

**FDNY****Bureau of Fire Prevention****Fire Alarm Inspection Unit**

9 Metrotech Center Brooklyn, NY 11201-3857

Fire.alarmschedules@fdny.nyc.gov

VIEW INSTRUCTIONS**FIRE ALARM INSPECTION UNIT REQUEST FORM**

All information must be completed.
Forms with missing information will be returned.

Inspection Type: INITIAL INSPECTION RE-TEST Check to Request
Remote Video Inspection (RVI) CONTINUATION OF INSPECTION RESCHEDULE OF CANCELLATIONOrig Cancelled by: FDNY
 Contractor CANCELLATION: Scheduled Date: _____

Scheduled Inspector: _____

Inspection scheduling information: REGULAR HOURS

M-F 9:00 AM - 4:30 PM

 NEXT AVAILABLE APPOINTMENTOVERTIME CHARGES DEPENDENT ON AVAILABLE
APPOINTMENT TIME. OVERTIME HOURS

INSPECTION OCCURS OUTSIDE OF REGULAR HOURS.

Block Out Dates: _____Requested Day / Time: _____
(e.g. Saturdays or 6:00 pm Mon-Fri)**Application Identification Number:** _____

(FDNY Plan Record ID, FPIMS, DOB, SBS, Notice of Defect, Violation Order)

BUSINESS/PROJECT NAME: _____**PREMISES ADDRESS:** _____ Cross Str. _____
MUST include Street, Borough and Zip Code**Request made by:**

Name: _____ Title: _____ Lic No.: _____

Company/Org name: _____

Company address: _____

Primary phone: _____ Email: _____

Additional phone no.: _____

Print: _____ Signature: _____ 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 INSPI.:** _____ **START TIME:** _____**ADDITIONAL COMMENTS :** _____