

**ANNUAL FIRE ALARM SYSTEM  
INSPECTION / TEST REPORT**

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU  
2300 PINETREE DRIVE  
MIAMI BEACH, FLORIDA 33140  
FAX: 305-673-1085

ATTENTION: INSPECTOR \_\_\_\_\_

The fire alarm systems, fire detection equipment and devices located at the following address have been inspected and/or tested by a Licensed Contractor for proper operation as required by the adopted code/standards at the time of installation and are: (circle one below)

OPERATIONAL

NOT OPERATIONAL

NAME OF BUILDING: \_\_\_\_\_

ADDRESS OF BUILDING: \_\_\_\_\_

TYPE OF OCCUPANCY (SPECIFIC USE): \_\_\_\_\_

NAME OF OWNER OR AGENT: \_\_\_\_\_

ADDRESS OF OWNER OR AGENT: \_\_\_\_\_

OWNER OR AGENT TELEPHONE: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

ADDRESS OF CONTRACTOR: \_\_\_\_\_

CONTRACTOR TELEPHONE: \_\_\_\_\_

PERSON PERFORMING TEST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE OF INSPECTION/TEST: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**NOTE: If the system is operational a record shall be maintained and a tag or sticker shall be placed at the Fire Alarm Control Panel. The tag shall indicate the date, telephone number and name of the company performing the inspection and/or test.**