

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

**Property Information:**

|                  |                          |
|------------------|--------------------------|
| Name: _____      | Occupancy/Use: _____     |
| Address: _____   | Construction Type: _____ |
| City: _____      | No. Stories: _____       |
| ZIP: _____       | Year Constructed: _____  |
| Contact: _____   |                          |
| Telephone: _____ |                          |



**Contractor Information:**

**Number of System Risers**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_

CA License#: \_\_\_\_\_

Job #: \_\_\_\_\_

Performed by: \_\_\_\_\_

**Copy sent to:**

Owner      Date: \_\_\_\_\_

Fire AHJ      Date: \_\_\_\_\_

Contractor      Date: \_\_\_\_\_

**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                        |
|--|-----------------|-----------------|-----|------------------------------|-----------------------------|
| <input type="checkbox"/> Automatic Sprinkler System                                      | 5               |                 |     |                              |                             |
| <input type="checkbox"/> Standpipe and Hose System                                       | 6               |                 |     |                              |                             |
| <input type="checkbox"/> Private Water Supply System                                     | 7               |                 |     |                              |                             |
| <input type="checkbox"/> Fire Pump   | 8               |                 |     |                              |                             |
| <input type="checkbox"/> Water Storage Tank  | 9               |                 |     |                              |                             |
| <input type="checkbox"/> Water Spray System  | 10              |                 |     |                              |                             |
| <input type="checkbox"/> Foam Water Sprinkler System                                     | 11              |                 |     |                              |                             |
| <input type="checkbox"/> Water Mist System   | 12              |                 |     |                              |                             |
| <input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas) |                 |                 |     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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