	nspection, Testing, and N			
Property Information	THE OF CALLAD	Contractor or Licensed Owner Information		
Building Name		Name		
Address		Address		
	ARE MARIE	City St. Zip		
City	License #	Phone		
Contact Person	SFM	Job #		
Phone	CSLB	Misc.		

ltem	AES Form #	Date Found	Date Corrected	Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced
	-1-01111-#-		eonecieu	

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.							
Building Representative		Technician					
Signature	Date	Signature	Date				