Corrective Action	
and Repairs Performe	d

and Repairs Performed			Ins	spection, Testing, and		1 of 1			
Property Information					E OF CALIFO	Contractor or Licensed Owner Information			
Building Na	ame					Name			
Address						Address			
nduress					THE MARST	City	St.	Zip	
City					License #	Phone			
Contact Person					SFM	Job #			
Phone					☐ CSLB	Misc.			
Item	AES Form #	Date Found	Date Corrected		De Indicate all aguinmen	eficiencies and Control of the devices and parts the	mments	Jacod	
	FOIIII #	round	Corrected		mulcate all equipmen	n, devices and parts the	ас were герапей от гер	laceu	
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	I h	ereby certi	fy that the fire	protec	tion equipment listed abo	ve has been correc	ted in accordance		
		with	CCK, Title 19,	Section	THE SULLO SUD AND THAT THE	equipment is fully	орегаріе.		

Building Representative Technician Date Date Signature Signature

Sept. 3, 2013 Form AES 10