FIRE ALARM, DOOR LOCK & ALTERNATIVE FIRE-EXTINGUISHING SYSTEM

Acceptance Inspection/Test Request

Fairfax County Office of the Fire Marshal, Fire Protection Systems Branch, 10700 Page Avenue, Fairfax, VA 22030 Phone - 703-246-4821 Fax - 703-246-9173

Permit / AP # _____ *Review ID – Old System Only*_____ Today's Date: _____/_____/_____

Company: _____ Phone No: _____ - _____ - _____

Requesters Name: _____ Fax No: _____ - _____ - _____

Email Address: _____

Project Address: _____ Building: _____ Floor / Suite: _____

Tenant Name: _____ Project Name: _____

Completion / Request Date: _____/_____/_____ Options: _____ Number of floors involved in this inspection _____

Building Occupied Requiring ☐ AM ☐ PM

- ☐ 15-Minute Inspection
- ☐ 30-Minute Inspection
- ☐ 45-Minute Inspection
- ☐ 1-Hour inspection with 1-inspector
- ☐ 2-Hour inspection with 1-inspector
- ☐ 2-Hour inspection with 2-inspectors
- ☐ 4+ hour inspection with 2-inspectors
- ☐ Overtime Inspection

Type and number of Devices - Check all that applies

_____ Visual & Audible Devices	_____ Tampers	_____ Foam System
_____ Smoke Detectors	_____ Central Station	_____ Halon System
_____ Duct Detectors	_____ Rapid Entry System	_____ Fire Alarm Visual
_____ Heat Detectors	_____ FM-200 System	_____ Smoke Evac
_____ Pull Stations	_____ CO^2 System	_____ Door Locks
_____ Sprinkler Flows	_____ Dry Chem. System	_____ Intergen System
_____ Other _____		_____ PreAction System

Description of inspection requested: _____

_____

Scheduled Test Date _____/_____/20_____ @ _____ or will call with a 2-hour time frame

Inspectors _____/_____ Scheduled by Inspector _____