

FIRE PROTECTION INSPECTION REQUEST FORM

111 N Front Street, Columbus, Ohio 43215

BZSCFDInspectionRequests@Columbus.gov • Fax: 614-645-2434 • Cancellations: 614-645-8235

JOB SITE INFORMA	ATIO	 N:						
Permit Number(s); Must Be Listed For Requested Test					Fire Protection Company Name			
					Existing Fire Syster		New Fire System	
Job Site Address	ONI.				Ç	ž	•	
TYPE OF INSPECTION Lead Time = 10am, 2 bus		days]	Lead Time = 4pm, 1 busin	ness day
Witness Test*		ppressi	ion Hyd	rostatic Test (=>200 psi)		24 Hour Air Test		
Final Hood Suppressi	tness Test)* Working	Working Pressure Hydrostactic Test				Final Suppression		
Fire Pump* (check one be						Rough Suppression		
Fuel Run Fire Pum	р (i.e. 1			-			ES DOCUMENTED IN CL	(Coa)
SCHEDULING INFO: (REQUESTS TO SCHEDULE TESTS MUST A Date Requested:					Site Contact Name:			
Time: Regular Busi	iness	Hours; select one: 9:3	30	12:30	Phone Number:	: <u></u>		
After Hours	; Requ	ested Time:			Contractor Nam			
After Hours in Business Days			Contractor Name:					
	riday - 5:30am Monday	nday Phone Number:						
Comments:								
Fire Alarm Devices	#	Fire Alarm Devices	#	Fire	e Alarm Devices	#	Electrical Systems	#
Manual Pull Stations	-	Hold Open Devices		+	/Suppression Alarm		Fire Pump Test	<u> </u>
A/V Units		Fire Shutter		+	Stairway Pressurization			
Smoke/Heat Detectors Sprinkler Fl		Sprinkler Flow Alarm		Panel Replacement			Fire Suppression #	
Elevator Recall		Sprinkler Tamper Device					Systems	
Electric Strikes		Smoke Control System					Sprinkler Heads	
Pre-Action Test		Duct Detectors		1			Risers	
Egress Control Devices		Smoke Dampers					FM 200 (Clean Agent)	
Total Number of Devices	REQU	JIRED As Indicated On Plan	n Appr	oval:				
F/A Installer Signature Required					*Pretest has been performed and Record of Completion will be provided on site for inspection			
,					Fire Protection Registration #		1#	
F/S Installer Signature Required					Fire Suppression Registration #			