Inspection, Testing, and Maintenance Cover Sheet NFPA 25, as amended by CCR, Title 19 Page 1 of 1							
Property Information:					OF PASA	O. T. C.	
Name:	Occupancy Use:				S. A.A.		
Address:	Construction Type:				*INCOME		
City:	No. Stories:				PATED		
Zip:	Year Constructed:				OFPIATHEN!		
Contact:	Telepho	one:					
Contractor Information:				Numbe	er of System R	Risers	
Name:			Copy sent to	:			
Address:			□ Owner	Date		_	
City:			☐ Fire AHJ	Date		_	
State:			☐ Contracto	r Date		_	
Telephone:			NOTES:				
CA. License:			main	tenance requ	ction, testing iirements and	d	
Job #:			as an	nended by C	NFPA 25, 200 alifornia Cod	e of	
			2) Inspe	ection items i	e 19, Section 9 may be perfo	rmed by	
Performed By:(Print)			the owner in accordance with CCR title 19 section 904.1(a).				
Forms included in this report	NFPA 25 Chapter	Number of	Forms	Fail*	N/A	Pass	
☐ Automatic Sprinkler System	5						
☐ Standpipe and Hose Systems	6						
☐ Private Water Supply System	7						
☐ Fire Pump	8						
☐ Water Storage Tank	9						
☐ Water Spray System	10						
☐ Foam Water Sprinkler System	11						

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