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED. YOU ARE A CERTIFIED REGULATION NO. 4 TESTER WITH A VALID CERTIFICATION OR HAVE BEEN AUTHORIZED TO SUBMIT THE INFORMATION ON BEHALF OF A CERTIFIED CHIEFS REGULATION NO. 4 TESTER.

I ACCEPT

☒Yes

TESTER'S NAME:	CERTIFICATE #:	EXPIRATION DATE:	PHONE NUMBER OF TESTING AGENCY:
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

WO: [redacted] Building: Bldg 1

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 1
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: 8/28/25 Total Number Floors: 2
Monitoring Company: [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	BASEMENT FACP	CERBERUS PYRO	MXL	12	7	2022	YES	100%	100%	☐	☑
1.02	BASEMENT FACP	SILENT KNIGHT	5495	12	7	2024	YES	100%	100%	☐	☑

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01	BASEMENT FACP	POWER SUP	SK 5499	12	7	2024	YES	100%	100%		☐	☐	☑
2.02	BASEMENT FACP	POWER SUP	SK 5495	12	7	2022	YES	100%	100%		☐	☐	☑
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	THROUGHOUT BLDG					13	48	☐	☑		☐	☐
3.02	THROUGHOUT BLDG	11					55	☐	☑		☐	☐
3.03	THROUGHOUT BLDG			11			32	☐	☑		☐	☐
3.04	BASEMENT				2		38	☐	☑		☐	☐
3.05							44	☐	☑		☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	THROUGHOUT BLDG		26			☐	☑		☐	☐	☐	☐	☐	☐			☐	☐
4.02	THROUGHOUT BLDG				18	☐	☑		☐	☐	☐	☐	☐	☐			☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes
[redacted]		

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature — Not Available ☐	Inspector Signature [redacted]
Date: 8-28-25	Date: 8-28-25

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature	Inspector Signature [redacted]
Date: 8-28-25	Date: 8-28-25

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

Property Information:

Name:	SACC Bldg 1	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 1	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

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: 2/9/26

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 Bldg 1		[redacted]
Address 16111 Plummer Street Bldg 1		
City North Hills	License # [redacted]	
Contact Person	☐ SFM	
Keith Hayhurst	☑ CSLB C-10 / C-16	

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	BSMT IN RM B-20 BY FACP	3"	1"				NA
2	BSMT BY RM C-9	3"	1"				NA
3	BSMT OUTSIDE RM B-31	3"	1"				NA
4	BSMT OUTSIDE B-30	3"	1"				NA
5	BSMT OUTSIDE RM A-44	3"	1"				NA

☐ 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 2/9/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 1		[redacted]
Address 16111 Plummer Street Bldg 1		
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	2/9/26		[redacted]
1.20	I	Buildings (Freeze Protection)	4.1.1.1	2/9/26	***Owner's Responsibility***	
1.21	I	Pipe and Fittings	5.2.2	2/9/26		
1.22	I	Hangers	5.2.3	2/9/26		
1.23	I	Seismic Braces	5.2.3	2/9/26		
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	2/9/26	☐ Yes ☑ No	
3.4	M	System Returned to Service	4.5.3	2/9/26	☑ 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*
1.1	2/9/26	1-5	[redacted]		
1.19	2/9/26				
1.19	2/9/26				
1.19	2/9/26				
1.19	2/9/26				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 1		[redacted]
Address 16111 Plummer Street Bldg 1		
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
1.19	2/9/26		[redacted]		
2.3	2/9/26				
	2/9/26				
			☐	☐	
			☐	☐	
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			☐	☐	
			☐	☐	
			☐	☐	

☐ 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	2/9/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

[redacted]

WO: [redacted] Building: Bldg 7

[redacted]

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 7
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: 8-20-25 Total Number Floors: 2+PH
Monitoring Company: [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	Fire control rm B-29	Siemens	DESIGO	12	55	2024	Yes	100%	100%	[redacted]	
1.02	Fire control rm B-29	Honeywell	HPF-PS10	12	7	2024	Yes	100%	100%		

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01	Fire control rm B-29	Power supply	Honeywell HPF-PS-10	12	7	2024	YES	100%	100%		☐	[redacted]	
2.02	Fire control rm B-29	POWER SUPPLY	Honeywell HPF-PS-10	12	7	2024	YES	100%	100%		☐		
2.03											☐		
2.04											☐		

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	THROUGHOUT BUILDING	16					48	☐	[redacted]		☐	☐
3.02	THROUGHOUT BUILDING		3				55	☐			☐	☐
3.03	THROUGHOUT BUILDING			15			62	☐			☐	☐
3.04	THROUGHOUT BUILDING				9	15	42	☐			☐	☐
3.05								☐			☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	THROUGHOUT BLDG		31			[redacted]			☐	[redacted]		☐	☐	☐			☐	☐
4.02	THROUGHOUT BLDG				17			NA	☐			☐	☐	☐			☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes
3.04	[redacted]	
3.04		
3.04		
3.04		

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature — Not Available ☐	Inspector Signature
Date: 8-2	Date: 8/20/2025

[redacted]

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature	Inspector Signature
Date: 8-2	Date: 8/20/2025

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

Property Information:

Name:	SACC Bldg 7	Occupancy/Use:	I2
Address:	1611 Plummer Street Bldg 7	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

Contractor Information:

Name:	[redacted]
Address:	
City:	
State:	
Telephone:	
CA License#:	
Job #:	
Performed by:	

Number of System Risers

Copy sent to:

- ☐ Owner Date:
- ☐ Fire AHJ Date:
- ☑ Contractor Date: 2/09/26

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 Bldg 7		Name [redacted]
Address 1611 Plummer Street Bldg 7		Address [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	LOWER LEVEL MECHANICAL RM	4"	2"	85			[redacted]
2	ZONE 1A-103	3"	1 1/4"	85			[redacted]
3	ZONE 2 C-101	3"	1 1/4"	80			[redacted]
4	A-110	4"	2"	80			[redacted]
5	1ST FLR STORAGE WEST WING	4"	2"	90			[redacted]

☐ 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	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 7		[redacted]
Address 1611 Plummer Street Bldg 7		
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		[redacted]
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*
1.3	12/19/25		[redacted]		
1.12	12/19/25				
1.12	12/19/25				
1.12	12/19/25				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 7		[redacted]
Address 1611 Plummer Street Bldg 7		
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
1.19	12/19/25				[redacted]
1.19	12/19/25				
2.6	12/19/25				
2.7	12/19/25				
	2/9/26				
			✓		

☐ 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	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

Work Order: [redacted] Building: BLDG 10

Fire Alarm System Inspection and Test Report
Inspection Result: [redacted]

Report To: Dept of Veteran Affairs		Location Inspected: VA Sepulveda ambulatory care CTR- BLDG 1O	
Street: 16111 PLUMMER ST		Street: 16111 PLUMMER ST	
City: NORTH HILLS		City: NORTH HILLS	
State: CA	Zip: 91343	State: CA	Zip: 91343
Contact:		Phone:	Email:
Inspection Frequency: ANNUAL		Inspection Date: 9-1-25	Total Number Floors: 3 + ROOF
Monitoring Company: [redacted]		Phone:	Alarm Code:
Monitoring Operator:		Operator Received Signal ■ Yes ☐ N/A ☐ No Time:	
Access Notes:			

Control/Auxiliary Panel General Information

System Type: ■ Addressable ☐ Conventional

Number of Zones: NA

	Control Panel Manufacturer & Model	Location	Batteries							
			Volts	AH	Install Date	Normal	Load 1	Load 2	Fail	Pass
0.01 Main Panel	Siemens Desigo	Bsmt B-B110	12	100	2025	Yes	100%	100%	[redacted]	
0.02 Dialer										

Site Inspection Monitoring Information		No	N/A	Yes
1.01	Did the Monitoring Company Receive the Appropriate Signal?	[redacted]		
1.02	Alarm Signal Received?			
1.03	Supervisory Signal Received?			
1.04	Trouble Signal Received?			

Site Inspection General Information		No	N/A	Yes
2.01	Existing alarm or trouble conditions found upon arrival?	[redacted]		
2.02	Is the FACP accessible and unobstructed?			
2.03	Does building occupant/management have key to control panel door?			
2.04	Are there special releasing zones within the building? *Location:*			

Fire Alarm System General Information		No	N/A	Yes
3.01	Operating instructions at panel?	[redacted]		
3.02	A/C power disconnect source identified on panel? *Location:*			
3.03	All AC Power circuit breaker(s) locked in the on positions?			

Fire Alarm System Inspection/Test

Work Order :

System Control Panel Check Points		No	N/A	Yes
4.01	AC power lamp on?			
4.02	Alarm signal, when silenced automatically reinitiated upon subsequent alarm? (if addressable system)			

Annunciator Panel		No	N/A	Yes
5.01	Annunciator - Ancillary switches operational?			
5.02	Annunciator - Common trouble signal operational?			
5.03	Annunciator - Alarm or supervisory signal zone correctly identified?			
5.04	Annunciator - Input wiring from FACP is supervised?			
5.05	Annunciator - Lamp Test operational and all indicators verified?			

System Printer		No	N/A	Yes
6.01	Printer connected and operational?			
6.02	Printer is monitored for "Paper Out" trouble signal?			
6.03	Printer paper advances automatically such that print record is visible?			
6.04	Printer records all events, including supervisory and trouble conditions?			
6.05	Printer time and date of each event are recorded correctly?			

Voice Evac Notification		No	N/A	Yes
7.01	Voice Evac - Amplifiers/Tone Generators visually inspected and appears in good physical condition			
7.02	Voice Evac - System sound quality & clarity acceptable?			
7.03	Voice Evac - Microphone in place and operational?			
7.04	Voice Evac - Area/floor selection switches operational?			

Fireman Phone System		No	N/A	Yes
8.01	Fireman Phone - Call in indicator operational?			
8.02	Fireman Phone - Jacks visually inspected, tested and found to be operational?			
8.03	Fireman Phone - Off hook indicator operational?			
8.04	Fireman Phone - Sets in good conditional and operational?			
8.05	Fireman Phone - Call in signal operational?			

Fire Pump		No	N/A	Yes
9.01	Fire Pump - Auto OFF conditional signal received?			

10.01 Auxiliary Functions					
10.02 Door Holder	Yes	No	10.03 Elevator Recall	Yes	No

[redacted]

Fire Alarm System Inspection/Test

Work Order: [redacted]

11.01 Auxiliary Cont.

Ref	Other Description	Location	Qty	Fail	Pass
11.001	Tamper switches	Throughout Bldg	22	[redacted]	
11.002	WATERFLOW	Throughout Bldg	15		
11.003	Duct detector	Throughout Bldg	13		
11.004	Heat detector	Throughout Bldg	4		
11.005	Pull station	Throughout Bldg	26		
11.006	Smoke detector	Throughout Bldg	32		
11.007	Releasing device	Throughout Bldg	8		
11.008				☐	☐
11.009				☐	☐
11.010				☐	☐
11.011				☐	☐
11.012				☐	☐
11.013				☐	☐
11.014				☐	☐
11.015				☐	☐
11.016				☐	☐
11.017				☐	☐
11.018				☐	☐
11.019				☐	☐
11.020				☐	☐
11.021				☐	☐
11.022				☐	☐
11.023				☐	☐
11.024				☐	☐
11.025				☐	☐
11.026				☐	☐
11.027				☐	☐
11.028				☐	☐
11.029				☐	☐
11.030				☐	☐

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

12.01 Additional Panel

Ref	Additional Panel	Control Panel Manufacturer & Model	Panel Location	Batteries								
				Volts	AH	Install Date	Normal	Load1	Load2	Circuit Breaker Loc.	Fail	Pass
12.001	Power supply	Honeywell	B110	12	7	2025	Yes	100%	100%		[redacted]	
12.002	Power supply	Siemens Pad-2	1st fl closet break rm	12	7	2020	Yes	100%	100%			
12.003	Power supply	Siemens Pad-2	1st fl closet break rm	12	7	2020	Yes	100%	100%			
12.004											☐	☐
12.005											☐	☐
12.006											☐	☐
12.007											☐	☐
12.008											☐	☐
12.009											☐	☐
12.010											☐	☐
12.011											☐	☐
12.012											☐	☐
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12.025											☐	☐
12.026											☐	☐
12.027											☐	☐
12.028											☐	☐
12.029											☐	☐
12.030											☐	☐

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

13.01 Notification Test Results

Ref	Floor	Appliance Type	Qty.	Fail	Pass	Comments
13.001	Throughout Bldg	HORN/STROBE	88	[redacted]		
13.002	Throughout Bldg	STROBE	24			
13.003				☐	☐	
13.004				☐	☐	
13.005				☐	☐	
13.006				☐	☐	
13.007				☐	☐	
13.008				☐	☐	
13.009				☐	☐	
13.010				☐	☐	
13.011				☐	☐	
13.012				☐	☐	
13.013				☐	☐	
13.014				☐	☐	
13.015				☐	☐	
13.016				☐	☐	
13.017				☐	☐	
13.018				☐	☐	
13.019				☐	☐	
13.020				☐	☐	
13.021				☐	☐	
13.022				☐	☐	
13.023				☐	☐	
13.024				☐	☐	
13.025				☐	☐	
13.026				☐	☐	
13.027				☐	☐	
13.028				☐	☐	
13.029				☐	☐	
13.030				☐	☐	

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

14.01 Initiation Field Device Test Results

Ref	Device Location	Device Type	Device Address	Test Data					
				Visual	Supv.	Sensitivity	Fail	Pass	Date
14.001				☐	☐		☐	☐	
14.002				☐	☐		☐	☐	
14.003				☐	☐		☐	☐	
14.004				☐	☐		☐	☐	
14.005				☐	☐		☐	☐	
14.006				☐	☐		☐	☐	
14.007				☐	☐		☐	☐	
14.008				☐	☐		☐	☐	
14.009				☐	☐		☐	☐	
14.010				☐	☐		☐	☐	
14.011				☐	☐		☐	☐	
14.012				☐	☐		☐	☐	
14.013				☐	☐		☐	☐	
14.014				☐	☐		☐	☐	
14.015				☐	☐		☐	☐	
14.016				☐	☐		☐	☐	
14.017				☐	☐		☐	☐	
14.018				☐	☐		☐	☐	
14.019				☐	☐		☐	☐	
14.020				☐	☐		☐	☐	
14.021				☐	☐		☐	☐	
14.022				☐	☐		☐	☐	
14.023				☐	☐		☐	☐	
14.024				☐	☐		☐	☐	
14.025				☐	☐		☐	☐	
14.026				☐	☐		☐	☐	
14.027				☐	☐		☐	☐	
14.028				☐	☐		☐	☐	
14.029				☐	☐		☐	☐	
14.030				☐	☐		☐	☐	

[redacted]

Inspection Results and Comments

Work Order : [redacted]

Item	Description	Notes
11.001	[redacted]	
13.001		

Item	Description	Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system (s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH	Inspector Name [redacted]
Customer Signature Not Available ☐	Inspector Signature
Date 9-1-25	Date 9-1-25

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

Although these comments are not the results of any engineering review, the following improvements are recommended:

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH	Inspector Name [redacted]
Customer Signature	Inspector Signature [redacted]
Date 9-1-25	Date 9-1-25

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

Property Information:

Name:	SACC Bldg 10	Occupancy/Use:	I2
Address:	1611 Plummer Street Bldg 10	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

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: 2/09/26

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	☐		
☐ 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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 10		[redacted]
Address 1611 Plummer Street Bldg 10		
City North Hills	License # [redacted]	
Contact Person	☐ SFM	
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	2ND FL STAIR 2	4"	2"	155			[redacted]
2	1ST FL STAIR 2	4"	2"	160			
3	BASEMENT	4"	2"	155			
4	2ND FL STAIR 1	4"	2"	155			
5	1ST FL STAIR 1	4"	2"	155			

☐ 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 12/18/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
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 Bldg 10		[redacted]
Address 1611 Plummer Street Bldg 10		
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		[redacted]
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*
1.19	2/09/26				[redacted]
1.19	2/09/26				
1.19	2/09/26				
1.19	2/09/26				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 10		[redacted]
Address 1611 Plummer Street Bldg 10		[redacted]
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
1.19	2/09/26		[redacted]		
1.19	2/09/26				
1.19	2/09/26				
1.19	2/09/26				
1.19	2/09/26				
	2/09/26				
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

☐ 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			12/18/25
Print Name	[redacted]			[redacted]
Signature	[redacted]			[redacted]

[redacted]

[redacted]

WO: _____ Building: Bldg 20

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 20
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: 8-20-25 Total Number Floors: 2
Monitoring Company:	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	EXTERIOR ELECTRICAL RM	CERBERUS PYROTRONICS	MXL	12	18	2024	YES	100%	100%	[redacted]	
1.02	EXTERIOR ELECTRICAL RM	NA	POWER SUPPLY	12	7	2024	YES	100%	100%	[redacted]	

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01	EXTERIOR ELECTRICAL	POWER SUPPLY	NA	12	7	2024	YES	100%	100%		☐	[redacted]	
2.02											☐	☐	☐
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	THROUGHOUT BUILDING	35				17	36,45,48,44,45,50	[redacted]			☐	☐
3.02	THROUGHOUT BUILDING		5								☐	☐
3.03	THROUGHOUT BUILDING			3							☐	☐
3.04	THROUGHOUT BUILDING				8						☐	☐
3.05								[redacted]			☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	THROUGHOUT BUILDING		33			[redacted]			☐	[redacted]		☐	[redacted]				☐	☐
4.02	THROUGHOUT BUILDING				18	[redacted]		NA	☐	[redacted]		☐	[redacted]				☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO:_____

Item	Description	Notes
3.04	[redacted]	
3.04		
3.01		

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name:
Customer Signature Not Available ☐	Inspector Signature
	[redacted]
Date: 8-20-25	Date: 8-20-25

[redacted]

Fire Alarm System Inspection and Test Report

WO:_____

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name:_____
Customer Signature	Inspector Signature [redacted]
Date: 8-20-25	Date: 8-20-25

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

Property Information:

Name:	SACC Bldg 20	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 20	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: 2/09/26

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 Bldg 20		Name [redacted]
Address 16111 Plummer Street Bldg 20		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
Keith Hayhurst	☑ CSLB C-10 / C-16	Misc. [redacted]

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	Penthouse	3"	1"	75			[redacted]
2	In rm A-101 ground level	4"	2"	85			[redacted]
3	In rm A111 ground level	3"	1 1/4"	90			[redacted]
4	In rm A-119 best	4"	2"	85			[redacted]
5	Loading dock by back flow	4"	2"	85			[redacted]

☐ 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	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 20		[redacted]
Address 16111 Plummer Street Bldg 20		
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		[redacted]
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*
1.1	12/19/25				[redacted]
1.1	12/19/25				
1.21	12/19/25				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 20		[redacted]
Address 16111 Plummer Street Bldg 20		
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
1.5	12/19/25		[redacted]		
1.21	12/19/25				
	12/19/25				
1.21	12/19/25				
1.21	12/19/25				
1.21	12/19/25				
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1.21	12/19/25				
1.21	12/19/25				
1.21	12/19/25				
1.21	12/19/25				
1.21	12/19/25				
			☐	☐	
	2/9/26		☐	✓	Quarterly Sprinkler Inspection - Completed

☐ 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	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

WO: [redacted] Building: Bldg 22

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 22
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: Total Number Floors:
Monitoring Company: [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	Basement	Cyberus pyrotronic	MXL/MXLV	12	18	2025	YES	100%	100%	[redacted]	
1.02	Basement	SIEMENS	PAD-2	12	7	2025	YES	100%	100%		

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01	SIEMENS	POWER SUP	SIEMENS PAD-2	12	7	2025	YES	100%	100%		☐	[redacted]	
2.02	SIEMENS	POWER SUP	SIEMENS PAD-2	12	7	2025	YES	100%	100%		☐		
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	Throughout building	26					58	[redacted]			☐	☐
3.02	Throughout building					11					☐	☐
3.03	Throughout building		3								☐	☐
3.04	Throughout building			6							☐	☐
3.05											☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	Throughout building		24			[redacted]			☐	[redacted]		☐	[redacted]				☐	☐
4.02	Throughout building				16			NA	☐			☐					☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes
3.01	[redacted]	
3.03		
3.01		
3.01		
3.01		
3.01		
3.04		

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: Keith	Inspector Name: [redacted]
Customer Signature — Not Available ☐	Inspector Signature
	[redacted]
Date: 8-19-25	Date: 8-19-25

[redacted]

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: Keith	Inspector Name: [redacted]
Customer Signature	Inspector Signature [redacted]
Date: 8-19-25	Date: 8-19-25

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

Property Information:

Name:	SACC Bldg 22	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 22	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: 2/09/26

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 Bldg 22		[redacted]
Address 16111 Plummer Street Bldg 22		
City North Hills	License # [redacted]	
Contact Person	☐ SFM	
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	Basement	4"	2"	85			[redacted]

☐ 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	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 22		[redacted]
Address 16111 Plummer Street Bldg 22		
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		[redacted]
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*
1.1	12/19/25				[redacted]
1.1	12/19/25				
1.13	12/19/25				

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 Bldg 22	STATE OF CALIFORNIA STATE FIRE MARSHAL	[redacted]
Address 16111 Plummer Street Bldg 22		
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
2.6	12/19/25		[redacted]		
2.6	12/19/25				
2.6	12/19/25				
	2/9/26				
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

☐ 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	[redacted]			[redacted]
Signature	[redacted]			

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

Property Information:

Name:	SACC Bldg 23	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 23	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: 2/09/26

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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 23		Name [redacted]
Address 16111 Plummer Street Bldg 23		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	BSMT	2 1/2"	1 1/4"	90			[redacted]
2	1ST FL. RISER RM .	3"	1 1/4"	85			

☐ 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	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 23		[redacted]
Address 16111 Plummer Street Bldg 23		
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		[redacted]
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*
1.1	12/19/25		[redacted]		
1.19	12/19/25				
1.19	12/19/25				
1.19	12/19/25				

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 Bldg 23		[redacted]
Address 16111 Plummer Street Bldg 23		[redacted]
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*
	12/19/25			✓	Should have protection for floor in gym for lift
	2/9/26			✓	Quarterly Sprinkler Inspection - Completed

☐ 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	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

WO: [redacted] Building: Bldg 24

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 24
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: ANNUAL	Inspection Date: 8-13-25 Total Number Floors:
Monitoring Company [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	ELEV MACHINE ROOM	CYBERUS PYROTRONICS	MXL	12	7	2022	YES	100%	100%	[redacted]	
1.02	ELEV MACHINE ROOM	SIEMENS	PAD-2	12	7	2022	YES	100%	100%	[redacted]	

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01											☐	☐	☐
2.02											☐	☐	☐
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	THROUGHOUT BUILDING	6					45	[redacted]			☐	☐
3.02	ELEV MACHINE ROOM		1				48	[redacted]			☐	☐
3.03	THROUGHOUT BUILDING					5		[redacted]			☐	☐
3.04	THROUGHOUT BUILDING			2				[redacted]			☐	☐
3.05								☐	☐		☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	THROUGHOUT BUILDING		13			[redacted]			☐	☐	☐	☐	☐	☐	BEAM DETECTORS	3	[redacted]	
4.02	THROUGHOUT BUILDING				6	[redacted]			☐	☐	☐	☐	☐	☐			☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name [redacted]
Customer Signature Not Available ☐	Inspector Signature [redacted]
Date: 8-13-25	Date: 8-13-25

[redacted]

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature	Inspector Signature [redacted]
Date: 8-13-25	Date: 8-13-25

[redacted]

[redacted]

WO: [redacted] Building: Bldg 25

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 25
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: 8-19-25 Total Number Floors: 1+mezz
Monitoring Company: [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	Mezzanine	Cerberus pyrotroni	MXL	12	18	2024	Yes	100%	100%	[redacted]	
1.02	Mezzanine	Cerberus pyrotroni	Pad-2	12	7	2024	Yes	100%	100%^	[redacted]	

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01	Mezzanine	Power supply	Cerberus pyrotronics pad2	12	7	2024	Yes	100%	100%		☐	[redacted]	
2.02	Mezzanine	Power supply	Cerberus pyrotronics pad2	12	7	2024	Yes	100%	100%		☐	[redacted]	
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	Throughout building	55					47	[redacted]			☐	☐
3.02	Roof			3				[redacted]			☐	☐
3.03	Rm A 136		1					[redacted]			☐	☐
3.04	A140							[redacted]			☐	☐
3.05								☐	☐		☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01	Throughout building		33			[redacted]			☐	[redacted]		☐	☐	☐			☐	☐
4.02	Throughout building				18	[redacted]		NA	☐	[redacted]		☐	☐	☐			☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes
3.04	[redacted]	

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature — Not Available ☐	Inspector Signature
	[redacted]
Date: 8-19-25	Date: 8-19-25

[redacted]

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:
Unable to locate duct detector 23

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature [redacted]	Inspector Signature
Date: 8-19-25	Date: 8-19-25

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

Property Information:

Name:	SACC Bldg 25	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 25	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

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: 2/09/26

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	☐		
☐ 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 Bldg 25		Name [redacted]
Address 16111 Plummer Street Bldg 25		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	In rm B114	2"	1"	80			[redacted]

☐ 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 2/9/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 25		[redacted]
Address 16111 Plummer Street Bldg 25		
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	2/9/26		[redacted]
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*
1.12	12/19/25				[redacted]
1.12	12/19/25				
1.19	12/19/25				
1.19	12/19/25				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 25		[redacted]
Address 16111 Plummer Street Bldg 25		
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
	2/9/26				Quarterly Sprinkler Inspection - Completed

☐ 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	2/9/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

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

Property Information:

Name:	SACC Bldg 44	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 44	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: 1/23/26

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	☐		
☐ 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 Bldg 44		Name [redacted]
Address 16111 Plummer Street Bldg 44		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	NORTH CENTER WAREHOUSE	4"	NA				[redacted]

☐ 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 1/23/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 44		[redacted]
Address 16111 Plummer Street Bldg 44		
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	1/23/26		[redacted]
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*
1.12	12/19/25				[redacted]
1.20	12/19/25				
1.3	12/19/25				
	1/23/26				

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 Bldg 44	Name	[redacted]
Address	16111 Plummer Street Bldg 44	Job #	[redacted]
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	1/23/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

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

Property Information:

Name:	SACC Bldg 45	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 45	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

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: 1/23/26

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	☐		
☐ 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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 45		Name [redacted]
Address 16111 Plummer Street Bldg 45		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	NORTH CENTER WAREHOUSE	4"	NA	100			[redacted]

☐ 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 1/23/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 45		[redacted]
Address 16111 Plummer Street Bldg 45		
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	1/23/26		[redacted]
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*
1.12	12/19/25				[redacted]
1.19	12/19/25				
1.19	12/19/25				
	1/23/26				

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 Bldg 45		[redacted]
Address 16111 Plummer Street Bldg 45		
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
			☐	☐	
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			☐	☐	

☐ 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	1/23/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

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

Property Information:

Name:	SACC Bldg 46	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 46	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: 1/23/26

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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 46		Name [redacted]
Address 16111 Plummer Street Bldg 46		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	NORTH CENTER WAREHOUSE	4"	NA	100			[redacted]

☐ 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 1/23/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 46		[redacted]
Address 16111 Plummer Street Bldg 46		
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	1/23/26		[redacted]
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*
1.12	12/19/25		[redacted]		
1.19	12/19/25				
1.19	12/19/25				
	1/23/26			✓	Quarterly Sprinkler Inspection- Completed

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 46		[redacted]
Address 16111 Plummer Street Bldg 46		
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
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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			☐	☐	

☐ 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:

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

Quarter	*1st - ☑ Annual*	*2nd - ☐ Annual*	*3rd - ☐ Annual*	*4th - ☑ Annual*
Date	1/23/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

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

Property Information:

Name:	SACC Bldg 47	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 47	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: 1/23/26

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	☐		
☐ 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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 47		Name [redacted]
Address 16111 Plummer Street Bldg 47		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	NORTH CENTER WAREHOUSE	2 1/2"	1 1/4"	100			[redacted]

☐ 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 1/23/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 47		[redacted]
Address 16111 Plummer Street Bldg 47		
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	1/23/26		[redacted]
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*
1.21	12/19/25		[redacted]		
	01/23/26			✓	Quarterly Sprinkler Inspection-Completed

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information	
Building Name	SACC Bldg 47	Name	[redacted]
Address	16111 Plummer Street Bldg 47	Job #	[redacted]
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
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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			☐	☐	
			☐	☐	
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			☐	☐	
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			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

☐ 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	1/23/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

WO: [redacted] Building: Bldg 62

Fire Alarm System Inspection and Test Report
Inspection Results [redacted]

Report To: Dept of Veteran Affairs	Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 62
Street: 16111 Plummer Street	Street: 16111 Plummer Street
City: North Hills	City: North Hills
State: CA Zip: 91343	State: CA Zip: 91343
Contact: Keith Hayhurst	Phone: (310) 714-5379 Email: keith.hayhurst@va.gov
Inspection Frequency: Annual	Inspection Date: 8-13-25 Total Number Floors: 3
Monitoring Company: [redacted]	Phone: Alarm Code:
Monitoring Operator:	Operator Received Signal ■ Yes ☐ N/A ☐ No Time:
Access Notes:	

Ref#	Location	Control Panel Manufacturer	Model	Batteries							
				Volts	AH	Date	Normal	Load 1	Load 2	Fail	Pass
1.01	1ST FL ELEC RM	Cerberus Pyrotronics	MXL	12	18	2020	NO	50%	60%	[redacted]	
1.02	1ST FL ELEC RM	HONEYWELL	PS-10	12	18	2025	YES	100%	100%	[redacted]	

Additional Panel

Ref#	Panel Location	Additional Panel	Control Panel Manufacturer & Model	Batteries									
				Volts	AH	Date	Normal	Load1	Load2	Circuit Breaker Loc.	N/A	Fail	Pass
2.01											☐	☐	☐
2.02											☐	☐	☐
2.03											☐	☐	☐
2.04											☐	☐	☐

Field Equipment

Area Protected		Devices					Water Flow			Other		
Ref#	Location	Smoke	Heat	Duct	Tamper	Manual Pull	Report Times	Fail	Pass	Qty.	Fail	Pass
3.01	FACP RM	1					45	[redacted]			☐	☐
3.02	Throughout building					5		[redacted]			☐	☐
3.03	FACP room		1					[redacted]			☐	☐
3.04	Basement			1				[redacted]			☐	☐
3.05								☐	☐		☐	☐

Notification Type								Door Holder				Elevator Recall			Other			
Ref#	Location	Horn	Horn Strobe	Bell	Strobe	Fail	Pass	Qty.	N/A	Fail	Pass	N/A	No	Yes	Description	Qty.	Fail	Pass
4.01						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.02						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.03						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.04						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐
4.05						☐	☐		☐	☐	☐	☐	☐	☐			☐	☐

[redacted]

Inspection Results and Comments

WO: [redacted]

Item	Description	Notes
1.01	[redacted]	

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature — Not Available ☐	Inspector Signature
NA	
Date: 8-13-25	Date: 8-13-25

[redacted]

Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

[redacted]

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name: KEITH	Inspector Name: [redacted]
Customer Signature	Inspector Signature
NA	[redacted]
Date: 8-13-25	Date: 8-13-25

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

Property Information:

Name:	SACC Bldg 62	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 62	Construction Type:	Type I-A
City:	North Hills	No. Stories:	2
ZIP:	91343	Year Constructed:	1996
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: 1/23/26

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	☐		
☐ 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 Bldg 62		Name [redacted]
Address 16111 Plummer Street Bldg 62		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	Basement west side	2 1/2"	1"	85			[redacted]

☐ 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 1/23/26	Date	Date	Date 12/19/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 62		[redacted]
Address 16111 Plummer Street Bldg 62		
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	1/23/26		[redacted]
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*
1.1	12/19/25				[redacted]
1.1	12/19/25				
1.20	12/19/25				
1.20	12/19/25				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 62		[redacted]
Address 16111 Plummer Street Bldg 62		
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
1.12	12/19/25		[redacted]		
1.12	12/19/25				
	01/23/26			✓	Quarterly Sprinkler Inspection -Completed

☐ 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	1/23/26			12/19/25
Print Name	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

Work Order: [redacted] Building: BLDG 99

Fire Alarm System Inspection and Test Report
Inspection Result: [redacted]

Report To: Dept of Veteran Affairs		Location Inspected: VA Sepulveda ambulatory care building 99	
Street: 16111 PLUMMER ST		Street: 16111 PLUMMER ST	
City: NORTH HILLS		City: NORTH HILLS	
State: CA	Zip: 91343	State: CA	Zip: 91343
Contact: KEITH		Phone:	Email:
Inspection Frequency: ANNUAL		Inspection Date: 8-28-25	Total Number Floors: 2
Monitoring Company: [redacted]		Phone:	Alarm Code:
Monitoring Operator:		Operator Received Signal ■ Yes ☐ N/A ☐ No Time:	
Access Notes:			

Control/Auxiliary Panel General Information

System Type: ■ Addressable ☐ Conventional

Number of Zones

	Control Panel Manufacturer & Model	Location	Batteries							
			Volts	AH	Install Date	Normal	Load 1	Load 2	Fail	Pass
0.01 Main Panel	SIEMENS DESIGO	1ST MAIN ELEC ROOM	12	55	2025	YES	100%	100%	[redacted]	
0.02 Dialer									☐	☐

Site Inspection Monitoring Information		No	N/A	Yes
1.01	Did the Monitoring Company Receive the Appropriate Signal?	☐	☐	☐
1.02	Alarm Signal Received?	☐	☐	☐
1.03	Supervisory Signal Received?	☐	☐	☐
1.04	Trouble Signal Received?	☐	☐	☐

Site Inspection General Information		No	N/A	Yes
2.01	Existing alarm or trouble conditions found upon arrival?	☐	☐	☐
2.02	Is the FACP accessible and unobstructed?	☐	☐	☐
2.03	Does building occupant/management have key to control panel door?	☐	☐	☐
2.04	Are there special releasing zones within the building? *Location:*_____	☐	☐	☐

Fire Alarm System General Information		No	N/A	Yes
3.01	Operating instructions at panel?	☐	☐	☐
3.02	A/C power disconnect source identified on panel? *Location:*_____	☐	☐	☐
3.03	All AC Power circuit breaker(s) locked in the on positions?	☐	☐	☐

Fire Alarm System Inspection/Test

Work Order :

System Control Panel Check Points		No	N/A	Yes
4.01	AC power lamp on?	☐	☐	☐
4.02	Alarm signal, when silenced automatically reinitiated upon subsequent alarm? (if addressable system)	☐	☐	☐

Annunciator Panel		No	N/A	Yes
5.01	Annunciator - Ancillary switches operational?	☐		
5.02	Annunciator - Common trouble signal operational?	☐		
5.03	Annunciator - Alarm or supervisory signal zone correctly identified?	☐		
5.04	Annunciator - Input wiring from FACP is supervised?	☐		
5.05	Annunciator - Lamp Test operational and all indicators verified?	☐		

System Printer		No	N/A	Yes
6.01	Printer connected and operational?	☐		
6.02	Printer is monitored for "Paper Out" trouble signal?	☐		
6.03	Printer paper advances automatically such that print record is visible?	☐		
6.04	Printer records all events, including supervisory and trouble conditions?	☐		
6.05	Printer time and date of each event are recorded correctly?	☐		

Voice Evac Notification		No	N/A	Yes
7.01	Voice Evac - Amplifiers/Tone Generators visually inspected and appears in good physical condition	☐		
7.02	Voice Evac - System sound quality & clarity acceptable?	☐		
7.03	Voice Evac - Microphone in place and operational?	☐		
7.04	Voice Evac - Area/floor selection switches operational?	☐		

Fireman Phone System		No	N/A	Yes
8.01	Fireman Phone - Call in indicator operational?	☐		
8.02	Fireman Phone - Jacks visually inspected, tested and found to be operational?	☐		
8.03	Fireman Phone - Off hook indicator operational?	☐		
8.04	Fireman Phone - Sets in good conditional and operational?	☐		
8.05	Fireman Phone - Call in signal operational?	☐		

Fire Pump		No	N/A	Yes
9.01	Fire Pump - Auto OFF conditional signal received?	☐	☐	☐

10.01 Auxiliary Functions					
10.02 Door Holder	Yes	No	10.03 Elevator Recall	Yes	No

[redacted]

Fire Alarm System Inspection/Test

Work Order: [redacted]

11.01 Auxiliary Cont.

Ref	Other Description	Location	Qty	Fail	Pass
11.001	TAMPER SWITCH	THROUGHOUT BUILDING	8	[redacted]	
11.002	WATERFLOW SWITCH	THROUGHOUT BUILDING	6		
11.003	DUCT DECTECTORS	THROUGHOUT BUILDING	5		
11.004	HEAT DETECTOR	THROUGHOUT BUILDING	1		
11.005	PULL STATION	THROUGHOUT BUILDING	18		
11.006	SMOKE DETECTOR	THROUGHOUT BUILDING	30		
11.007	FIRE DOORS	THROUGHOUT BUILDING	12		
11.008				☐	☐
11.009				☐	☐
11.010				☐	☐
11.011				☐	☐
11.012				☐	☐
11.013				☐	☐
11.014				☐	☐
11.015				☐	☐
11.016				☐	☐
11.017				☐	☐
11.018				☐	☐
11.019				☐	☐
11.020				☐	☐
11.021				☐	☐
11.022				☐	☐
11.023				☐	☐
11.024				☐	☐
11.025				☐	☐
11.026				☐	☐
11.027				☐	☐
11.028				☐	☐
11.029				☐	☐
11.030				☐	☐

Fire Alarm System Inspection/Test

Work Order :

12.01 Additional Panel

Ref	Additional Panel	Control Panel Manufacturer & Model	Panel Location	Batteries								
				Volts	AH	Install Date	Normal	Load1	Load2	Circuit Breaker Loc.	Fail	Pass
12.001	POWER SUPPLY	SILENT KNIGHT5499	FACP ROOM	12	7	2022	YES	100%	100%			
12.002	POWER SUPPLY	SILENT KNIGHT 5499	FACP ROOM	12	7	2022	YES	100%	100%			
12.003	POWER SUPPLY	SILENT KNIGHT5499	FACP ROOM	12	7	2022	YES	100%	100%			
12.004											☐	☐
12.005											☐	☐
12.006											☐	☐
12.007											☐	☐
12.008											☐	☐
12.009											☐	☐
12.010											☐	☐
12.011											☐	☐
12.012											☐	☐
12.013											☐	☐
12.014											☐	☐
12.015											☐	☐
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12.027											☐	☐
12.028											☐	☐
12.029											☐	☐
12.030											☐	☐

Fire Alarm System Inspection/Test

Work Order :

13.01 Notification Test Results

Ref	Floor	Appliance Type	Qty.	Fail	Pass	Comments
13.001	THROUGHOUT BUILDING	CHIME/ STROBE	25			
13.002	THROUGHOUT BUILDING	CHIME	3			
13.003				☐	☐	
13.004				☐	☐	
13.005				☐	☐	
13.006				☐	☐	
13.007				☐	☐	
13.008				☐	☐	
13.009				☐	☐	
13.010				☐	☐	
13.011				☐	☐	
13.012				☐	☐	
13.013				☐	☐	
13.014				☐	☐	
13.015				☐	☐	
13.016				☐	☐	
13.017				☐	☐	
13.018				☐	☐	
13.019				☐	☐	
13.020				☐	☐	
13.021				☐	☐	
13.022				☐	☐	
13.023				☐	☐	
13.024				☐	☐	
13.025				☐	☐	
13.026				☐	☐	
13.027				☐	☐	
13.028				☐	☐	
13.029				☐	☐	
13.030				☐	☐	

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

14.01 Initiation Field Device Test Results

Ref	Device Location	Device Type	Device Address	Test Data					
				Visual	Supv.	Sensitivity	Fail	Pass	Date
14.001				☐	☐		☐	☐	
14.002				☐	☐		☐	☐	
14.003				☐	☐		☐	☐	
14.004				☐	☐		☐	☐	
14.005				☐	☐		☐	☐	
14.006				☐	☐		☐	☐	
14.007				☐	☐		☐	☐	
14.008				☐	☐		☐	☐	
14.009				☐	☐		☐	☐	
14.010				☐	☐		☐	☐	
14.011				☐	☐		☐	☐	
14.012				☐	☐		☐	☐	
14.013				☐	☐		☐	☐	
14.014				☐	☐		☐	☐	
14.015				☐	☐		☐	☐	
14.016				☐	☐		☐	☐	
14.017				☐	☐		☐	☐	
14.018				☐	☐		☐	☐	
14.019				☐	☐		☐	☐	
14.020				☐	☐		☐	☐	
14.021				☐	☐		☐	☐	
14.022				☐	☐		☐	☐	
14.023				☐	☐		☐	☐	
14.024				☐	☐		☐	☐	
14.025				☐	☐		☐	☐	
14.026				☐	☐		☐	☐	
14.027				☐	☐		☐	☐	
14.028				☐	☐		☐	☐	
14.029				☐	☐		☐	☐	
14.030				☐	☐		☐	☐	

[redacted]

Inspection Results and Comments

Work Order : [redacted]

Item	Description	Notes
11.002	[redacted]	

Item	Description	Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system (s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH	Inspector Name [redacted]
Customer Signature Not Available ☐	Inspector Signature [redacted]
Date 8-28-25	Date 8-28-25

Fire Alarm System Inspection/Test

Work Order : [redacted]

Although these comments are not the results of any engineering review, the following improvements are recommended:

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH	Inspector Name [redacted]
Customer Signature	Inspector Signature [redacted]
Date 8-28-25	Date 8-28-25

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

Property Information:

Name:	SACC Bldg 99	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg	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: 1/23/26

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	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 99		Name [redacted]
Address 16111 Plummer Street Bldg		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	Service room, A A – H3 first floor	3"	1 1/4"	80			[redacted]
2	Pump mechanical room	3"	1 1/4"	85			[redacted]
3	Hospice wing basement in ceiling	3"	1 1/4"	90			[redacted]
4	Long-term care, wing in ceiling	3"	1 1/4"	80			[redacted]
5	Long-term care, wing in ceiling	3"	1 1/4"	85			[redacted]

☑ This building has more than 5 risers. See additional AES 2.9 form attached. Number of AES 2.9 forms attached 1

Quarterly Inspections

I = Inspection **T** = Test **M** = Maintenance *P = Pass F = Fail N/A = Not Applicable*

Item		Description	NFPA 25 CA ed. Reference	Date 1/23/26	Date	Date	Date 12/18/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 99		[redacted]
Address 16111 Plummer Street Bldg		
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	1/23/26		[redacted]
1.20	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	[redacted]
1.21	I	Pipe and Fittings	5.2.2			[redacted]
1.22	I	Hangers	5.2.3			[redacted]
1.23	I	Seismic Braces	5.2.3			[redacted]
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	[redacted]
2.2	T	Recalled Sprinklers *If not present = Pass; If present = Fail*	Title 19 904.1(c)			[redacted]
2.3	T	Water Flow Alarm Devices *90 sec. maximum - (Enter Time)*	5.3.3 13.2.6		sec.	[redacted]
2.4	T	Main Drain Test *(Enter Data on Page 1 of this Form)*	13.2.5 13.3.3.4			[redacted]
2.5	T	Control Valve - Position	13.3.3.2			[redacted]
2.6	T	Control Valve – Operation	13.3.3.1			[redacted]
2.7	T	Supervisory Devices	13.3.3.5			[redacted]
2.8	T	Backflow Preventer Assemblies	13.6.2			[redacted]
2.9	T	Small Hose Connections* *w/PRV Hose Valves – Partial Flow Test*	13.5.2.3 13.5.3.3			[redacted]
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			[redacted]
3.1	M	Control Valves	13.3.4			[redacted]
3.2	M	Small Hose Connections*	13.5.6.3			[redacted]
3.3	M	Obstruction Investigation required *(If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☑ No	[redacted]
3.4	M	System Returned to Service	4.5.3		☑ Yes ☐ No	[redacted]

* 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*
1.12	12/18/25				[redacted]
1.12	12/18/25				
1.5	12/18/25				
1.19	12/18/25				

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Quarterly and Annual Report	3 of 3

Property Information		Contractor or Licensed Owner Information
Building Name SACC Bldg 99		[redacted]
Address 16111 Plummer Street Bldg		
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
2.3	12/18/25		[redacted]		
2.3	12/18/25				
1.19	12/18/25				
1.12	12/18/25				
	1/23/26			✓	Quarterly Sprinkler Inspection-Completed

☐ 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	1/23/26			12/18/25
Print Name	[redacted]			[redacted]
Signature				

[redacted]

[redacted]

Work Order: [redacted] Building: BLDG 200

Fire Alarm System Inspection and Test Report
Inspection Result: [redacted]

Report To: Dept of Veteran Affairs		Location Inspected: VA Sepulveda ambulatory care building 200	
Street: 16111 PLUMMER ST		Street: 16111 PLUMMER ST	
City: NORTH HILLS		City: NORTH HILLS	
State: CA	Zip: 91343	State: CA	Zip: 91343
Contact: KEITH		Phone:	Email:
Inspection Frequency: ANNUAL		Inspection Date: 8-28-25	Total Number Floors: 3
Monitoring Company: [redacted]		Phone:	Alarm Code:
Monitoring Operator:		Operator Received Signal ■ Yes ☐ N/A ☐ No Time:	
Access Notes:			

Control/Auxiliary Panel General Information

System Type: ■ Addressable ☐ Conventional

Number of Zones

	Control Panel Manufacturer & Model	Location	Batteries							
			Volts	AH	Install Date	Normal	Load 1	Load 2	Fail	Pass
0.01 Main Panel	SIEMENS CYBERUS PYRO	1ST MAIN LOBBY	12	55	2025	YES	100%	100%	[redacted]	
0.02 Dialer									☐	☐

Site Inspection Monitoring Information		No	N/A	Yes
1.01	Did the Monitoring Company Receive the Appropriate Signal?	☐	☐	☐
1.02	Alarm Signal Received?	☐	☐	☐
1.03	Supervisory Signal Received?	☐	☐	☐
1.04	Trouble Signal Received?	☐	☐	☐

Site Inspection General Information		No	N/A	Yes
2.01	Existing alarm or trouble conditions found upon arrival?	☐	☐	☐
2.02	Is the FACP accessible and unobstructed?	☐	☐	☐
2.03	Does building occupant/management have key to control panel door?	☐	☐	☐
2.04	Are there special releasing zones within the building? *Location:*_____	☐	☐	☐

Fire Alarm System General Information		No	N/A	Yes
3.01	Operating instructions at panel?	☐	☐	☐
3.02	A/C power disconnect source identified on panel? *Location:*_____	☐	☐	☐
3.03	All AC Power circuit breaker(s) locked in the on positions?	☐	☐	☐

Fire Alarm System Inspection/Test

Work Order :

System Control Panel Check Points		No	N/A	Yes
4.01	AC power lamp on?	☐	☐	☐
4.02	Alarm signal, when silenced automatically reinitiated upon subsequent alarm? (if addressable system)	☐	☐	☐

Annunciator Panel		No	N/A	Yes
5.01	Annunciator - Ancillary switches operational?	☐		
5.02	Annunciator - Common trouble signal operational?	☐		
5.03	Annunciator - Alarm or supervisory signal zone correctly identified?	☐		
5.04	Annunciator - Input wiring from FACP is supervised?	☐		
5.05	Annunciator - Lamp Test operational and all indicators verified?	☐		

System Printer		No	N/A	Yes
6.01	Printer connected and operational?	☐		
6.02	Printer is monitored for "Paper Out" trouble signal?	☐		
6.03	Printer paper advances automatically such that print record is visible?	☐		
6.04	Printer records all events, including supervisory and trouble conditions?	☐		
6.05	Printer time and date of each event are recorded correctly?	☐		

Voice Evac Notification		No	N/A	Yes
7.01	Voice Evac - Amplifiers/Tone Generators visually inspected and appears in good physical condition	☐		
7.02	Voice Evac - System sound quality & clarity acceptable?	☐		
7.03	Voice Evac - Microphone in place and operational?	☐		
7.04	Voice Evac - Area/floor selection switches operational?	☐		

Fireman Phone System		No	N/A	Yes
8.01	Fireman Phone - Call in indicator operational?	☐		
8.02	Fireman Phone - Jacks visually inspected, tested and found to be operational?	☐		
8.03	Fireman Phone - Off hook indicator operational?	☐		
8.04	Fireman Phone - Sets in good conditional and operational?	☐		
8.05	Fireman Phone - Call in signal operational?	☐		

Fire Pump		No	N/A	Yes
9.01	Fire Pump - Auto OFF conditional signal received?	☐	☐	☐

10.01 Auxiliary Functions					
10.02 Door Holder	Yes	No	10.03 Elevator Recall	Yes	No

[redacted]

Fire Alarm System Inspection/Test

Work Order: [redacted]

11.01 Auxiliary Cont.

Ref	Other Description	Location	Qty	Fail	Pass
11.001	TAMPER SWITCH	THROUGHOUT BUILDING	16	[redacted]	
11.002	WATERFLOW SWITCH	THROUGHOUT BUILDING	9		
11.003	DUCT DECTECTORS	THROUGHOUT BUILDING	27		
11.004	HEAT DETECTOR	THROUGHOUT BUILDING	4		
11.005	PULL STATION	THROUGHOUT BUILDING	51		
11.006	SMOKE DETECTOR	THROUGHOUT BUILDING	58		
11.007	FIRE DOORS	THROUGHOUT BUILDING	4		
11.008				☐	☐
11.009				☐	☐
11.010				☐	☐
11.011				☐	☐
11.012				☐	☐
11.013				☐	☐
11.014				☐	☐
11.015				☐	☐
11.016				☐	☐
11.017				☐	☐
11.018				☐	☐
11.019				☐	☐
11.020				☐	☐
11.021				☐	☐
11.022				☐	☐
11.023				☐	☐
11.024				☐	☐
11.025				☐	☐
11.026				☐	☐
11.027				☐	☐
11.028				☐	☐
11.029				☐	☐
11.030				☐	☐

[redacted]

Fire Alarm System Inspection/Test

Work Order :

12.01 Additional Panel

Ref	Additional Panel	Control Panel Manufacturer & Model	Panel Location	Batteries								
				Volts	AH	Install Date	Normal	Load1	Load2	Circuit Breaker Loc.	Fail	Pass
12.001	POWER SUPPLY	SILENT KNIGHT5499	3RD FL TELEPHONE RM 3144	12	7	2020	YES	NA	NA		[redacted]	
12.002	POWER SUPPLY	SILENT KNIGHT 5495	3RD FL TELEPHONE RM 3572	12	7	2020	YES	NA	NA			
12.003	POWER SUPPLY	SILENT KNIGHT5499	2ND FL ELECRM 2164	12	7	2020	YES	NA	NA			
12.004	POWER SUPPLY	SILENT KNIGHT5495	2nd fl telephone rm 2665	12	7	2020	YES	NA	NA			
12.005	POWER SUPPLY	SILENT KNIGHT5499	1st fl blood lab rm 1926	12	7	2020	YES	NA	NA			
12.006	POWER SUPPLY	SILENT KNIGHT5495	1st Flr Main Entrance	12	7	2020	YES	NA	NA			
12.007			(West Electrical Room)								☐	☐
12.008											☐	☐
12.009											☐	☐
12.010											☐	☐
12.011											☐	☐
12.012											☐	☐
12.013											☐	☐
12.014											☐	☐
12.015											☐	☐
12.016											☐	☐
12.017											☐	☐
12.018											☐	☐
12.019											☐	☐
12.020											☐	☐
12.021											☐	☐
12.022											☐	☐
12.023											☐	☐
12.024											☐	☐
12.025											☐	☐
12.026											☐	☐
12.027											☐	☐
12.028											☐	☐
12.029											☐	☐
12.030											☐	☐

[redacted]

Fire Alarm System Inspection/Test

Work Order : [redacted]

13.01 Notification Test Results

Ref	Floor	Appliance Type	Qty.	Fail	Pass	Comments
13.001	THROUGHOUT BUILDING	SPEAKER/ STROBE	142	[redacted]		
13.002	THROUGHOUT BUILDING	STROBE	67			
13.003	THROUGHOUT BUILDING	HORN STROBE	4			
13.004				☐	☐	
13.005				☐	☐	
13.006				☐	☐	
13.007				☐	☐	
13.008				☐	☐	
13.009				☐	☐	
13.010				☐	☐	
13.011				☐	☐	
13.012				☐	☐	
13.013				☐	☐	
13.014				☐	☐	
13.015				☐	☐	
13.016				☐	☐	
13.017				☐	☐	
13.018				☐	☐	
13.019				☐	☐	
13.020				☐	☐	
13.021				☐	☐	
13.022				☐	☐	
13.023				☐	☐	
13.024				☐	☐	
13.025				☐	☐	
13.026				☐	☐	
13.027				☐	☐	
13.028				☐	☐	
13.029				☐	☐	
13.030				☐	☐	

Fire Alarm System Inspection/Test

Work Order :

14.01 Initiation Field Device Test Results

Ref	Device Location	Device Type	Device Address	Test Data					
				Visual	Supv.	Sensitivity	Fail	Pass	Date
14.001				☐	☐		☐	☐	
14.002				☐	☐		☐	☐	
14.003				☐	☐		☐	☐	
14.004				☐	☐		☐	☐	
14.005				☐	☐		☐	☐	
14.006				☐	☐		☐	☐	
14.007				☐	☐		☐	☐	
14.008				☐	☐		☐	☐	
14.009				☐	☐		☐	☐	
14.010				☐	☐		☐	☐	
14.011				☐	☐		☐	☐	
14.012				☐	☐		☐	☐	
14.013				☐	☐		☐	☐	
14.014				☐	☐		☐	☐	
14.015				☐	☐		☐	☐	
14.016				☐	☐		☐	☐	
14.017				☐	☐		☐	☐	
14.018				☐	☐		☐	☐	
14.019				☐	☐		☐	☐	
14.020				☐	☐		☐	☐	
14.021				☐	☐		☐	☐	
14.022				☐	☐		☐	☐	
14.023				☐	☐		☐	☐	
14.024				☐	☐		☐	☐	
14.025				☐	☐		☐	☐	
14.026				☐	☐		☐	☐	
14.027				☐	☐		☐	☐	
14.028				☐	☐		☐	☐	
14.029				☐	☐		☐	☐	
14.030				☐	☐		☐	☐	

[redacted]

Inspection Results and Comments

Work Order : [redacted]

Item	Description	Notes
11.003	[redacted]	
11.004		
11.006		
11.002		
11.003		
12.001-7		
13.002		

Item	Description	Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system (s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH

Inspector Name [redacted]

Customer Signature Not Available

☐

Inspector Signature [redacted]

Date 8-28-25

Date 8-28-25

Fire Alarm System Inspection/Test

Work Order : [redacted]

Although these comments are not the results of any engineering review, the following improvements are recommended:

System Descriptions/Tech Notes:

LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

Customer Name KEITH	Inspector Name [redacted]
Customer Signature	Inspector Signature [redacted]
Date 8-28-25	Date 8-28-25

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

Property Information:

Name:	SACC Bldg 200	Occupancy/Use:	I2
Address:	16111 Plummer Street Bldg 200	Construction Type:	Type I-A
City:	North Hills	No. Stories:	
ZIP:	91343	Year Constructed:	1993
Contact:	Keith Hayhurst		
Telephone:	(310) 714-5379		

STATE OF CALIFORNIA
STATE FIRE MARSHAL

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: 1/23/26

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	☐		
☐ 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 Bldg 200		Name [redacted]
Address 16111 Plummer Street Bldg 200		Addre [redacted]
		City [redacted]
City North Hills	License # [redacted]	Phone [redacted]
Contact Person	☐ SFM	Job # [redacted]
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	3rd FL. East side Tower outside Stair 1	3"	1-1/4"	140			[redacted]
2	2nd FL. East side Tower outside Stair 1	3"	4"	150			[redacted]
3	1st FL. East side Tower outside Stair 1	3"	4"	150			[redacted]
4	3rd west side Tower outside Stair 7	3"	4"	150			[redacted]
5	2nd west side Tower outside Stair 7	3"	4"	170			[redacted]

☐ 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 1/23/26	Date	Date	Date 12/18/25
1.1	I	Control Valves – Identification Sign	13.3.1	[redacted]			[redacted]
1.2	I	Control Valves – Inspection	13.3.2	[redacted]			[redacted]
1.3	I	Waterflow Alarm Devices	5.2.5	[redacted]			[redacted]
1.4	I	Supervisory Devices	5.2.5	[redacted]			[redacted]
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	[redacted]			[redacted]
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	[redacted] psi	psi	psi	[redacted] psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	[redacted]			[redacted]
1.9	I	Hydraulic Design Information Sign *(For Hydraulically Designed Systems)*	5.2.6	[redacted]			[redacted]
1.10	I	General Information Sign *(Not Required for System prior to 2007 Edition of NFPA 13)*	5.2.8	[redacted]			[redacted]
1.11	I	Heat Tape	5.2.7	[redacted]			[redacted]
1.12	I	Spare Sprinklers	5.2.1.4	[redacted]			[redacted]
1.13	I	Fire Department Connections	13.7	[redacted]			[redacted]
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	[redacted]			[redacted]
1.15	I	Pressure Reducing Valves	13.5.1.1	[redacted]			[redacted]
1.16	I	Backflow Preventers	13.6.1	[redacted]			[redacted]
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	[redacted]			[redacted]
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	[redacted]			[redacted]

* 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 Bldg 200	Name	[redacted]
Address	16111 Plummer Street Bldg 200	Job #	[redacted]
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	1/23/26		[redacted]
1.20	I	Buildings (Freeze Protection)	4.1.1.1		***Owner's Responsibility***	[redacted]
1.21	I	Pipe and Fittings	5.2.2			[redacted]
1.22	I	Hangers	5.2.3			[redacted]
1.23	I	Seismic Braces	5.2.3			[redacted]
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	[redacted]
2.2	T	Recalled Sprinklers *If not present = Pass; If present = Fail*	Title 19 904.1(c)			[redacted]
2.3	T	Water Flow Alarm Devices *90 sec. maximum - (Enter Time)*	5.3.3 13.2.6		sec.	[redacted]
2.4	T	Main Drain Test *(Enter Data on Page 1 of this Form)*	13.2.5 13.3.3.4			[redacted]
2.5	T	Control Valve - Position	13.3.3.2			[redacted]
2.6	T	Control Valve – Operation	13.3.3.1			[redacted]
2.7	T	Supervisory Devices	13.3.3.5			[redacted]
2.8	T	Backflow Preventer Assemblies	13.6.2			[redacted]
2.9	T	Small Hose Connections* *w/PRV Hose Valves – Partial Flow Test*	13.5.2.3 13.5.3.3			[redacted]
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			[redacted]
3.1	M	Control Valves	13.3.4			[redacted]
3.2	M	Small Hose Connections*	13.5.6.3			[redacted]
3.3	M	Obstruction Investigation required *(If "Yes", see Deficiencies and Comments Section for Results.)*	14.3		☐ Yes ☑ No	[redacted]
3.4	M	System Returned to Service	4.5.3		☑ Yes ☐ No	[redacted]

* 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*
1.1	9/08/25		[redacted]		
1.1	9/08/25				
2.3	9/08/25				
1.19	9/08/25				
1.19	9/08/25				

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 Bldg 200	Name	[redacted]
Address	16111 Plummer Street Bldg 200	Job #	[redacted]
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
1.19	9/08/25		[redacted]		
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
1.19	9/08/25				
	1/23/26			✓	Quarterly Sprinkler Inspection- Visual Only

☐ 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	1/23/26			12/18/25
Print Name	[redacted]			[redacted]
Signature				