



SEMI ANNUAL INSPECTION REPORT FOR COOKING EQUIPMENT FIRE EXTINGUISHING SYSTEMS AUTOMATIC FIRE EXTINGUISHING SYSTEMS

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

Attention: _____

Received By: _____

All 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 as per NFPA 96.

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 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: _____
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Remarks: _____
