MIAMI BEACH FIRE DEPARTMENT
FIRE PREVENTION BUREAU
2300 Pinetree Drive, Miami Beach Florida 33140
Tel. 305-673-7123 Fax. 305-673-1085

Please fax this form at least one day prior to your appointment.

Date_____
Time_____

OFFICE USE ONLY

APPOINTMENT REQUEST FORM

Project Name _____ Project Address _____

Representative _____ Contact Number _____

Estimated Amount of Time Required _____ How Many People Will Attend _____

Please List Attendees _____

Please remember to be prompt, bring plans, deficiency reports, and code references.

Please provide a brief description of the issues you would like to discuss during your appointment.

Item#1 _____

Resolution _____

Item#2 _____

Resolution _____

Item#3 _____

Resolution _____

Item#4 _____

Resolution _____

Attendees: ED DDD CP LM SM RS DW

ANNUAL EXIT DOOR LOCKS INSPECTION/TEST REPORT

NOTICE:

SOUTH FLORIDA FIRE PREVENTION CODE

ELECTRICALLY OPERATED DOOR LOCK SYSTEMS

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All electrically operated door locks and associated components located at the following address have been inspected and/or tested by the building maintenance engineer for proper operation as required by the adopted code/standards at the tme of installation and are OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
JOB TITLE

NOTE: IF THE DOOR LOCKS ARE OPERATIONAL: A log shall be mantained, and a tag or sticker shall be placed on or at the DOOR LOCK PANEL IN THE FIRE ALARM CONTROL CENTER showing the date and name of person performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

REMEMBER THAT LOCKS THAT ARE MAINTAINED LOCKED ELECTRICALLY AND WILL UNLOCK DURING A POWER FAILURE OR FIRE ALARM ARE THE ONLY TYPE OF ELECTRICAL LOCKS ACCEPTABLE.

ANNUAL EMERGENCY GENERATOR INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

ELECTRICALLY SUPERVISED EMERGENCY GENERATOR

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

The emergency generators, including transfer switches located at the following address have been inspected and/or tested by the building maintenance engineer for proper operation as required by the adopted code/standard at the time of installation and is OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
(JOB TITLE)

NOTE: IF THE GENERATORS ARE OPERATIONAL : a log shall be maintained, and a tag or sticker shall be placed on or at the EMERGENCY GENERATOR CONTROL PANEL showing the date and name of person performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL FIRE PUMP INSPECTION/TEST REPORT

NOTICE:

SOUTH FLORIDA FIRE PREVENTION CODE

FIRE PUMP

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All fire pumps, drivers and controllers, devices and associated components located at the following address have been inspected and/or tested by a licensed fire sprinkler contractor for proper operation as required by the adopted codes/standards and are OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY IF APPLICABLE _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : a record shall be maintained, and a tag or sticker placed at the base of the system or fire pump room, if applicable, showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL FIRE SPRINKLER INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

SUPERVISED AUTOMATIC FIRE SPRINKLER SYSTEM

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

The fire sprinkler systems, actuation devices and associated components located at the following address have been inspected and/or tested by a licensed fire sprinkler contractor for proper operation as required by the adopted codes/standards are OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : a record shall be maintained, and a tag or sticker placed at the base of the system or fire pump room, if applicable, showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL STAND PIPE SYSTEM INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

STAND PIPE SYSTEM

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All standpipes, hose and system components located at the following address have been inspected and/or tested by a licensed contractor for proper operation as required by the adopted code/standard at the time of installation and are OPERATIONAL NOT OPERATIONAL .
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : a record shall be maintained, and a tag or sticker placed at the base of the system or fire pump room, if applicable, showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

NOTICE

INSPECTION/TEST REPORT

SOUTH FLORIDA FIRE PREVENTION CODE

SINGLE STATION SMOKE DETECTORS
HARD WIRED TO BUILDING
110 VOLT ELECTRICAL SYSTEM

RETURN COMPLIED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA 33140

ATTENTION:
INSPECTOR:_____

All hard wired 110 volt electrically operated single station smoke detectors, where permitted by code, located at the following address have been inspected/tested for proper operation as recommended by the manufacturer and are: **OPERATIONAL** **NOT OPERATIONAL** at the time of inspection.
(CIRCLE ONE ABOVE)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE): _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE _____ _____
BUSINESS RESIDENCE

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
(QUALIFICATIONS)

NAME AND ADDRESS OF CONTRACTOR OR COMPANY PERFORMING TEST: _____

TELEPHONE: _____

_____

NOTE: WHERE PERMITTED BY CODE SINGLE STATION ELECTRICALLY OPERATED 110 VOLT SMOKE DETECTORS IN BUILDINGS MAY BE INSPECTED BY OWNER, MANAGER OR RESIDENT AGENT to certify that the single station 110 volt smoke detectors are working, and have been tested in accordance with the manufacturer's recommendation.

_____ _____
DATE OF INSPECTION/TEST **SIGNATURE**

REMARKS: _____

_____

ANNUAL FIRE ALARM INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

ELECTRICALLY SUPERVISED FIRE ALARM SYSTEM

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

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 inspection "NFPA 72H AND NFPA 72G AND ARE OPERATIONAL"

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR OR COMPANY PERFORMING TEST: _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL: a tag or sticker shall be placed on or at the FIRE ALARM CONTROL PANEL showing the date, telephone number and name of company performing the inspection and/or test.

Does the fire alarm system meet the following requirements?

(1) The System has secondary (BATTERY) POWER SUPPLY [YES] [NO]

(2) The system is properly supervised. [YES] [NO]

(3) Elevator/s have automatic and key recall Phase I and Phase II for emergency use. [YES] [NO]

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL FIRE SPRINKLER INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

SUPERVISED AUTOMATIC FIRE SPRINKLER SYSTEM

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

The fire sprinkler systems, actuation devices and associated components located at the following address have been inspected and/or tested by a licensed fire sprinkler contractor for proper operation as required by the adopted codes/standards are OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : a record shall be maintained, and a tag or sticker placed at the base of the system or fire pump room, if applicable, showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL SMOKE REMOVAL SYSTEM INSPECTION/TEST REPORT

NOTICE:

SOUTH FLORIDA FIRE PREVENTION CODE

MECHANICAL SMOKE REMOVAL/CONTROL SYSTEM

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All smoke removal/control systems, actuation and control devices located at the following address have been inspected and/or tested under the supervision of a registered mechanical engineer or accredited testing laboratory for proper operation as required by the adopted code/standard at the time of installation are OPERATIONAL NOT OPERATIONAL with the minimum requirements for this type of system.
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF ENGINEER/COMPANY SUPERVISING THE INSPECTION/TEST _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : A log shall be maintained, and tag or sticker shall be placed at or in the CENTRAL CONTROL STATION, IF APPLICABLE, showing the date, telephone number and the name of the engineer/company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

SEMI ANNUAL INSPECTION REPORT FOR COOKING EQUIPMENT FIRE EXTINGUISHING SYSTEMS

NOTICE:

SOUTH FLORIDA FIRE PREVENTION CODE

AUTOMATIC FIRE EXTINGUISHING SYSTEMS

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All fire extinguishing systems, actuation devices and associated components located at the following address have been inspected an/or tested by a licensed contractor for proper operation as required by the adopted code/standards at the time of installation and are OPERATIONAL NOT OPERATIONAL
(Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY PERFORMING THE TEST _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : A tag or sticker shall be placed on or at the SYSTEM CONTROL PANEL showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____

ANNUAL SPECIAL EXTINGUISHING SYSTEMS INSPECTION/TEST REPORT

NOTICE: **SOUTH FLORIDA FIRE PREVENTION CODE**

AUTOMATIC HALON/CARBON DIOXIDE FOAM EXTINGUISHING SYSTEMS

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA
33140

ATTENTION: INSPECTOR _____

All special fire extinguishing systems, actuation devices and associated components 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 is OPERATIONAL NOT OPERATIONAL with the minimum requirements for this type of fire extinguishing system (Circle one above)

NAME AND ADDRESS OF BUILDING: _____

_____

TYPE OF SYSTEM: _____

TYPE OF OCCUPANCY: (SPECIFIC USE) : _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

_____

TELEPHONE: _____
Business Residence

NAME OF PERSON PERFORMING INSPECTION/TEST (PRINT) _____

_____
CERTIFICATE OF COMPETENCY NUMBER

NAME AND ADDRESS OF CONTRACTOR/COMPANY PERFORMING THE TEST _____

_____

TELEPHONE: _____

NOTE: IF THE SYSTEM IS OPERATIONAL : A tag or sticker shall be placed on or at the SYSTEM CONTROL PANEL showing the date, telephone number and name of company performing the inspection and/or test.

_____ _____
DATE OF INSPECTION/TEST SIGNATURE

REMARKS: _____

_____