	ornia Code of Regulation nspection, Testing, and Maint		Semi-Annual Report	1 of 2	
Property Information	E OF CALLEOR	Contractor or Licensed Owner Information			
Building Name		Name			
Address		Address			
	FIRE MARIE	City	St. Zip	C	
City	License #	Phone			
Contact Person	SFM	Job #			
Phone	CSLB	Misc.			

					System I	ní	formation					
Cylinder Size		Last Hydrostatic Test Date Flow Points Capacity Used										
System Location			Sy	stem Mf	r.		Model #					
Fuel/Heat Shut O	ff:											
Gas #			Ele	ectrical #	£	Integral Make Up Air Shut Down						
Items	# of I	# of Items		ensions Nozzle Model #			Nozzle Flow Points			Total Flow Points		
Hoods												
Plenums												
Ducts												
	Cooking Appliances Left to Right with Sizes and Coverage Nozzles											
Appliance	Name	Nozzle Model		ozzle v Points	Total Flow Points						zzle Points	Total Flow Points
	Fixed Temperature Sensing Elements (such as Fusible Links)											
Quantity	Temp	p Mfr Date		Install Date		Quantity	Temp	Mfr Date			Install Date	
						Γ						

Inspection, Testing and Maintenance									
	I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable								
Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A			
1.1	I	Manual Actuators are Unobstructed (i.e. remote pull station)	7.2.2(2)						
1.2	Ι	Tamper Indicators & Seals Intact	7.2.2(3)						
1.3	I	Maintenance Tag in Place	7.2.2(4) Title 19 §906						
1.4	Т	No Obvious Physical Damage	7.2.2(5)						
1.5	I	Gauge Readings within Proper Limits (Stored pressure)	7.2.2(6)						
1.6	Т	Blow-off Caps in Place & Undamaged	7.2.2(7)						
1.7	I	Hoods, Ducts, Filters in Place and Clean	CFC 904.11.6.3						
1.8	I	Hood, Ducts & Protected Cooking Appliances Have Not Been Replaced, Modified or Relocated	7.2.2(8)						
2.1	Т	Automatic Detection/Manual Actuation Functioned Correctly	7.3.3.4						

Wet Chemical Pre-Engineered Fire Extinguishing System	a Code of Regulations ction, Testing, and Mainte		Semi-Annual Report	2 of 2
Property Information	THE OF CALLEODA	Contracto	or or Licensed Owner Inform	nation
Building Name		Name		
Address		Job #		
City	FIRE MARIE			

	Inspection, Testing and Maintenance							
		I = Inspection T = Test M = Maintenance		P = F	Pass F = Fail N/A = Not Applica	ble		
Item		Description	NFPA 17A CA ed. Reference	Date	Comments Only	P,F,N/A		
2.2	т	Fuel Shut-off Operated Correctly	7.3.3.4					
2.3	т	Regulator Tested & is within Acceptable Limits	7.3.3.4					
2.4	Т	Manual Reset Relay Functioned Correctly (if applicable)	7.3.3.4					
3.1	М	All Agent Containers within Acceptable Hydrostatic Test Dates	7.5.1(1)					
3.2	М	All Auxiliary Pressure Containers and/or Hose Assemblies within Acceptable Hydrostatic Test Dates	7.5.1(2)(3)					
3.3	М	Cartridge Weights within Acceptable Limits	7.3.3.1(2)					
3.4	М	Liquid Level within Acceptable Limits (Non-pressurized)	7.3.3.1(2)					
3.5	М	No Signs of Corrosion in Agent Cylinder (Non-pressurized)	7.3.3.1(2)					
3.6	М	Distribution Piping Unobstructed and Contiguous	7.3.3.1(3)					
3.7	М	Nozzles are Correct, Clean & Properly Aimed	7.3.3.1(2)					
3.8	М	Fixed Temp Fusible Metal Alloy Type Detectors Replaced	7.3.4					
3.9	М	Fixed-Temp (other than fusible metal alloy type) & Heat Detectors Maintained or Replaced	7.3.5					
3.10	М	Auxiliary Equipment Such as Water valves Functioned Correctly	7.3.3.1(2)					
3.11	М	Internal Maintenance as Required by Manufacturer	Title 19 §904.7					

D = Deficiency C = Comment (Indicate type)								
ltem	Date	Riser	D	С	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced			
Check	k here if add	itional Defi	ciencie	es and	Comments are listed on Form AES9 Number attached:			
🗌 See (Correction F	orm AES 1	0 for c	orrecte	ed 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.							
Print Na	ime							
Signature 1/11/16		16	Date					