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**

Are there recalled sprinkler heads ☐ **YES** ☐ **NO**

(Explain in detail below)

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.