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

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*** *Indicate all equipment, devices and parts that were repaired or replaced*

☐ Check here if additional Deficiencies and Comments are listed on Form AES9 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