| Specialty Pre-Engineered & Engineered Fire Extinguishing System | California Code of Regulations - Title 19<br>Inspection, Testing, and Maintenance | Semi-Annual Report | 1 of 1 |
|---|---|---|---|

| Property Information | | Contractor or Licensed Owner Information |
|---|---|---|
| Building Name | | Name |
| Address | | Address |
| | | City St. Zip |
| City | License # | Phone |
| Contact Person | ☐ SFM | Job # |
| Phone | ☐ CSLB | Misc. |

| System Information | | | | | |
|---|---|---|---|---|---|
| System Location | | System Mfr. | | Model # | |
| Protected Area Type | | Protected Hazard | | Cylinder Size(s) | |

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

| *Item* | *Date* | *Riser* | *D* | *C* | *Deficiencies and Comments*<br>*Indicate all equipment, devices and parts that were repaired or replaced* |
|---|---|---|---|---|---|
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |

☐ Check here if additional Deficiencies and Comments are listed on Form AES 9. 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 | |
|---|---|
| Signature | Date |