

# **Appendix 4.5-4**

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## Fire Flow Report

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

1 of 7

**Property Information:**

Name:	<u>UNION RESCUE MISSION</u>	Occupancy/Use:	<u>R2</u>
Address:	<u>12249 LOPEZ CANYON ROAD</u>	Construction Type:	<u>Type III-B</u>
City:	<u>SYLMAR</u>	No. Stories:	<u>3</u>
ZIP:	<u>91342</u>	Year Constructed:	<u>1967, 1969, 1975</u>
Contact:	<u>MAURICE OCHOA</u>		
Telephone:	<u>(213) 407-1767</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>GENE PIRA INC.</u>
Address:	<u>17501 CHASE STREET</u>
City:	<u>NORTHRIDGE</u>
State:	<u>CALIFORNIA</u>
Telephone:	<u>(818) 342-4744</u>
CA License#:	<u>918756</u>
Job #:	<u>PRIVATE FIRE HYDANTS</u>
Performed by:	<u>PHILIP PIRA</u>



**Copy sent to:**

<input checked="" type="checkbox"/> Owner	Date:	<u>05/10/23</u>
<input type="checkbox"/> Fire AHJ	Date:	
<input type="checkbox"/> 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	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Private Water Supply System	7	5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.**

<b>Property Information</b>			<b>Contractor or Licensed Owner Information</b>			
Building Name UNION RESCUE MISSION			Name GENE PIRA INC.			
Address 12249 LOPEZ CANYON ROAD			Address 17501 CHASE STREET			
City SYLMAR			City NORTHRIDGE St. CA Zip 91325			
Contact Person MAURICE OCHOA			License #		Phone (818) 342-4744	
Phone (213) 316-2732			<input type="checkbox"/> SFM <input checked="" type="checkbox"/> CSLB 918756		Job # PRIVATE FIRE HYDRANTS Misc.	

**5 Year Inspection, Testing and Maintenance***Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items***I = Inspection T = Test M = Maintenance***P = Pass F = Fail N/A = Not Applicable*

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P, F, N/A
1.1	I	Control Valves – Identification Sign	13.3.1			N/A
1.2	I	Control Valves – Inspection	13.3.2			N/A
1.3	I	Hose Houses	7.2.2.7			N/A
1.4	I	Fire Department Connections	13.7			N/A
1.5	I	Pressure Reducing Valves	13.5.1.1			N/A
1.6	I	Backflow Preventers	13.6.1			N/A
1.7	I	Monitor Nozzles	7.2.2.6			N/A
1.8	I	Hydrants (Dry Barrel and Wall)	7.2.2.4 Table 7.2.2.4			N/A
1.9	I	Hydrants (Wet Barrel)	7.2.2.5 Table 7.2.2.5	05/10/23		P
1.10	I	Mainline Strainers	7.2.2.3 Table 7.2.2.3			N/A
1.11	I	Piping (Exposed)	7.2.2.1 Table 7.2.2.1.2	05/10/23		P
1.12	I	Hose	7.1.4 NFPA 1962			N/A
2.1	T	Control Valve - Positions	13.3.3.1	05/10/23		P
2.2	T	Control Valve - Operation	13.3.3	05/10/23		P
2.3	T	Monitor Nozzles	7.3.3			N/A
2.4	T	Hydrants - Flush	7.3.2	05/10/23		P
2.5	T	Supervisory Devices	13.3.3.5			N/A
2.6	T	Backflow Preventer Assemblies	13.6.2			N/A
2.7	T	Piping (Exposed and Underground Evaluation)	7.3.1.1	05/10/23	Record results in Deficiencies and Comments section	P
2.8	T	Water Supply Evaluation (If required by 7.3.1.2)	7.3.1.2	05/10/23	Record results below in Table for Water Supply Test Evaluation	P
2.9	T	Pressure Reducing Valve Full Flow Test	13.5.1.2			N/A
2.10	T	Hose	7.1.4 NFPA 1962			N/A

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name UNION RESCUE MISSION		Name GENE PIRA INC.
Address 12249 LOPEZ CANYON ROAD		Job # PRIVATE FIRE HYDRANTS
City SYLMAR		

**5-Year Inspection, Testing and Maintenance**  
*Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance Items*

I = Inspection    T = Test    M = Maintenance P = Pass    F = Fail    N/A = Not Applicable

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Control Valves	13.3.4	05/10/23		P
3.2	M	Mainline Strainers	7.2.2.3 Table 7.2.2.3			N/A
3.3	M	Hose Houses	7.2.2.7 Table 7.2.2.7			N/A
3.4	M	Hydrants	7.4.2	05/10/23		P
3.5	M	Monitor Nozzles	7.4.3			N/A
3.6	M	FDC - Backflush	14.3.2.3 14.3.2.4			N/A
3.7	M	Internal Pipe Inspection: See Deficiencies and Comments Section for Results	14.2			N/A
3.8	M	Obstruction Investigation required. If "Yes", see Deficiencies and Comments Section for Results	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
3.9	M	System Returned to Service	4.5.3 15.7	05/10/23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P

**If required by 7.3.1.2 - Table for Water Supply Test Evaluation (Item 2.8)**


Flow Rate (gpm)	1,000	Static Pressure (psi)	75
Hose Stream Allowance (gpm)	500	Residual Pressure (psi)	35
Total System Demand (gpm)	8,000	Flow Rate (gpm)	1,000
Required Pressure at Source (psi)	20 PSI	Available Pressure at Total System Demand (psi)	35

**D = Deficiency    C = Comment    (Indicate type)**

Item	Date	Riser	D	C	Deficiencies and Comments <i>Indicate all equipment, devices and parts that were repaired or replaced</i>
					NO DEFECTS REVEALED
	05/10/23			X	<b>11 PRIVATE HYDRANTS LOCATED THROUGHOUT COMPLEX</b>

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:  
 See Correction Form AES 10 for corrected 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 Name	PHILIP PIRA				
Signature		Date	05/10/23		

Continuation Form  
for  
Deficiencies and Comments

California Code of Regulations - Title 19  
Inspection, Testing, and Maintenance

4 of 7

Property Information		Contractor or Licensed Owner Information
Building Name <b>UNION RESCUE MISSION</b>		Name <b>GENE PIRA INC.</b>
Address <b>12249 LOPEZ CANYON ROAD</b>		Job # <b>PRIVATE FIRE HYDRANTS</b>
City <b>SYLMAR</b>		

D = Deficiency C = Comment (Indicate type)

Item	Date	Riser	D	C	Deficiencies and Comments (cont.) <small>Indicate all equipment, devices and parts that were repaired or replaced</small>
	05/10/23			✓	<b>PRIVATE FIRE HYDRANT INVENTORY:</b>
	05/10/23			✓	<b>#1 SOUTH OF GATE 3 ENTRY</b>
					<b>GREENBERG 97A</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 70 PSI</b>
	05/10/23			✓	<b>#2 SOUTH OF ADMINISTRATIONS</b>
					<b>GREENBERG 97A</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 70 PSI</b>
	05/10/23			✓	<b>#3 SOUTHWEST OF CURRIE COURT</b>
					<b>RICH 550</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 65 PSI</b>
	05/10/23			✓	<b>#4 WEST CURRIE COURT</b>
					<b>RICH 550</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 60 PSI</b>

See Correction Form AES 10 for corrected deficiencies. Number attached:

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Print Name	PHILIP PIRA		
Signature		Date	05/10/23

Continuation Form  
for  
Deficiencies and Comments

California Code of Regulations - Title 19  
Inspection, Testing, and Maintenance

5 of 7


Property Information			Contractor or Licensed Owner Information	
Building Name UNION RESCUE MISSION			Name	GENE PIRA INC.
Address 12249 LOPEZ CANYON ROAD			Job #	PRIVATE FIRE HYDRANTS
City SYLMAR				

D = Deficiency C = Comment (Indicate type)

Item	Date	Riser	D	C	Deficiencies and Comments (cont.) <i>Indicate all equipment, devices and parts that were repaired or replaced</i>
	05/10/23			✓	<b>#5 NORTH CURRIE COURT</b>
					<b>RICH 550</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 70 PSI</b>
	05/10/23			✓	<b>#6 WEST OF SYCAMORE LODGE</b>
					<b>GREENBERG 97A</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 70 PSI</b>
	05/10/23			✓	<b>#7 SOUTH OF OPERATIONS</b>
					<b>GREENBERG 97A</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 65 PSI</b>
	05/10/23			✓	<b>#8 SOUTH OF SEQUOIA LODGE</b>
					<b>RICH 850</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 65 PSI</b>

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Print Name	PHILIP PIRA	Date	05/10/23
Signature			

Continuation Form  
for  
Deficiencies and Comments

California Code of Regulations - Title 19  
Inspection, Testing, and Maintenance

6 of 7



Property Information		Contractor or Licensed Owner Information
Building Name UNION RESCUE MISSION		Name GENE PIRA INC.
Address 12249 LOPEZ CANYON ROAD		Job # PRIVATE FIRE HYDRANTS
City SYLMAR		

D = Deficiency C = Comment (Indicate type)					<i>Deficiencies and Comments (cont.)</i>
Item	Date	Riser	D	C	<i>Indicate all equipment, devices and parts that were repaired or replaced</i>
	05/10/23			✓	<b>#9 NORTH OF SEQUOIA LODGE</b>
					<b>RICH 850</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GOM AT 65 PSI</b>
	05/10/23			✓	<b>#10 WEST OF DONATIONS</b>
					<b>RICH 850</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 70 PSI</b>
	05/10/23			✓	<b>#11 NORTH OF DONATION</b>
					<b>RICH 850</b>
					<b>TWO (2) GANG HYDRANT</b>
					<b>ONE (1) - 4", ONE (1) - 2 1/2"</b>
					<b>FLOWED 1,000 GPM AT 65 PSI</b>
	05/10/23			✓	<b>ALL PRIVATE FIRE HYDRANTS FLUSHED AND FLOWED 1,000 GPM WITH 70 PSI</b>
					<b>STATIC AND RESIDUAL PRESSURES BETWEEN 25 PSI TO 60 PSI</b>
	05/10/23			✓	<b>NOTE:</b>
					<b>FLOWED MOST REMOTE FIRE HYDRANTS #3, 4, 5 SIMULTANEOUSLY 3,000 GPM</b>
					<b>WAS FLOWED FOR 25 MINUTES UNINTERRUPTED WITH A RESIDUAL PSI OF 60 PSI</b>

See Correction Form AES 10 for corrected deficiencies. Number attached:

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Print Name	PHILIP PIRA	Date	05/10/23
Signature			

