

**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    ☐ CONTINUATION OF INSPECTION    ☐ RESCHEDULE OF CANCELLATION
- ☐ Check to Request Remote Video Inspection (RVI)
- Orig Cancelled by: ☐ FDNY    ☐ Contractor
- ☐ CANCELLATION: Scheduled Date: \_\_\_\_\_
- Scheduled Inspector: \_\_\_\_\_

**Inspection scheduling information:**

- ☐ REGULAR HOURS  
M-F 9:00 AM- 4:30 PM
- ☐ NEXT AVAILABLE APPOINTMENT  
OVERTIME 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 INSP.:** \_\_\_\_\_ **START TIME:** \_\_\_\_\_

**ADDITIONAL COMMENTS :** \_\_\_\_\_