



**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    REINSPECTION    CONTINUATION OF INSPECTION    RESCHEDULE OF CANCELLATION  
CANCELLATION    Scheduled Date: \_\_\_\_\_    Orig Cancelled by: FDNY    Contractor  
Scheduled Inspector: \_\_\_\_\_  
(See cancellation instructions below)

**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.

Application Identification Number: \_\_\_\_\_  
FDNY Bus. Rec ID, FPIMS, DOB, LOD, VO

Requested Day /Time: \_\_\_\_\_  
e.g. Saturdays or 6:00 pm Mon-Fri

BUSINESS/PROJECT NAME: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_ Cross Str. \_\_\_\_\_  
**MUST** include Street, Boro and Zip

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