



ANNUAL SPECIAL EXTINGUISHING SYSTEM INSPECTION AUTOMATIC HALON / CARBON DIOXIDE / FOAM EXTINGUISHING SYSTEMS

Fire Prevention Division
1701 Meridian Ave. 2nd Floor
Miami Beach, Florida | 33139

Attention: _____

Received By: _____

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 operations as required by the adopted codes/standards at the time of installation and is OPERATIONAL with the minimal requirements for this type of fire extinguishing system as per NFPA 12, 12A, 13, 13D, 13R.

Owner Name and Mailing Address	
Business Phone	

Address	
Type of Occupancy	

Person performing Inspection / Test	Certificate of Competency No.	
Name: _____		

Contractor / Company performing Inspection / Test	Telephone Number(s)	
Name: _____		
Address: _____		

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: _____
