

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

Property Information:

Name:	<u>HAFEMAN RES</u>	Occupancy/Use:	<u>R3</u>
Address:	<u>2217 ROCKEFELLER LANE</u>	Construction Type:	<u>Type V-B</u>
City:	<u>REDONDO BEACH</u>	No. Stories:	<u>2</u>
ZIP:	<u>90278</u>	Year Constructed:	<u></u>
Contact:	<u>ALAN</u>		
Telephone:	<u>(310) 507-3469</u>		



Contractor Information:

Number of System Risers

Name:	<u>Fire Safe Group, Inc.</u>
Address:	<u>1310 Kingsdale Avenue</u>
City:	<u>Redondo Beach</u>
State:	<u>California</u>
Telephone:	<u>(310) 982-2703</u>
CA License#:	<u>566913</u>
Job #:	<u></u>
Performed by:	<u></u>

Copy sent to:

<input checked="" type="checkbox"/> Owner	Date:	<u>06/03/25</u>
<input type="checkbox"/> Fire AHJ	Date:	<u></u>
<input type="checkbox"/> Contractor	Date:	<u></u>

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 checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.