

VIEW INSTRUCTIONS

FIRE ALARM INSPECTION UNIT REQUEST FORM

All information must be completed.

Forms with missing information will be returned.

Inspection Type: INITIAL INSPECTION REINSPECTION **CONTINUATION OF INSPECTION** RESCHEDULE OF CANCELLATION Check to Request Orig Cancelled by: **FDNY** Remote Video Inspection (RVI) Contractor CANCELLATION Scheduled Date: ___ Scheduled Inspector: (See cancellationinstructions below) **Inspection scheduling information: REGULAR HOURS** NEXT AVAILABLE APPOINTMENT OVERTIME HOURS M-F 9:00 AM- 4:30 PM INSPECTION OCCURS OUTSIDE OF REGULAR HOURS. OVERTIME CHARGES DEPENDENT ON AVAILABLE APPOINTMENT TIME. Application Identification Number: Requested Day /Time: FDNY Bus. Rec ID, FPIMS, DOB, LOD, VO e.g. Saturdays or 6:00 pm Mon-Fri BUSINESS/PROJECT NAME: ______ Cross Str. _____ PREMISES ADDRESS: **MUST** include Street, Boro and Zip Request made by: _____ Title: _____ Lic No.:_____ Company/Org name: Company address: _____ Primary phone: ______ Email: _____ Additional phone no.:_____ Print: ______ Date: _____ Date: _____ Inspection information: JOB DESCRIPTION (MAY USE INFORMATION FROM TM-1. PW-1 or VIOLATION ORDER): Work Floors: On-site contact name: _____ Contact phone: _____ OFFICE USE ONLY INSPECTOR: DATE OF INSP.: START TIME:

ADDITIONAL COMMENTS: