



Office of the State Fire Marshal
Fire Protection System(s)
Annual Certificate of Inspection



OWNER OF THE PROPERTY

Name: _____ Owner's Address: _____

BUILDING/FACILITY

Name: _____ Address of the Building: _____

TENANT / OCCUPANT

Name: _____ Address: _____

Phone: _____ Contact: _____

Annual Certificate of Inspection

Report of a MAJOR deficiency (other than Annual Inspection)

DATE OF INSPECTION _____

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: _____ License #: _____

(for Water- Based systems) Inspector's Name: _____ Certificate #: WBC - _____

SYSTEM TYPE:

Fire Alarm

Automatic Sprinkler:

Wet Sprinkler *Dry Sprinkler* *Pre-Action* *Deluge* *Water Spray* *Other*

Commercial Cooking

Special Hazard:

HALON, Clean Agent, INERGEN, FM-200 *Carbon Dioxide* *Dry Chemical* *Foam* *Other*

Standpipe:

Wet Standpipe *Dry Standpipe* *Other*

SYSTEM ID: _____ SYSTEM LOCATION: _____

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION?

YES (if so, describe below)

NO

COMMENTS/DEFICIENCY DESCRIPTION

The State Fire Prevention Regulation 703, Chapter 1, §4.1.5 mandates that Annual Certificates of Inspection be submitted to the Office of the State Fire Marshal by the licensed company within thirty (30) days of the completion of the required annual inspection.

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