| С   | orrective Action  |   |
|-----|-------------------|---|
| and | Repairs Performed | ı |

Signature

| Corrective Action Cali<br>and Repairs Performed Ins   |                                    |               | fornia Code of Regulations - Title 19<br>spection, Testing, and Maintenance |  |                       | 1 of 1                                   |                                     |     |  |  |
|---|------------------------------------|---------------|---|--|-----------------------|--|-------------------------------------|-----|--|--|
| Property Information  |                                    |               |   |  | THOF CALLSON          | Contractor or Licensed Owner Information |                                     |     |  |  |
| Building Name   |                                    |               |   |  |                       | Name                                     |                                     |     |  |  |
| Address   |                                    |               |   |  | No.                   | Address                                  |                                     |     |  |  |
| , ida. 666  |                                    |               |   |  | FIRE MARS             | City                                     | St.                                 | Zip |  |  |
| City  |                                    |               |   |  | License #             | Phone                                    |                                     | ,p  |  |  |
| Contact Person  |                                    |               |   |  | ☐ SFM                 | Job #                                    |                                     |     |  |  |
| Phone   |                                    |               |   |  | ☐ CSLB                | Misc.                                    |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
| Item  | AES<br>Form #                      | Date<br>Found | Date<br>Corrected   |  | Def                   | ficiencies and Col                       | mments<br>at were repaired or repla | red |  |  |
|   | 1 OIIII #                          | round         | Corrected   |  | maioate all equipment | , acvices and parts the                  | at were repaired or repla           |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               | $\vdash$  |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
|   |                                    |               |   |  |                       |  |                                     |     |  |  |
| I hereby certify that the fire protection equipment listed above has been corrected in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable. |                                    |               |   |  |                       |  |                                     |     |  |  |
| Buildina R  | Building Representative Technician |               |   |  |                       |  |                                     |     |  |  |
|   | •                                  |               |   |  |                       |  |                                     |     |  |  |

Form AES 10 Sept. 3, 2013

Signature

Date

Date