





ANNUAL LIFE SAFETY SYSTEM INSPECTION/TEST REPORTS

RETURN COMPLETED CONTRACTOR FORMS TO:

MIAMI BEACH FIRE PREVENTION DIVISION 1701 MERIDIAN AVE.- SUITE 200 MIAMI BEACH, FL 33139 TELEPHONE: 305-673-7123 FAX: 305-673-1085

SIGNATURE

		FAX: 303-073-1003						
ATTENTION INSPECTOR:								
The following lefe safety sys of the systems for proper op system must be attached to	eration, as requi							
NAME OF BUILDING:								
ADDRESS OF BUILDING:								
TYPE OF OCCUPANCY (S	PECIFIC USE):							
NAME OF OWNER OR AG	ENT:							
ADDRESS OF OWNER OR								
OWNER OR AGENT TELE	PHONE :							
LIFE SAFETY	FREQUENCY	CURRENT SYSTEM			DEOLUG	ED TAGE	CONTRACTOR	P CERTIFICATION
SYSTEM OF TES		STAT		TUS	REQUIRED TAGS PROVIDED		CONTRACTOR CERTIFICATION FORMS ATTACHED	
			(circle one)		(circle one)		(circle one)	
FIRE ALARM (NFPA 72)	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE SPRINKLER								I
(NFPA 13, 25)	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
STANDPIPES				T				T
(NFPA 14, 25)	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE PUMP								I
(NFPA 20,25)	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
	ANNULALING							I
SMOKE CONTROL / EVAC. (NFPA 90A,92B, FBC 909)	ANNUALLY / SEMIANNUAL	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
(141177 3077,325, 1 50 303)	02.0							
FIRE SUPPRESSION (NFPA 12, 12A, 17, 2001)	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
HOOD SUPPRESSION (NFPA 96)	SEMIANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
(14117(30)								
FIRE EXTINGUISHERS NFPA 10	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
SMOKE GUARD/WON DOORS NFPA 105	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
NOTE: A record/log shall be control panel if applicable, s								

DATE