

**Inspection, Testing, and Maintenance Private Fire Main Systems
NFPA 25, Chapter 7 as amended by CCR, Title 19**

Date of Inspection, Testing, Maintenance: _____

Property Information:

Name: _____

Address: _____

City: _____



Abbreviation Key:

I = Inspection

T = Test

M = Maintenance

A-O = After Operation

MI = Per Manufacturer's Instructions

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Quarterly	Hose Houses	7.2.2.7			
1.2	I	Quarterly	Control Valves	12.3.2.1			
1.3	I	Quarterly	Pressure Regulating Devices	12.5.1.1 12.5.4.1			
1.4	I	Quarterly	Back Flow Prevention	12.6.1			
1.5	I	Simi Annually	Monitor Nozzles	7.2.2.6			
1.6	I	Annually	Hydrants (Dry Barrel and Wall)	7.2.2.4			
1.7	I	Annually	Hydrants (Wet Barrel)	7.2.2.5			
1.8	I	Annually	Mainline Strainers	7.2.2.3			
1.9	I	Annually	Piping (Exposed)	7.2.2.1			
1.10	I	See 7.2.2.2	Piping (Underground)	7.2.2.2			
2.1	T	Annually	Monitor Nozzles	7.3.3			
2.2	T	Annually	Hydrants	7.3.2			
2.3	T	Annually	Control Valve - Position	12.3.3.1			
2.4	T	Annually	Control Valve - Operation	12.3.3.1			
2.5	T	Annually	Back Flow Prevention Assemblies	12.6.2			
2.6	T	Annually	Supervisory	12.3.3.5			
2.7	T	5-Years	Piping (Exposed & Underground) Flow Test	7.3.1			
2.8	T	5-Years	Pressure Regulating Valve	12.5.1.2 12.5.4.2			
2.9	T	5-Years	Fire Department Connection Back Flush	12.7.4			
3.1	M	Annually	Mainline Strainers	7.4.2			

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Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
3.2	M	Annually	Hose Houses	7.4.5			
3.3	M	Annually	Hydrants	7.4.3			
3.4	M	Annually	Monitor Nozzles	7.4.4			
3.5	M	Annually	Control Valves	12.3.4			
3.6	M	Annually	Valves (All Types)	Chapter 12			

Item	Deficiencies and Comments: Deficiencies and Comments Item number must correspond to the item number of the activity listed above:
	<input type="checkbox"/> See Continuation Page (s) ____ (Indicate the number of continuation pages) <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
_____	_____
SIGNATURE	DATE