	Download and fill-in the form. Use the "Email Form" button to submit the form.
HUNDRE NUMBER	DELAWARE STATE FIRE MARSHAL SPECIAL HAZARD FIRE SUPPRESSION SYSTEM DEFICIENCY <u>REPAIR</u> FORM
	PROTECTED PROPERTY
Name:	Owner/Contact:
	Phone Number:
	SUPPRESSION SYSTEM COMPANY AND REPAIR DATE
Company Name:	FSL #:
Technician's Name:	Repair Date:
	SYSTEM INFORMATION
System ID Number:	Location:
System Type:	Halon FM-200 Dry Chemical Foam Carbon Dioxide Inergen FE-13 Other
LMAJOR DEFICIENCIE	
7901 System Out- 7902 Closed Cont 7903 FACP in AL 7904 More than 10	of-Service / Impaired7906 – Protected Area Concentration Compromised (Doors Lacking Self-Closure / Sweeps; Auxiliary Function Failure)0% of Initiating Devices Failed arry Agent Supply or Expellant7907 – Other (Comment Below)
MINOR DEFICIENCIE	S <u>CORRECTED</u> NONE CHECKED BELOW
 7920 – Agent Tank Test 7921 – Agent Hoses Test 7922 – Agent Hoses 7923 – Manual Rele Switches Ol 	Switches Missing / Damaged Deficiency a Overdue Hydro 7925 – Protected Area Lacking Notification (Audible or FAS Damaged Visual Devices) 7927 – System not Interconnected to FAS 7928 – Other
	COMMENTS/DEFICIENCY CORRECTION DESCRIPTION

Instructions: How to submit this form by email:

- 1. Download the form to your computer/device and fill-in the information.
- 2. Use the "Email Form" button to submit the completed form by email

For questions or concerns, contact: qap.techservices@delaware.gov