



FIRE PROTECTION INSPECTION REQUEST AND PRE-TEST VERIFICATION FORM

El Paso Fire Department – Fire Plan Review & Construction Management

Phone: (915) 212-1635

**** FOR EL PASO FIRE DEPARTMENT INSPECTORS USE ONLY ****

Inspection Details Day: _____ Date: _____ Time: _____ Inspector: _____

Regular / Expedited / Overtime Invoice #: _____ Receipt #: _____
(Circle One)

EMAIL INSPECTION REQUESTS TO: (FD-FPDPlanReview@elpasotexas.gov).

All emailed inspection requests must be received by our office no later than **9:00 a.m.**

Inspections are normally scheduled for the next working day. Inspections may be postponed based on inspection workload.

Requests received after **9:00 a.m.** will normally be scheduled for two (2) working days after the request is received.

An email confirming each Inspector's "estimated arrival time" will be provided by our office at approximately **4:00 p.m.** one (1) day prior to the scheduled inspection. **All fees attached to the permit card must be paid prior to the inspection being scheduled.**

Inspection cancellations must be received by email 1/2 hour before scheduled inspection for those scheduled at or prior to 9:30 a.m. OR 9:00 a.m. the day of the inspection. A re-inspection fee will be assessed for all late cancellation requests received after 9:00 a.m.

Inspection Date Requested (If Available): _____ Preferred Time of Day: ☐ Morning ☐ Afternoon

☐ Next Available (Regular Business Hours) ☐ Expedited ☐ Overtime at (Specific Time): _____

Permit Number: _____

Type of Inspection: ☐ Fire Alarm ☐ Fire Sprinkler ☐ Fire Suppression System ☐ Hydrostatic Test
☐ Aboveground ☐ Underground ☐ Fire Hydrant ☐ Fire Bldg Final ☐ Other: _____

Number of Fire Alarm Devices or Sprinkler Heads Installed: _____ New System: ☐ Yes ☐ No

Company Requesting Inspection: _____

Name of Contact Person (Print): _____

Contact Phone: _____ Mobile: _____ Fax Number: _____

E-mail Address for Confirmation: _____

Project Name: _____

Project Site Address / Suite Number: _____

***** **FIRE PROTECTION SYSTEM PRE-TEST VERIFICATION** *****

Fire Protection System Tested by (Print Name): _____ Test Date: _____

Signature: _____ State License Number(s): _____

Other Pertinent Information: _____

FIRE PROTECTION SYSTEM INSPECTIONS WILL NOT BE SCHEDULED UNTIL ALL INFORMATION IS PROVIDED IN THE PRE-TEST VERIFICATION SECTION

NOTICE: Completing this inspection request form certifies and confirms the installed fire protection system was **100%** pre-tested and installation was completed in accordance with City approved plans, all applicable codes, standards, and manufacturer's specifications. Improperly installed fire protection systems and systems without a pre-test verification will not be inspected and may result in an automatic re-inspection fee and/or rescheduling delays.

*** ALL FIRE PROTECTION SYSTEMS INCLUDING HYDROSTATIC TESTS MUST BE 100% PRE-TESTED BY THE LICENSED CONTRACTOR ***