



## ANNUAL FIRE SPRINKLER INSPECTION / TEST REPORT SUPERVISED AUTOMATIC FIRE SPRINKLER SYSTEM

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

Attention: \_\_\_\_\_

Received By: \_\_\_\_\_

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 as per NFPA 13, 13D, 13R.

<b>Owner Name and Mailing Address</b>	
<b>Business Phone</b>	

<b>Address</b>	
<b>Type of Occupancy</b>	

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

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

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: \_\_\_\_\_