Continuation Form for Deficiencies and Comments	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	

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.

Type of System	
☐ Automatic Sprinkler System	☐ Water Storage Tank
System Riser ID	☐ Water Spray System
☐ Standpipe & Hose System	System Riser ID
System Riser ID	☐ Foam-Water System
☐ Private Water Supply System	System Riser ID

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments*** *Indicate all equipment, devices and parts that were repaired or replaced*

Continuation Form for Deficiencies and Comments	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

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

Item	*Date*	*Riser*	*D*	*C*	***Deficiencies and Comments (cont.)*** *Indicate all equipment, devices and parts that were repaired or replaced*

☐ 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