



# 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: \_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_

**DATE OF INSP.:** \_\_\_\_\_ **START TIME:** \_\_\_\_\_

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